

Form **990**

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.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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 F Name and address of principal officer: BRANDON THORNE SAME AS C ABOVE	D Employer identification number 54-1150923 E Telephone number 804-521-2500 G Gross receipts \$ 105,093,575. H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> H(c) Group exemption number ▶ L Year of formation: 1980 M State of legal domicile: VA
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ WWW.FEEDMORE.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

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	
4	15
5	130
6	3516
7a	0.
7b	0.
8	0.
9	0.
10	0.
11	0.
12	0.
13	0.
14	0.
15	0.
16a	0.
16b	0.
17	0.
18	0.
19	0.
20	0.
21	0.
22	0.

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, TREASURER	Date 11/3/21	
Paid Preparer Use Only	Print/Type preparer's name MATTHEW O MCDONALD	Preparer's signature <i>Matthew O McDonald</i>	Date 11/3/2021
	Firm's name KEITER, STEPHENS, HURST, GARY & SHREAVES, PC	Firm's EIN 54-1631262	Check if self-employed <input type="checkbox"/> PTIN P00400690
	Firm's address 4401 DOMINION BLVD GLEN ALLEN, VA 23060	Phone no. (804) 747-0000	

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 84,547,875. including grants of \$ 75,339,732.) (Revenue \$ 2,384,756.) 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 277 FOOD PANTRIES AND SOUP KITCHENS, WE DISTRIBUTED OVER 42 MILLION POUNDS OF PRODUCE, PROTEIN, AND NON-PERISHABLE FOODS IN FY 2021, OR APPROXIMATELY 116,000 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 28 LOCATIONS THAT DO NOT HAVE ADEQUATE ACCESS TO A GROCERY STORE; AND CHILDHOOD NUTRITION PROGRAMS KIDS' CAFE (OVER 200,000 MEALS AND SNACKS ARE SERVED ANNUALLY TO 1,200 CHILDREN), BACKPACKS (ANNUALLY NEARLY 21,000 ARE SENT HOME WITH APPROXIMATELY 1,300 CHILDREN REPRESENTING 45 SCHOOLS), WHICH HELP

4b (Code:) (Expenses \$ 3,398,219. including grants of \$ 2,517,487.) (Revenue \$ 2,010,219.) FEEDMORE'S CENTRAL SENIOR NUTRITION PROGRAM, MEALS ON WHEELS, PROVIDES UP TO TWO MEALS EACH DAY TO OVER 3,000 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 107 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 \$ 3,174,974. including grants of \$) (Revenue \$ 656,638.) 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 91,121,068.

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 64	
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, 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (15), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

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.
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

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) DOUGLAS PICK CHIEF EXECUTIVE OFFICER	40.00			X			277,347.	0.	24,296.	
(2) TIMOTHY MCDERMOTT CHIEF DEVELOPMENT OFFICER	40.00			X			221,271.	0.	22,361.	
(3) RICHARD GLIOT CHIEF OPERATIONS OFFICER	40.00			X			180,271.	0.	15,610.	
(4) BRANDON THORNE CHIEF FINANCIAL OFFICER	40.00			X			96,422.	0.	10,851.	
(5) JULIE LEATHERMAN CHIEF FINANCIAL OFFICER	40.00			X			90,299.	0.	13,609.	
(6) DENA WENGERT CHIEF HUMAN RESOURCES OFFI	40.00			X			99,798.	0.	3,605.	
(7) SARAH GRAVITT-BAESE CMO	40.00			X			85,572.	0.	11,053.	
(8) JEFFREY WILKLOW CHIEF DEVELOPMENT OFFICER	40.00			X			76,274.	0.	9,408.	
(9) SUZANNE ROHLER DIR OF BRAND MARKETING	40.00			X			36,171.	0.	3,569.	
(10) TIM BEANE DIRECTOR	2.00	X					0.	0.	0.	
(11) DR. VALERIE BOWMAN DIRECTOR	2.00	X					0.	0.	0.	
(12) CELESTE COOPER DIRECTOR	2.00	X					0.	0.	0.	
(13) BRIAN S. DAVIS TREASURER	2.00	X		X			0.	0.	0.	
(14) DWIGHT JONES DIRECTOR	2.00	X					0.	0.	0.	
(15) CHRIS KANTNER DIRECTOR	2.00	X					0.	0.	0.	
(16) KAMRAN RAIKA DIRECTOR	2.00	X					0.	0.	0.	
(17) ELLERY SEDGWICK DIRECTOR	2.00	X					0.	0.	0.	

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) CRYSTAL BUTLER DIRECTOR	2.00	X						0.	0.	0.
(19) KEITH WINDLE DIRECTOR	2.00	X						0.	0.	0.
(20) DANNY ROBINSON CHAIRPERSON	2.00	X		X				0.	0.	0.
(21) THOMAS P. ROHMAN VICE CHAIR	2.00	X		X				0.	0.	0.
(22) RICHARD E. CORE, JR. SECRETARY	2.00	X		X				0.	0.	0.
1b Subtotal								1,163,425.	0.	114,362.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,163,425.	0.	114,362.

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 **3**

	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	1a 561,352.				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 1,361,550.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f 97,774,034.				
	g	Noncash contributions included in lines 1a-1f	1g \$ 75,367,786.				
	h	Total. Add lines 1a-1f		99,696,936.			
Program Service Revenue	2 a	SENIOR CONNECTION FEES	Business Code 900099	1,789,789.	1,789,789.		
	b	TEFAP FEES	900099	1,302,898.	1,302,898.		
	c	SFSP & CACFP FEES	900099	1,167,174.	1,167,174.		
	d	PROGRAM FEES	900099	772,372.	772,372.		
	e	MEMBERSHIPS	900099	19,380.	19,380.		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		5,051,613.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		262,222.		262,222.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b				
c	Gain or (loss)	7c					
d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME	Business Code 900099	82,804.		82,804.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		82,804.			
12	Total revenue. See instructions		105,093,575.	5,051,613.	0.	345,026.	

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	74,812,765.	74,812,765.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,044,454.	3,044,454.		
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	1,281,356.	567,626.	271,537.	442,193.
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	5,018,769.	4,550,253.	280,151.	188,365.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	181,615.	164,373.	10,965.	6,277.
9 Other employee benefits	765,494.	714,735.	23,461.	27,298.
10 Payroll taxes	478,705.	398,044.	39,647.	41,014.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
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.)	1,186,415.	807,639.	236,390.	142,386.
12 Advertising and promotion	223,584.	117,240.	814.	105,530.
13 Office expenses	264,110.	214,483.	26,517.	23,110.
14 Information technology				
15 Royalties				
16 Occupancy	486,051.	452,882.	16,992.	16,177.
17 Travel	619,848.	618,647.	414.	787.
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	1,260,199.	1,189,009.	27,033.	44,157.
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	1,345,348.	1,345,348.		
b MAILING HOUSE SERVICES	544,630.			544,630.
c SUPPLIES	504,079.	495,037.	3,475.	5,567.
d OFF-SITE STORAGE	502,324.	502,324.		
e All other expenses	1,322,748.	1,126,209.	53,699.	142,840.
25 Total functional expenses. Add lines 1 through 24e	93,842,494.	91,121,068.	991,095.	1,730,331.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	9,282,324.	1	7,042,711.	
	2 Savings and temporary cash investments	509,462.	2	265,515.	
	3 Pledges and grants receivable, net	1,153,591.	3	1,912,758.	
	4 Accounts receivable, net	218,819.	4	182,591.	
	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	2,861,984.	8	2,966,883.	
	9 Prepaid expenses and deferred charges	115,805.	9	74,095.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 22,315,014.			
	b Less: accumulated depreciation	10b 9,527,182.			
		13,047,460.	10c	12,787,832.	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	7,234,927.	12	22,546,241.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
15 Other assets. See Part IV, line 11	25,207.	15	27,145.		
16 Total assets. Add lines 1 through 15 (must equal line 33)	34,449,579.	16	47,805,771.		
Liabilities	17 Accounts payable and accrued expenses	982,747.	17	1,721,069.	
	18 Grants payable		18		
	19 Deferred revenue	100,141.	19	159,857.	
	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	1,188,829.	25	128,235.	
	26 Total liabilities. Add lines 17 through 25	2,271,717.	26	2,009,161.	
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	27,238,864.	27	37,580,575.	
	28 Net assets with donor restrictions	4,938,998.	28	8,216,035.	
	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	32,177,862.	32	45,796,610.	
	33 Total liabilities and net assets/fund balances	34,449,579.	33	47,805,771.	

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	105,093,575.
2	Total expenses (must equal Part IX, column (A), line 25)	2	93,842,494.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,251,081.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	32,177,862.
5	Net unrealized gains (losses) on investments	5	2,367,667.
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	45,796,610.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 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?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	55504763.	54470967.	56919249.	69645552.	99696936.	336237467
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	5055402.	4707771.	3903720.	4727883.	5051613.	23446389.
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	60560165.	59178738.	60822969.	74373435.	104748549	359683856
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	221,911.	132,172.	118,650.	49,610.	98,806.	621,149.
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	1315468.	1406592.	741,379.	912,288.	251,962.	4627689.
c Add lines 7a and 7b	1537379.	1538764.	860,029.	961,898.	350,768.	5248838.
8 Public support. (Subtract line 7c from line 6.)						354435018

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	60560165.	59178738.	60822969.	74373435.	104748549	359683856
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	126,049.	157,270.	218,760.	328,984.	262,222.	1093285.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	126,049.	157,270.	218,760.	328,984.	262,222.	1093285.
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.)	2,942.	4,625.	6,618.	7,549.	82,804.	104,538.
13 Total support. (Add lines 9, 10c, 11, and 12.)	60689156.	59340633.	61048347.	74709968.	105093575	360881679

14 First 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	98.21 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	99.47 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	.30 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	.32 %

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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 line 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 lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b 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>	Yes	No
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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 lines 3a and 3b 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>If "Yes" or "No" 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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

2020

Name of the organization

FEED MORE, INC.

Employer identification number

54-1150923

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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

[X] 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 (entering "N/A" in column (b) instead of the contributor name and address), 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	_____ _____ _____	\$ 27,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 425,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 20,810.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 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
------------------------------------------------	-----------------------------------------------------

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>5,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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>50,000.</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>5,000.</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>5,121.</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
13	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 91,940.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 19,535.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 5,175.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 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
------------------------------------------------	-----------------------------------------------------

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/>	\$ <u>5,239.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ <u>14,700.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ <u>5,051.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
22	<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.)
23	<hr/> <hr/> <hr/>	\$ <u>35,672.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<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
------------------------------------------------	-----------------------------------------------------

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/>	\$ <u>7,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<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.)
27	<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.)
28	<hr/> <hr/> <hr/>	\$ <u>303,244.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<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.)
30	<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
------------------------------------------------	-----------------------------------------------------

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>5,000.</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>15,349.</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>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
----------------------------------------------------	---------------------------------------------------------

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	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	_____ _____ _____	\$ 27,479.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	_____ _____ _____	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	_____ _____ _____	\$ 298,720.	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
------------------------------------------------	-----------------------------------------------------

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		\$ <u>40,387.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ <u>70,135.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ <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
----------------------------------------------------	---------------------------------------------------------

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/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ 5,765.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ 26,863.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<hr/> <hr/> <hr/>	\$ 29,591.	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
------------------------------------------------	-----------------------------------------------------

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/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	 <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	 <hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	 <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	 <hr/> <hr/> <hr/>	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	 <hr/> <hr/> <hr/>	\$ 75,000.	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
------------------------------------------------	-----------------------------------------------------

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	<hr/> <hr/> <hr/>	\$ <u>5,326.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ <u>46,105.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ <u>1,426,249.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ <u>26,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<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.)
66	<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.)

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

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/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	<hr/> <hr/> <hr/>	\$ <u>6,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	<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.)
70	<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.)
71	<hr/> <hr/> <hr/>	\$ <u>9,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	<hr/> <hr/> <hr/>	\$ <u>5,600.</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
------------------------------------------------	-----------------------------------------------------

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/>	\$ 97,875.	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/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	<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
----------------------------------------------------	---------------------------------------------------------

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	_____ _____ _____	\$ <u>141,686.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	_____ _____ _____	\$ <u>112,991.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	_____ _____ _____	\$ <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
85	<hr/> <hr/> <hr/>	\$ <u>5,055.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
86	<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.)
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>12,500.</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>7,000.</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
------------------------------------------------	-----------------------------------------------------

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/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	<hr/> <hr/> <hr/>	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	<hr/> <hr/> <hr/>	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	<hr/> <hr/> <hr/>	\$ 10,168.	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
------------------------------------------------	-----------------------------------------------------

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/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	<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.)
99	<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.)
100	<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.)
101	<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.)
102	<hr/> <hr/> <hr/>	\$ <u>24,241.</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
------------------------------------------------	-----------------------------------------------------

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>31,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	_____ _____ _____	\$ <u>18,183.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
105	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	_____ _____ _____	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	_____ _____ _____	\$ <u>65,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	_____ _____ _____	\$ <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
------------------------------------------------	-----------------------------------------------------

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	<hr/> <hr/> <hr/>	\$ <u>1,056,987.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	<hr/> <hr/> <hr/>	\$ <u>1,457,798.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	<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.)
112	<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.)
113	<hr/> <hr/> <hr/>	\$ <u>260,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	<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
------------------------------------------------	-----------------------------------------------------

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>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	_____ _____ _____	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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>24,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	_____ _____ _____	\$ <u>85,000.</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
------------------------------------------------	-----------------------------------------------------

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	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	_____ _____ _____	\$ <u>5,964.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	_____ _____ _____	\$ <u>15,244.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
125	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	_____ _____ _____	\$ <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
------------------------------------------------	-----------------------------------------------------

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	 <hr/> <hr/> <hr/>	\$ <u>45,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	 <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.)
129	 <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.)
130	 <hr/> <hr/> <hr/>	\$ <u>14,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	 <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.)
132	 <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
------------------------------------------------	-----------------------------------------------------

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>20,500.</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>5,002.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
135	 <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.)
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>16,000.</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>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	_____ _____ _____	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	_____ _____ _____	\$ <u>6,000.</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>5,200.</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
------------------------------------------------	-----------------------------------------------------

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>6,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	_____ _____ _____	\$ <u>6,500.</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>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	_____ _____ _____	\$ <u>5,000.</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>5,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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>5,113.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
156	_____ _____ _____	\$ <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
------------------------------------------------	-----------------------------------------------------

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	 <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.)
158	 <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.)
159	 <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.)
160	 <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.)
161	 <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.)
162	 <hr/> <hr/> <hr/>	\$ <u>5,150.</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
------------------------------------------------	-----------------------------------------------------

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>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164	_____ _____ _____	\$ <u>6,240.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166	_____ _____ _____	\$ <u>5,049.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
167	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168	_____ _____ _____	\$ <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
------------------------------------------------	-----------------------------------------------------

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>5,000.</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>27,770.</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>5,000.</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>10,000.</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>5,000.</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>415,000.</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
------------------------------------------------	-----------------------------------------------------

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>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177	_____ _____ _____	\$ <u>5,000.</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>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180	_____ _____ _____	\$ <u>75,000.</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
------------------------------------------------	-----------------------------------------------------

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	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183	_____ _____ _____	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
184	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186	_____ _____ _____	\$ <u>24,506.</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
------------------------------------------------	-----------------------------------------------------

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	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189	_____ _____ _____	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
191	_____ _____ _____	\$ <u>10,044.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
192	_____ _____ _____	\$ <u>5,122.</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
------------------------------------------------	-----------------------------------------------------

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>26,059.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
194	 <hr/> <hr/> <hr/>	\$ <u>7,000.</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>70,446.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
196	 <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.)
197	 <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.)
198	 <hr/> <hr/> <hr/>	\$ <u>20,800.</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
------------------------------------------------	-----------------------------------------------------

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>5,000.</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>5,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
202	_____ _____ _____	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
203	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
204	_____ _____ _____	\$ <u>78,200.</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
------------------------------------------------	-----------------------------------------------------

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	<hr/> <hr/> <hr/>	\$ <u>16,447.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
206	<hr/> <hr/> <hr/>	\$ <u>28,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
207	<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.)
208	<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.)
209	<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.)
210	<hr/> <hr/> <hr/>	\$ <u>13,000.</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
------------------------------------------------	-----------------------------------------------------

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	_____ _____ _____	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
212	_____ _____ _____	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
214	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215	_____ _____ _____	\$ <u>7,371.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
216	_____ _____ _____	\$ <u>20,240.</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
------------------------------------------------	-----------------------------------------------------

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	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
218	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
219	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
220	_____ _____ _____	\$ <u>20,313.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
221	_____ _____ _____	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
222	_____ _____ _____	\$ <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
223	<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.)
224	<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.)
225	<hr/> <hr/> <hr/>	\$ <u>7,444.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
226	<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.)
227	<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.)
228	<hr/> <hr/> <hr/>	\$ <u>69,678.</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
------------------------------------------------	-----------------------------------------------------

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>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
230	_____ _____ _____	\$ <u>10,000.</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>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
233	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
234	_____ _____ _____	\$ <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
------------------------------------------------	-----------------------------------------------------

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	 <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.)
236	 <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.)
237	 <hr/> <hr/> <hr/>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
238	 <hr/> <hr/> <hr/>	\$ <u>8,666.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
239	 <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.)
240	 <hr/> <hr/> <hr/>	\$ <u>10,450.</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
------------------------------------------------	-----------------------------------------------------

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>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
242	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
243	_____ _____ _____	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
244	_____ _____ _____	\$ <u>15,909.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
245	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
246	_____ _____ _____	\$ <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
------------------------------------------------	-----------------------------------------------------

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>5,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
248	_____ _____ _____	\$ <u>5,219.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
249	_____ _____ _____	\$ <u>5,000.</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>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
------------------------------------------------	-----------------------------------------------------

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>49,000.</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>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
256	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
257	_____ _____ _____	\$ <u>52,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
258	_____ _____ _____	\$ <u>16,605.</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>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
261	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
262	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
263	_____ _____ _____	\$ <u>5,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
264	_____ _____ _____	\$ <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
265	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
266	_____ _____ _____	\$ <u>20,645.</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>20,395.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
269	_____ _____ _____	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
270	_____ _____ _____	\$ <u>375,000.</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
------------------------------------------------	-----------------------------------------------------

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	_____ _____ _____	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
272	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
273	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
274	_____ _____ _____	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
275	_____ _____ _____	\$ <u>5,956.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
276	_____ _____ _____	\$ <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
----------------------------------------------------	---------------------------------------------------------

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	_____ _____ _____	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
278	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
279	_____ _____ _____	\$ <u>7,047.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
280	_____ _____ _____	\$ <u>5,597.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
281	_____ _____ _____	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
282	_____ _____ _____	\$ <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
----------------------------------------------------	---------------------------------------------------------

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>10,000.</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>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
287	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
288	_____ _____ _____	\$ <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
------------------------------------------------	-----------------------------------------------------

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>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
290	_____ _____ _____	\$ <u>49,690.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
291	_____ _____ _____	\$ <u>70,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
292	_____ _____ _____	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
293	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
294	_____ _____ _____	\$ <u>6,372.</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
------------------------------------------------	-----------------------------------------------------

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>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
296	_____ _____ _____	\$ <u>5,068.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
297	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
298	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
299	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
300	_____ _____ _____	\$ <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
------------------------------------------------	-----------------------------------------------------

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>80,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
302	_____ _____ _____	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
303	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
304	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
305	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
306	_____ _____ _____	\$ <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
------------------------------------------------	-----------------------------------------------------

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	_____ _____ _____	\$ <u>9,874.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
308	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
309	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
310	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
311	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
312	_____ _____ _____	\$ <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
------------------------------------------------	-----------------------------------------------------

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>8,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
314	_____ _____ _____	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
315	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
316	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
317	_____ _____ _____	\$ <u>17,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
318	_____ _____ _____	\$ <u>153,564.</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
------------------------------------------------	-----------------------------------------------------

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	 <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.)
320	 <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.)
321	 <hr/> <hr/> <hr/>	\$ <u>188,721.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
322	 <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.)
323	 <hr/> <hr/> <hr/>	\$ <u>158,444.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
324	 <hr/> <hr/> <hr/>	\$ <u>5,285.</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
------------------------------------------------	-----------------------------------------------------

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>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
326	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
327	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
328	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
329	_____ _____ _____	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
330	_____ _____ _____	\$ <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
------------------------------------------------	-----------------------------------------------------

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>20,339.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
332	_____ _____ _____	\$ <u>26,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
333	_____ _____ _____	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
334	_____ _____ _____	\$ <u>5,632.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
335	_____ _____ _____	\$ <u>10,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
336	_____ _____ _____	\$ <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
------------------------------------------------	-----------------------------------------------------

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>5,150.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
338	_____ _____ _____	\$ <u>6,711.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
339	_____ _____ _____	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
340	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
341	_____ _____ _____	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
342	_____ _____ _____	\$ <u>6,415.</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
------------------------------------------------	-----------------------------------------------------

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	_____ _____ _____	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
344	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
345	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
346	_____ _____ _____	\$ <u>5,050.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
347	_____ _____ _____	\$ <u>5,082.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
348	_____ _____ _____	\$ <u>5,098.</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>5,123.</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>5,635.</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>5,687.</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>5,732.</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>5,801.</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>5,979.</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
------------------------------------------------	-----------------------------------------------------

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>6,014.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
356	_____ _____ _____	\$ <u>6,043.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
357	_____ _____ _____	\$ <u>6,099.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
358	_____ _____ _____	\$ <u>6,236.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
359	_____ _____ _____	\$ <u>6,252.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
360	_____ _____ _____	\$ <u>6,951.</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
------------------------------------------------	-----------------------------------------------------

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>7,557.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
362	_____ _____ _____	\$ <u>7,702.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
363	_____ _____ _____	\$ <u>8,322.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
364	_____ _____ _____	\$ <u>8,750.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
365	_____ _____ _____	\$ <u>9,094.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
366	_____ _____ _____	\$ <u>9,503.</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
------------------------------------------------	-----------------------------------------------------

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	 <hr/> <hr/> <hr/>	\$ <u>9,559.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
368	 <hr/> <hr/> <hr/>	\$ <u>9,605.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
369	 <hr/> <hr/> <hr/>	\$ <u>9,607.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
370	 <hr/> <hr/> <hr/>	\$ <u>10,101.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
371	 <hr/> <hr/> <hr/>	\$ <u>10,244.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
372	 <hr/> <hr/> <hr/>	\$ <u>10,307.</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
------------------------------------------------	-----------------------------------------------------

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>10,575.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
374	_____ _____ _____	\$ <u>11,474.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
375	_____ _____ _____	\$ <u>11,608.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
376	_____ _____ _____	\$ <u>11,683.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
377	_____ _____ _____	\$ <u>11,943.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
378	_____ _____ _____	\$ <u>12,000.</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
------------------------------------------------	-----------------------------------------------------

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	_____ _____ _____	\$ <u>12,125.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
380	_____ _____ _____	\$ <u>12,424.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
381	_____ _____ _____	\$ <u>12,593.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
382	_____ _____ _____	\$ <u>12,917.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
383	_____ _____ _____	\$ <u>13,307.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
384	_____ _____ _____	\$ <u>13,425.</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	_____ _____ _____	\$ <u>13,532.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
386	_____ _____ _____	\$ <u>14,155.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
387	_____ _____ _____	\$ <u>14,365.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
388	_____ _____ _____	\$ <u>14,830.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
389	_____ _____ _____	\$ <u>15,242.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
390	_____ _____ _____	\$ <u>16,438.</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
------------------------------------------------	-----------------------------------------------------

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	_____ _____ _____	\$ <u>16,762.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
392	_____ _____ _____	\$ <u>17,406.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
393	_____ _____ _____	\$ <u>17,986.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
394	_____ _____ _____	\$ <u>18,106.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
395	_____ _____ _____	\$ <u>18,398.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
396	_____ _____ _____	\$ <u>18,838.</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
------------------------------------------------	-----------------------------------------------------

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>18,995.</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>19,285.</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>19,291.</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>19,493.</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>19,577.</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>19,975.</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
----------------------------------------------------	---------------------------------------------------------

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	<hr/> <hr/> <hr/>	\$ <u>20,834.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
404	<hr/> <hr/> <hr/>	\$ <u>21,285.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
405	<hr/> <hr/> <hr/>	\$ <u>21,356.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
406	<hr/> <hr/> <hr/>	\$ <u>21,399.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
407	<hr/> <hr/> <hr/>	\$ <u>21,456.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
408	<hr/> <hr/> <hr/>	\$ <u>21,543.</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
------------------------------------------------	-----------------------------------------------------

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	<hr/> <hr/> <hr/>	\$ <u>21,881.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
410	<hr/> <hr/> <hr/>	\$ <u>22,411.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
411	<hr/> <hr/> <hr/>	\$ <u>22,565.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
412	<hr/> <hr/> <hr/>	\$ <u>22,980.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
413	<hr/> <hr/> <hr/>	\$ <u>23,966.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
414	<hr/> <hr/> <hr/>	\$ <u>24,138.</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
------------------------------------------------	-----------------------------------------------------

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>24,845.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
416	_____ _____ _____	\$ <u>24,846.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
417	_____ _____ _____	\$ <u>25,006.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
418	_____ _____ _____	\$ <u>26,898.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
419	_____ _____ _____	\$ <u>27,127.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
420	_____ _____ _____	\$ <u>28,766.</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
------------------------------------------------	-----------------------------------------------------

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	 <hr/> <hr/> <hr/>	\$ <u>29,096.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
422	 <hr/> <hr/> <hr/>	\$ <u>29,766.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
423	 <hr/> <hr/> <hr/>	\$ <u>30,623.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
424	 <hr/> <hr/> <hr/>	\$ <u>31,287.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
425	 <hr/> <hr/> <hr/>	\$ <u>31,359.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
426	 <hr/> <hr/> <hr/>	\$ <u>31,416.</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
------------------------------------------------	-----------------------------------------------------

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	_____ _____ _____	\$ <u>31,820.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
428	_____ _____ _____	\$ <u>33,083.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
429	_____ _____ _____	\$ <u>33,331.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
430	_____ _____ _____	\$ <u>33,385.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
431	_____ _____ _____	\$ <u>33,523.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
432	_____ _____ _____	\$ <u>33,784.</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
------------------------------------------------	-----------------------------------------------------

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	 <hr/> <hr/> <hr/>	\$ <u>34,499.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
434	 <hr/> <hr/> <hr/>	\$ <u>34,889.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
435	 <hr/> <hr/> <hr/>	\$ <u>35,800.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
436	 <hr/> <hr/> <hr/>	\$ <u>36,226.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
437	 <hr/> <hr/> <hr/>	\$ <u>37,531.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
438	 <hr/> <hr/> <hr/>	\$ <u>37,871.</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
------------------------------------------------	-----------------------------------------------------

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		\$ 38,571.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
440		\$ 38,594.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
441		\$ 40,552.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
442		\$ 41,111.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
443		\$ 41,698.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
444		\$ 42,024.	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
------------------------------------------------	-----------------------------------------------------

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>46,578.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
446	_____ _____ _____	\$ <u>47,301.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
447	_____ _____ _____	\$ <u>47,580.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
448	_____ _____ _____	\$ <u>48,010.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
449	_____ _____ _____	\$ <u>49,099.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
450	_____ _____ _____	\$ <u>49,508.</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
------------------------------------------------	-----------------------------------------------------

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>49,821.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
452	_____ _____ _____	\$ <u>50,032.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
453	_____ _____ _____	\$ <u>53,741.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
454	_____ _____ _____	\$ <u>54,781.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
455	_____ _____ _____	\$ <u>55,196.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
456	_____ _____ _____	\$ <u>55,284.</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>55,973.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
458	_____ _____ _____	\$ <u>55,979.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
459	_____ _____ _____	\$ <u>58,261.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
460	_____ _____ _____	\$ <u>59,784.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
461	_____ _____ _____	\$ <u>60,294.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
462	_____ _____ _____	\$ <u>65,618.</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
------------------------------------------------	-----------------------------------------------------

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>65,902.</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>66,158.</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>68,564.</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>68,933.</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>69,198.</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>70,188.</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
------------------------------------------------	-----------------------------------------------------

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>70,589.</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>71,450.</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>71,709.</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>73,168.</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>75,212.</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>76,497.</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>76,906.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
476	_____ _____ _____	\$ <u>77,072.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
477	_____ _____ _____	\$ <u>77,287.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
478	_____ _____ _____	\$ <u>77,357.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
479	_____ _____ _____	\$ <u>78,418.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
480	_____ _____ _____	\$ <u>78,862.</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
------------------------------------------------	-----------------------------------------------------

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>79,442.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
482	_____ _____ _____	\$ <u>79,807.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
483	_____ _____ _____	\$ <u>80,439.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
484	_____ _____ _____	\$ <u>81,950.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
485	_____ _____ _____	\$ <u>81,971.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
486	_____ _____ _____	\$ <u>82,190.</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
------------------------------------------------	-----------------------------------------------------

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	<hr/> <hr/> <hr/>	\$ <u>82,723.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
488	<hr/> <hr/> <hr/>	\$ <u>82,941.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
489	<hr/> <hr/> <hr/>	\$ <u>84,578.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
490	<hr/> <hr/> <hr/>	\$ <u>86,444.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
491	<hr/> <hr/> <hr/>	\$ <u>86,525.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
492	<hr/> <hr/> <hr/>	\$ <u>87,148.</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
------------------------------------------------	-----------------------------------------------------

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	_____ _____ _____	\$ <u>87,787.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
494	_____ _____ _____	\$ <u>88,512.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
495	_____ _____ _____	\$ <u>88,825.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
496	_____ _____ _____	\$ <u>91,195.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
497	_____ _____ _____	\$ <u>92,563.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
498	_____ _____ _____	\$ <u>95,749.</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
------------------------------------------------	-----------------------------------------------------

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	<hr/> <hr/> <hr/>	\$ <u>96,750.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
500	<hr/> <hr/> <hr/>	\$ <u>97,050.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
501	<hr/> <hr/> <hr/>	\$ <u>97,831.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
502	<hr/> <hr/> <hr/>	\$ <u>99,236.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
503	<hr/> <hr/> <hr/>	\$ <u>99,392.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
504	<hr/> <hr/> <hr/>	\$ <u>99,445.</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
505	_____ _____ _____	\$ <u>99,864.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
506	_____ _____ _____	\$ <u>102,130.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
507	_____ _____ _____	\$ <u>102,159.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
508	_____ _____ _____	\$ <u>102,642.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
509	_____ _____ _____	\$ <u>105,197.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
510	_____ _____ _____	\$ <u>106,902.</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>107,289.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
512	_____ _____ _____	\$ <u>107,864.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
513	_____ _____ _____	\$ <u>108,043.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
514	_____ _____ _____	\$ <u>108,425.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
515	_____ _____ _____	\$ <u>108,832.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
516	_____ _____ _____	\$ <u>109,557.</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
------------------------------------------------	-----------------------------------------------------

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>109,759.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
518	_____ _____ _____	\$ <u>109,804.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
519	_____ _____ _____	\$ <u>109,863.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
520	_____ _____ _____	\$ <u>110,899.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
521	_____ _____ _____	\$ <u>114,680.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
522	_____ _____ _____	\$ <u>115,696.</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
------------------------------------------------	-----------------------------------------------------

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>116,554.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
524	_____ _____ _____	\$ <u>116,590.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
525	_____ _____ _____	\$ <u>116,959.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
526	_____ _____ _____	\$ <u>116,975.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
527	_____ _____ _____	\$ <u>119,209.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
528	_____ _____ _____	\$ <u>119,475.</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
------------------------------------------------	-----------------------------------------------------

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	 <hr/> <hr/> <hr/>	\$ <u>122,529.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
530	 <hr/> <hr/> <hr/>	\$ <u>122,594.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
531	 <hr/> <hr/> <hr/>	\$ <u>122,839.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
532	 <hr/> <hr/> <hr/>	\$ <u>123,380.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
533	 <hr/> <hr/> <hr/>	\$ <u>124,568.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
534	 <hr/> <hr/> <hr/>	\$ <u>124,659.</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
------------------------------------------------	-----------------------------------------------------

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>125,662.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
536	_____ _____ _____	\$ <u>126,326.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
537	_____ _____ _____	\$ <u>127,387.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
538	_____ _____ _____	\$ <u>127,648.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
539	_____ _____ _____	\$ <u>128,105.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
540	_____ _____ _____	\$ <u>129,064.</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
------------------------------------------------	-----------------------------------------------------

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>129,129.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
542	_____ _____ _____	\$ <u>130,906.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
543	_____ _____ _____	\$ <u>131,712.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
544	_____ _____ _____	\$ <u>132,356.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
545	_____ _____ _____	\$ <u>132,562.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
546	_____ _____ _____	\$ <u>132,750.</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>132,902.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
548	_____ _____ _____	\$ <u>133,684.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
549	_____ _____ _____	\$ <u>133,738.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
550	_____ _____ _____	\$ <u>135,936.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
551	_____ _____ _____	\$ <u>136,453.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
552	_____ _____ _____	\$ <u>137,003.</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>137,280.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
554	_____ _____ _____	\$ <u>137,848.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
555	_____ _____ _____	\$ <u>140,352.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
556	_____ _____ _____	\$ <u>141,732.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
557	_____ _____ _____	\$ <u>142,298.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
558	_____ _____ _____	\$ <u>145,552.</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>145,672.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
560	_____ _____ _____	\$ <u>146,105.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
561	_____ _____ _____	\$ <u>148,148.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
562	_____ _____ _____	\$ <u>149,062.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
563	_____ _____ _____	\$ <u>149,905.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
564	_____ _____ _____	\$ <u>150,743.</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>152,091.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
566	_____ _____ _____	\$ <u>153,109.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
567	_____ _____ _____	\$ <u>153,553.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
568	_____ _____ _____	\$ <u>157,312.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
569	_____ _____ _____	\$ <u>157,457.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
570	_____ _____ _____	\$ <u>161,952.</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
------------------------------------------------	-----------------------------------------------------

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>163,312.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
572	_____ _____ _____	\$ <u>163,993.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
573	_____ _____ _____	\$ <u>165,190.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
574	_____ _____ _____	\$ <u>166,529.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
575	_____ _____ _____	\$ <u>168,215.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
576	_____ _____ _____	\$ <u>171,366.</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
------------------------------------------------	-----------------------------------------------------

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	_____ _____ _____	\$ <u>173,424.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
578	_____ _____ _____	\$ <u>174,762.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
579	_____ _____ _____	\$ <u>174,978.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
580	_____ _____ _____	\$ <u>174,983.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
581	_____ _____ _____	\$ <u>175,995.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
582	_____ _____ _____	\$ <u>176,440.</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>178,406.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
584	_____ _____ _____	\$ <u>178,495.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
585	_____ _____ _____	\$ <u>179,329.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
586	_____ _____ _____	\$ <u>180,172.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
587	_____ _____ _____	\$ <u>180,944.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
588	_____ _____ _____	\$ <u>184,635.</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	<hr/> <hr/> <hr/>	\$ <u>194,439.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
590	<hr/> <hr/> <hr/>	\$ <u>195,708.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
591	<hr/> <hr/> <hr/>	\$ <u>196,637.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
592	<hr/> <hr/> <hr/>	\$ <u>197,831.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
593	<hr/> <hr/> <hr/>	\$ <u>203,346.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
594	<hr/> <hr/> <hr/>	\$ <u>205,750.</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>206,620.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
596	_____ _____ _____	\$ <u>209,444.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
597	_____ _____ _____	\$ <u>225,173.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
598	_____ _____ _____	\$ <u>225,239.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
599	_____ _____ _____	\$ <u>230,534.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
600	_____ _____ _____	\$ <u>241,022.</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
601	_____ _____ _____	\$ <u>248,665.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
602	_____ _____ _____	\$ <u>249,113.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
603	_____ _____ _____	\$ <u>263,216.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
604	_____ _____ _____	\$ <u>264,240.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
605	_____ _____ _____	\$ <u>269,565.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
606	_____ _____ _____	\$ <u>274,931.</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
607	_____ _____ _____	\$ <u>275,637.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
608	_____ _____ _____	\$ <u>291,636.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
609	_____ _____ _____	\$ <u>303,387.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
610	_____ _____ _____	\$ <u>309,312.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
611	_____ _____ _____	\$ <u>346,789.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
612	_____ _____ _____	\$ <u>385,328.</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
------------------------------------------------	-----------------------------------------------------

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
613	_____ _____ _____	\$ <u>391,817.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
614	_____ _____ _____	\$ <u>393,795.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
615	_____ _____ _____	\$ <u>397,543.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
616	_____ _____ _____	\$ <u>416,798.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
617	_____ _____ _____	\$ <u>416,966.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
618	_____ _____ _____	\$ <u>726,668.</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
------------------------------------------------	-----------------------------------------------------

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
619	_____ _____ _____	\$ <u>755,292.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
620	_____ _____ _____	\$ <u>777,361.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
621	_____ _____ _____	\$ <u>905,390.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
622	_____ _____ _____	\$ <u>1,295,248.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
623	_____ _____ _____	\$ <u>1,307,287.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
624	_____ _____ _____	\$ <u>1,407,676.</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
------------------------------------------------	-----------------------------------------------------

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
625	_____ _____ _____	\$ <u>1,567,192.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
626	_____ _____ _____	\$ <u>1,713,586.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
627	_____ _____ _____	\$ <u>2,190,685.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
628	_____ _____ _____	\$ <u>2,748,221.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
629	_____ _____ _____	\$ <u>4,789,482.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
630	_____ _____ _____	\$ <u>7,183,190.</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
------------------------------------------------	-----------------------------------------------------

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
631	_____ _____ _____	\$ <u>7,880,181.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
632	_____ _____ _____	\$ <u>9,731,529.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
633	_____ _____ _____	\$ <u>3,226,783.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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
------------------------------------------------	-----------------------------------------------------

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
5	21 SHARES OF MARKEL CORP. STOCK	\$ 20,810.	12/15/20
12	12 SHARES OF THERMO FISHER SCIENTIFIC INC. STOCK	\$ 5,121.	09/29/20
14	4,000 SHARES OF EASTMAN KODAK CO. STOCK	\$ 91,940.	08/07/20
15	500 SHARES OF ALTRIA GROUP STOCK.	\$ 19,535.	10/30/20
16	30 SHARES OF MCKESSON STOCK	\$ 5,175.	12/23/20
19	17 SHARES OF INVESCO QQQ ETF STOCK	\$ 5,239.	12/21/20

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

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
21	98 SHARES OF EXXON MOBILE CORPORATION STCK	\$ 5,051.	02/16/21
32	216 SHARES OF HOLOGIC INC. STOCK	\$ 15,349.	11/23/20
47	STOCK SHRS: 134-APPLE, 33-BERKSHIRE, KINSALE, NORFOLK&IDEXX, 34-JPMORGAN, 17-LOCKHEED, 16-MICROSOFT	\$ 70,135.	01/07/21
85	110 SHARES OF MUTUAL INVESTORS FUND (AWSHX) STOCK	\$ 5,055.	10/07/20
96	125 SHARES OF PHILIP MORRIS INTERNATIONAL INC. STOCK	\$ 10,168.	12/15/20
102	322 SHARES OF EXXON MOBIL CORP. STOCK	\$ 24,241.	06/24/21

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

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
104	227 SHARES OF DOMINION ENERGY INC. STOCK _____ _____ _____	\$ <u>18,183.</u>	<u>12/04/20</u>
124	215 SHARES OF RAYTHEON TECH CORP. STOCK _____ _____ _____	\$ <u>15,244.</u>	<u>01/04/21</u>
134	106 SHARES OF TRUIST FINANCIAL CORP. STOCK _____ _____ _____	\$ <u>5,002.</u>	<u>11/23/20</u>
155	42 SHARES OF APPLE INC. STOCK _____ _____ _____	\$ <u>5,113.</u>	<u>12/04/20</u>
166	35 SHARES OF PEPSICO INC. STOCK _____ _____ _____	\$ <u>5,049.</u>	<u>12/17/20</u>
191	235 SHARES OF CARRIER GLOBAL CORP. STOCK _____ _____ _____	\$ <u>10,044.</u>	<u>04/16/21</u>

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

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
192	21 SHARES OF ISHARES (IYH) STOCK	\$ 5,122.	12/15/20
193	65 SHARES OF NEWMARKET CORP. STOCK	\$ 26,059.	12/23/20
215	75 SHARES OF CAPITAL ONE FINANCIAL CORP. STOCK	\$ 7,371.	12/31/20
216	915 SHARES OF CALVERT EMERGING MARKETS MUTUAL FUND	\$ 20,240.	12/22/20
240	10 SHARES OF MARKEL CORP. STOCK	\$ 10,450.	09/18/20
248	71 SHARES OF NEXTERA ENERGY INC. STOCK	\$ 5,219.	03/16/21

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

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	5 SHARES OF IMB & 94 SHARES OF BLACKSTONE GROUP STOCK _____ _____ _____	\$ <u>5,632.</u>	<u>09/09/20</u>
338	28 SHARES OF VANGUARD GROWTH ETF STOCK _____ _____ _____	\$ <u>6,711.</u>	<u>11/11/20</u>
346	2821 POUNDS OF FOOD _____ _____ _____	\$ <u>5,050.</u>	_____
347	2839 POUNDS OF FOOD _____ _____ _____	\$ <u>5,082.</u>	_____
348	2848 POUNDS OF FOOD _____ _____ _____	\$ <u>5,098.</u>	_____
349	2862 POUNDS OF FOOD _____ _____ _____	\$ <u>5,123.</u>	_____

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

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
350	3148 POUNDS OF FOOD _____ _____ _____	\$ <u>5,635.</u>	_____
351	3177 POUNDS OF FOOD _____ _____ _____	\$ <u>5,687.</u>	_____
352	3202 POUNDS OF FOOD _____ _____ _____	\$ <u>5,732.</u>	_____
353	3241 POUNDS OF FOOD _____ _____ _____	\$ <u>5,801.</u>	_____
354	3340.5 POUNDS OF FOOD _____ _____ _____	\$ <u>5,979.</u>	_____
355	3360 POUNDS OF FOOD _____ _____ _____	\$ <u>6,014.</u>	_____

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

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
356	3376 POUNDS OF FOOD _____ _____ _____	\$ <u>6,043.</u>	_____
357	3407 POUNDS OF FOOD _____ _____ _____	\$ <u>6,099.</u>	_____
358	3484 POUNDS OF FOOD _____ _____ _____	\$ <u>6,236.</u>	_____
359	3492.74 POUNDS OF FOOD _____ _____ _____	\$ <u>6,252.</u>	_____
360	3883 POUNDS OF FOOD _____ _____ _____	\$ <u>6,951.</u>	_____
361	4222 POUNDS OF FOOD _____ _____ _____	\$ <u>7,557.</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
362	4303 POUNDS OF FOOD _____ _____ _____	\$ <u>7,702.</u>	_____
363	4649 POUNDS OF FOOD _____ _____ _____	\$ <u>8,322.</u>	_____
364	4888 POUNDS OF FOOD _____ _____ _____	\$ <u>8,750.</u>	_____
365	5080.5 POUNDS OF FOOD _____ _____ _____	\$ <u>9,094.</u>	_____
366	5309 POUNDS OF FOOD _____ _____ _____	\$ <u>9,503.</u>	_____
367	5340 POUNDS OF FOOD _____ _____ _____	\$ <u>9,559.</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
368	5366 POUNDS OF FOOD _____ _____ _____	\$ <u>9,605.</u>	_____
369	5367 POUNDS OF FOOD _____ _____ _____	\$ <u>9,607.</u>	_____
370	5643 POUNDS OF FOOD _____ _____ _____	\$ <u>10,101.</u>	_____
371	5723 POUNDS OF FOOD _____ _____ _____	\$ <u>10,244.</u>	_____
372	5758 POUNDS OF FOOD _____ _____ _____	\$ <u>10,307.</u>	_____
373	5907.974 POUNDS OF FOOD _____ _____ _____	\$ <u>10,575.</u>	_____

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

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
374	6410 POUNDS OF FOOD _____ _____ _____	\$ <u>11,474.</u>	_____
375	6485 POUNDS OF FOOD _____ _____ _____	\$ <u>11,608.</u>	_____
376	6526.8 POUNDS OF FOOD _____ _____ _____	\$ <u>11,683.</u>	_____
377	6672 POUNDS OF FOOD _____ _____ _____	\$ <u>11,943.</u>	_____
378	6704 POUNDS OF FOOD _____ _____ _____	\$ <u>12,000.</u>	_____
379	6774 POUNDS OF FOOD _____ _____ _____	\$ <u>12,125.</u>	_____

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

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
380	6941 POUNDS OF FOOD _____ _____ _____	\$ <u>12,424.</u>	_____
381	7035.25 POUNDS OF FOOD _____ _____ _____	\$ <u>12,593.</u>	_____
382	7216 POUNDS OF FOOD _____ _____ _____	\$ <u>12,917.</u>	_____
383	7434 POUNDS OF FOOD _____ _____ _____	\$ <u>13,307.</u>	_____
384	7500 POUNDS OF FOOD _____ _____ _____	\$ <u>13,425.</u>	_____
385	7560 POUNDS OF FOOD _____ _____ _____	\$ <u>13,532.</u>	_____

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

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
386	7908 POUNDS OF FOOD _____ _____ _____	\$ <u>14,155.</u>	_____
387	8025 POUNDS OF FOOD _____ _____ _____	\$ <u>14,365.</u>	_____
388	8285 POUNDS OF FOOD _____ _____ _____	\$ <u>14,830.</u>	_____
389	8515 POUNDS OF FOOD _____ _____ _____	\$ <u>15,242.</u>	_____
390	9183 POUNDS OF FOOD _____ _____ _____	\$ <u>16,438.</u>	_____
391	9364 POUNDS OF FOOD _____ _____ _____	\$ <u>16,762.</u>	_____

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

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
392	9724 POUNDS OF FOOD _____ _____ _____	\$ <u>17,406.</u>	_____
393	10048 POUNDS OF FOOD _____ _____ _____	\$ <u>17,986.</u>	_____
394	10115 POUNDS OF FOOD _____ _____ _____	\$ <u>18,106.</u>	_____
395	10278 POUNDS OF FOOD _____ _____ _____	\$ <u>18,398.</u>	_____
396	10524 POUNDS OF FOOD _____ _____ _____	\$ <u>18,838.</u>	_____
397	10612 POUNDS OF FOOD _____ _____ _____	\$ <u>18,995.</u>	_____

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

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
398	10774 POUNDS OF FOOD _____ _____ _____	\$ 19,285.	_____
399	10777 POUNDS OF FOOD _____ _____ _____	\$ 19,291.	_____
400	10890 POUNDS OF FOOD _____ _____ _____	\$ 19,493.	_____
401	10937 POUNDS OF FOOD _____ _____ _____	\$ 19,577.	_____
402	11159 POUNDS OF FOOD _____ _____ _____	\$ 19,975.	_____
403	11639 POUNDS OF FOOD _____ _____ _____	\$ 20,834.	_____

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

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
404	11891 POUNDS OF FOOD _____ _____ _____	\$ 21,285.	_____
405	11931 POUNDS OF FOOD _____ _____ _____	\$ 21,356.	_____
406	11955 POUNDS OF FOOD _____ _____ _____	\$ 21,399.	_____
407	11986.4 POUNDS OF FOOD _____ _____ _____	\$ 21,456.	_____
408	12035 POUNDS OF FOOD _____ _____ _____	\$ 21,543.	_____
409	12224 POUNDS OF FOOD _____ _____ _____	\$ 21,881.	_____

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

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
410	12520 POUNDS OF FOOD _____ _____ _____	\$ 22,411.	_____
411	12606 POUNDS OF FOOD _____ _____ _____	\$ 22,565.	_____
412	12838 POUNDS OF FOOD _____ _____ _____	\$ 22,980.	_____
413	13389 POUNDS OF FOOD _____ _____ _____	\$ 23,966.	_____
414	13485 POUNDS OF FOOD _____ _____ _____	\$ 24,138.	_____
415	13880 POUNDS OF FOOD _____ _____ _____	\$ 24,845.	_____

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

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
416	13880.5 POUNDS OF FOOD _____ _____ _____	\$ <u>24,846.</u>	_____
417	13970 POUNDS OF FOOD _____ _____ _____	\$ <u>25,006.</u>	_____
418	15027 POUNDS OF FOOD _____ _____ _____	\$ <u>26,898.</u>	_____
419	15154.8 POUNDS OF FOOD _____ _____ _____	\$ <u>27,127.</u>	_____
420	16070.45 POUNDS OF FOOD _____ _____ _____	\$ <u>28,766.</u>	_____
421	16255 POUNDS OF FOOD _____ _____ _____	\$ <u>29,096.</u>	_____

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

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
422	16629 POUNDS OF FOOD _____ _____ _____	\$ <u>29,766.</u>	_____
423	17108 POUNDS OF FOOD _____ _____ _____	\$ <u>30,623.</u>	_____
424	17479 POUNDS OF FOOD _____ _____ _____	\$ <u>31,287.</u>	_____
425	17519 POUNDS OF FOOD _____ _____ _____	\$ <u>31,359.</u>	_____
426	17551 POUNDS OF FOOD _____ _____ _____	\$ <u>31,416.</u>	_____
427	17776.61 POUNDS OF FOOD _____ _____ _____	\$ <u>31,820.</u>	_____

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

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
428	18482 POUNDS OF FOOD _____ _____ _____	\$ <u>33,083.</u>	_____
429	18620.75 POUNDS OF FOOD _____ _____ _____	\$ <u>33,331.</u>	_____
430	18651 POUNDS OF FOOD _____ _____ _____	\$ <u>33,385.</u>	_____
431	18728 POUNDS OF FOOD _____ _____ _____	\$ <u>33,523.</u>	_____
432	18874 POUNDS OF FOOD _____ _____ _____	\$ <u>33,784.</u>	_____
433	19273 POUNDS OF FOOD _____ _____ _____	\$ <u>34,499.</u>	_____

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

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
434	19491 POUNDS OF FOOD _____ _____ _____	\$ <u>34,889.</u>	_____
435	20000 POUNDS OF FOOD _____ _____ _____	\$ <u>35,800.</u>	_____
436	20238 POUNDS OF FOOD _____ _____ _____	\$ <u>36,226.</u>	_____
437	20967 POUNDS OF FOOD _____ _____ _____	\$ <u>37,531.</u>	_____
438	21157 POUNDS OF FOOD _____ _____ _____	\$ <u>37,871.</u>	_____
439	21548 POUNDS OF FOOD _____ _____ _____	\$ <u>38,571.</u>	_____

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

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
440	21561 POUNDS OF FOOD _____ _____ _____	\$ <u>38,594.</u>	_____
441	22654.47 POUNDS OF FOOD _____ _____ _____	\$ <u>40,552.</u>	_____
442	22967 POUNDS OF FOOD _____ _____ _____	\$ <u>41,111.</u>	_____
443	23295 POUNDS OF FOOD _____ _____ _____	\$ <u>41,698.</u>	_____
444	23477 POUNDS OF FOOD _____ _____ _____	\$ <u>42,024.</u>	_____
445	26021 POUNDS OF FOOD _____ _____ _____	\$ <u>46,578.</u>	_____

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

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
446	26425 POUNDS OF FOOD _____ _____ _____	\$ 47,301.	_____
447	26581 POUNDS OF FOOD _____ _____ _____	\$ 47,580.	_____
448	26821 POUNDS OF FOOD _____ _____ _____	\$ 48,010.	_____
449	27429.6 POUNDS OF FOOD _____ _____ _____	\$ 49,099.	_____
450	27658 POUNDS OF FOOD _____ _____ _____	\$ 49,508.	_____
451	27833 POUNDS OF FOOD _____ _____ _____	\$ 49,821.	_____

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

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
452	27951 POUNDS OF FOOD _____ _____ _____	\$ <u>50,032.</u>	_____
453	30023 POUNDS OF FOOD _____ _____ _____	\$ <u>53,741.</u>	_____
454	30604 POUNDS OF FOOD _____ _____ _____	\$ <u>54,781.</u>	_____
455	30836 POUNDS OF FOOD _____ _____ _____	\$ <u>55,196.</u>	_____
456	30885 POUNDS OF FOOD _____ _____ _____	\$ <u>55,284.</u>	_____
457	31270 POUNDS OF FOOD _____ _____ _____	\$ <u>55,973.</u>	_____

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

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
458	31273 POUNDS OF FOOD _____ _____ _____	\$ <u>55,979.</u>	_____
459	32548 POUNDS OF FOOD _____ _____ _____	\$ <u>58,261.</u>	_____
460	33399 POUNDS OF FOOD _____ _____ _____	\$ <u>59,784.</u>	_____
461	33683.6 POUNDS OF FOOD _____ _____ _____	\$ <u>60,294.</u>	_____
462	36658 POUNDS OF FOOD _____ _____ _____	\$ <u>65,618.</u>	_____
463	36817 POUNDS OF FOOD _____ _____ _____	\$ <u>65,902.</u>	_____

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

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
464	36960 POUNDS OF FOOD _____ _____ _____	\$ <u>66,158.</u>	_____
465	38304 POUNDS OF FOOD _____ _____ _____	\$ <u>68,564.</u>	_____
466	38510 POUNDS OF FOOD _____ _____ _____	\$ <u>68,933.</u>	_____
467	38658 POUNDS OF FOOD _____ _____ _____	\$ <u>69,198.</u>	_____
468	39211 POUNDS OF FOOD _____ _____ _____	\$ <u>70,188.</u>	_____
469	39435 POUNDS OF FOOD _____ _____ _____	\$ <u>70,589.</u>	_____

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

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
470	39916 POUNDS OF FOOD _____ _____ _____	\$ <u>71,450.</u>	_____
471	40061 POUNDS OF FOOD _____ _____ _____	\$ <u>71,709.</u>	_____
472	40876 POUNDS OF FOOD _____ _____ _____	\$ <u>73,168.</u>	_____
473	42018 POUNDS OF FOOD _____ _____ _____	\$ <u>75,212.</u>	_____
474	42736 POUNDS OF FOOD _____ _____ _____	\$ <u>76,497.</u>	_____
475	42964 POUNDS OF FOOD _____ _____ _____	\$ <u>76,906.</u>	_____

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

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
476	43057 POUNDS OF FOOD _____ _____ _____	\$ <u>77,072.</u>	_____
477	43177 POUNDS OF FOOD _____ _____ _____	\$ <u>77,287.</u>	_____
478	43216 POUNDS OF FOOD _____ _____ _____	\$ <u>77,357.</u>	_____
479	43809 POUNDS OF FOOD _____ _____ _____	\$ <u>78,418.</u>	_____
480	44057 POUNDS OF FOOD _____ _____ _____	\$ <u>78,862.</u>	_____
481	44381 POUNDS OF FOOD _____ _____ _____	\$ <u>79,442.</u>	_____

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

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
482	44585 POUNDS OF FOOD _____ _____ _____	\$ <u>79,807.</u>	_____
483	44938 POUNDS OF FOOD _____ _____ _____	\$ <u>80,439.</u>	_____
484	45782 POUNDS OF FOOD _____ _____ _____	\$ <u>81,950.</u>	_____
485	45794 POUNDS OF FOOD _____ _____ _____	\$ <u>81,971.</u>	_____
486	45916 POUNDS OF FOOD _____ _____ _____	\$ <u>82,190.</u>	_____
487	46214 POUNDS OF FOOD _____ _____ _____	\$ <u>82,723.</u>	_____

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

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
488	46336 POUNDS OF FOOD _____ _____ _____	\$ <u>82,941.</u>	_____
489	47250 POUNDS OF FOOD _____ _____ _____	\$ <u>84,578.</u>	_____
490	48293 POUNDS OF FOOD _____ _____ _____	\$ <u>86,444.</u>	_____
491	48338 POUNDS OF FOOD _____ _____ _____	\$ <u>86,525.</u>	_____
492	48686 POUNDS OF FOOD _____ _____ _____	\$ <u>87,148.</u>	_____
493	49043 POUNDS OF FOOD _____ _____ _____	\$ <u>87,787.</u>	_____

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

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
494	49448 POUNDS OF FOOD _____ _____ _____	\$ <u>88,512.</u>	_____
495	49623 POUNDS OF FOOD _____ _____ _____	\$ <u>88,825.</u>	_____
496	50947 POUNDS OF FOOD _____ _____ _____	\$ <u>91,195.</u>	_____
497	51711 POUNDS OF FOOD _____ _____ _____	\$ <u>92,563.</u>	_____
498	53491 POUNDS OF FOOD _____ _____ _____	\$ <u>95,749.</u>	_____
499	54050 POUNDS OF FOOD _____ _____ _____	\$ <u>96,750.</u>	_____

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

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
500	54218 POUNDS OF FOOD _____ _____ _____	\$ <u>97,050.</u>	_____
501	54654 POUNDS OF FOOD _____ _____ _____	\$ <u>97,831.</u>	_____
502	55439 POUNDS OF FOOD _____ _____ _____	\$ <u>99,236.</u>	_____
503	55526 POUNDS OF FOOD _____ _____ _____	\$ <u>99,392.</u>	_____
504	55556 POUNDS OF FOOD _____ _____ _____	\$ <u>99,445.</u>	_____
505	55790 POUNDS OF FOOD _____ _____ _____	\$ <u>99,864.</u>	_____

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

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
506	57056 POUNDS OF FOOD _____ _____ _____	\$ <u>102,130.</u>	_____
507	57072 POUNDS OF FOOD _____ _____ _____	\$ <u>102,159.</u>	_____
508	57342 POUNDS OF FOOD _____ _____ _____	\$ <u>102,642.</u>	_____
509	58769 POUNDS OF FOOD _____ _____ _____	\$ <u>105,197.</u>	_____
510	59722 POUNDS OF FOOD _____ _____ _____	\$ <u>106,902.</u>	_____
511	59938 POUNDS OF FOOD _____ _____ _____	\$ <u>107,289.</u>	_____

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

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
512	60259 POUNDS OF FOOD _____ _____ _____	\$ <u>107,864.</u>	_____
513	60359 POUNDS OF FOOD _____ _____ _____	\$ <u>108,043.</u>	_____
514	60572.78 POUNDS OF FOOD _____ _____ _____	\$ <u>108,425.</u>	_____
515	60800 POUNDS OF FOOD _____ _____ _____	\$ <u>108,832.</u>	_____
516	61205 POUNDS OF FOOD _____ _____ _____	\$ <u>109,557.</u>	_____
517	61318 POUNDS OF FOOD _____ _____ _____	\$ <u>109,759.</u>	_____

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

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
518	61343 POUNDS OF FOOD _____ _____ _____	\$ <u>109,804.</u>	_____
519	61376 POUNDS OF FOOD _____ _____ _____	\$ <u>109,863.</u>	_____
520	61955 POUNDS OF FOOD _____ _____ _____	\$ <u>110,899.</u>	_____
521	64067 POUNDS OF FOOD _____ _____ _____	\$ <u>114,680.</u>	_____
522	64634.5 POUNDS OF FOOD _____ _____ _____	\$ <u>115,696.</u>	_____
523	65114 POUNDS OF FOOD _____ _____ _____	\$ <u>116,554.</u>	_____

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

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
524	65134 POUNDS OF FOOD _____ _____ _____	\$ <u>116,590.</u>	_____
525	65340 POUNDS OF FOOD _____ _____ _____	\$ <u>116,959.</u>	_____
526	65349 POUNDS OF FOOD _____ _____ _____	\$ <u>116,975.</u>	_____
527	66597 POUNDS OF FOOD _____ _____ _____	\$ <u>119,209.</u>	_____
528	66746 POUNDS OF FOOD _____ _____ _____	\$ <u>119,475.</u>	_____
529	68451.7 POUNDS OF FOOD _____ _____ _____	\$ <u>122,529.</u>	_____

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

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
530	68488 POUNDS OF FOOD _____ _____ _____	\$ <u>122,594.</u>	_____
531	68625 POUNDS OF FOOD _____ _____ _____	\$ <u>122,839.</u>	_____
532	68927.5 POUNDS OF FOOD _____ _____ _____	\$ <u>123,380.</u>	_____
533	69591 POUNDS OF FOOD _____ _____ _____	\$ <u>124,568.</u>	_____
534	69642 POUNDS OF FOOD _____ _____ _____	\$ <u>124,659.</u>	_____
535	70202 POUNDS OF FOOD _____ _____ _____	\$ <u>125,662.</u>	_____

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

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
536	70573 POUNDS OF FOOD _____ _____ _____	\$ <u>126,326.</u>	_____
537	71166 POUNDS OF FOOD _____ _____ _____	\$ <u>127,387.</u>	_____
538	71312 POUNDS OF FOOD _____ _____ _____	\$ <u>127,648.</u>	_____
539	71567 POUNDS OF FOOD _____ _____ _____	\$ <u>128,105.</u>	_____
540	72103 POUNDS OF FOOD _____ _____ _____	\$ <u>129,064.</u>	_____
541	72139 POUNDS OF FOOD _____ _____ _____	\$ <u>129,129.</u>	_____

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

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
542	73132 POUNDS OF FOOD _____ _____ _____	\$ <u>130,906.</u>	_____
543	73582 POUNDS OF FOOD _____ _____ _____	\$ <u>131,712.</u>	_____
544	73942 POUNDS OF FOOD _____ _____ _____	\$ <u>132,356.</u>	_____
545	74057 POUNDS OF FOOD _____ _____ _____	\$ <u>132,562.</u>	_____
546	74162 POUNDS OF FOOD _____ _____ _____	\$ <u>132,750.</u>	_____
547	74247 POUNDS OF FOOD _____ _____ _____	\$ <u>132,902.</u>	_____

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

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
548	74684 POUNDS OF FOOD _____ _____ _____	\$ <u>133,684.</u>	_____
549	74714 POUNDS OF FOOD _____ _____ _____	\$ <u>133,738.</u>	_____
550	75942 POUNDS OF FOOD _____ _____ _____	\$ <u>135,936.</u>	_____
551	76231 POUNDS OF FOOD _____ _____ _____	\$ <u>136,453.</u>	_____
552	76538 POUNDS OF FOOD _____ _____ _____	\$ <u>137,003.</u>	_____
553	76693 POUNDS OF FOOD _____ _____ _____	\$ <u>137,280.</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
554	77010 POUNDS OF FOOD _____ _____ _____	\$ <u>137,848.</u>	_____
555	78409 POUNDS OF FOOD _____ _____ _____	\$ <u>140,352.</u>	_____
556	79180 POUNDS OF FOOD _____ _____ _____	\$ <u>141,732.</u>	_____
557	79496 POUNDS OF FOOD _____ _____ _____	\$ <u>142,298.</u>	_____
558	81314 POUNDS OF FOOD _____ _____ _____	\$ <u>145,552.</u>	_____
559	81381 POUNDS OF FOOD _____ _____ _____	\$ <u>145,672.</u>	_____

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

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
560	81623 POUNDS OF FOOD _____ _____ _____	\$ <u>146,105.</u>	_____
561	82764.25 POUNDS OF FOOD _____ _____ _____	\$ <u>148,148.</u>	_____
562	83275 POUNDS OF FOOD _____ _____ _____	\$ <u>149,062.</u>	_____
563	83746 POUNDS OF FOOD _____ _____ _____	\$ <u>149,905.</u>	_____
564	84214 POUNDS OF FOOD _____ _____ _____	\$ <u>150,743.</u>	_____
565	84967 POUNDS OF FOOD _____ _____ _____	\$ <u>152,091.</u>	_____

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

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
566	85536 POUNDS OF FOOD _____ _____ _____	\$ <u>153,109.</u>	_____
567	85784 POUNDS OF FOOD _____ _____ _____	\$ <u>153,553.</u>	_____
568	87884 POUNDS OF FOOD _____ _____ _____	\$ <u>157,312.</u>	_____
569	87965 POUNDS OF FOOD _____ _____ _____	\$ <u>157,457.</u>	_____
570	90476 POUNDS OF FOOD _____ _____ _____	\$ <u>161,952.</u>	_____
571	91236 POUNDS OF FOOD _____ _____ _____	\$ <u>163,312.</u>	_____

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

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
572	91616 POUNDS OF FOOD _____ _____ _____	\$ <u>163,993.</u>	_____
573	92285 POUNDS OF FOOD _____ _____ _____	\$ <u>165,190.</u>	_____
574	93033 POUNDS OF FOOD _____ _____ _____	\$ <u>166,529.</u>	_____
575	93975 POUNDS OF FOOD _____ _____ _____	\$ <u>168,215.</u>	_____
576	95735 POUNDS OF FOOD _____ _____ _____	\$ <u>171,366.</u>	_____
577	96885 POUNDS OF FOOD _____ _____ _____	\$ <u>173,424.</u>	_____

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

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
578	97632.55 POUNDS OF FOOD _____ _____ _____	\$ <u>174,762.</u>	_____
579	97753 POUNDS OF FOOD _____ _____ _____	\$ <u>174,978.</u>	_____
580	97756 POUNDS OF FOOD _____ _____ _____	\$ <u>174,983.</u>	_____
581	98321 POUNDS OF FOOD _____ _____ _____	\$ <u>175,995.</u>	_____
582	98570 POUNDS OF FOOD _____ _____ _____	\$ <u>176,440.</u>	_____
583	99668 POUNDS OF FOOD _____ _____ _____	\$ <u>178,406.</u>	_____

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

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
584	99718 POUNDS OF FOOD _____ _____ _____	\$ <u>178,495.</u>	_____
585	100184 POUNDS OF FOOD _____ _____ _____	\$ <u>179,329.</u>	_____
586	100655 POUNDS OF FOOD _____ _____ _____	\$ <u>180,172.</u>	_____
587	101086 POUNDS OF FOOD _____ _____ _____	\$ <u>180,944.</u>	_____
588	103148 POUNDS OF FOOD _____ _____ _____	\$ <u>184,635.</u>	_____
589	108625 POUNDS OF FOOD _____ _____ _____	\$ <u>194,439.</u>	_____

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

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
590	109334 POUNDS OF FOOD _____ _____ _____	\$ 195,708.	_____
591	109853 POUNDS OF FOOD _____ _____ _____	\$ 196,637.	_____
592	110520 POUNDS OF FOOD _____ _____ _____	\$ 197,831.	_____
593	113601 POUNDS OF FOOD _____ _____ _____	\$ 203,346.	_____
594	114944 POUNDS OF FOOD _____ _____ _____	\$ 205,750.	_____
595	115430 POUNDS OF FOOD _____ _____ _____	\$ 206,620.	_____

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

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
596	117008 POUNDS OF FOOD _____ _____ _____	\$ <u>209,444.</u>	_____
597	125795 POUNDS OF FOOD _____ _____ _____	\$ <u>225,173.</u>	_____
598	125832 POUNDS OF FOOD _____ _____ _____	\$ <u>225,239.</u>	_____
599	128790 POUNDS OF FOOD _____ _____ _____	\$ <u>230,534.</u>	_____
600	134649 POUNDS OF FOOD _____ _____ _____	\$ <u>241,022.</u>	_____
601	138919 POUNDS OF FOOD _____ _____ _____	\$ <u>248,665.</u>	_____

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

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
602	139169 POUNDS OF FOOD _____ _____ _____	\$ <u>249,113.</u>	_____
603	147048 POUNDS OF FOOD _____ _____ _____	\$ <u>263,216.</u>	_____
604	147620 POUNDS OF FOOD _____ _____ _____	\$ <u>264,240.</u>	_____
605	150595 POUNDS OF FOOD _____ _____ _____	\$ <u>269,565.</u>	_____
606	153593 POUNDS OF FOOD _____ _____ _____	\$ <u>274,931.</u>	_____
607	153987 POUNDS OF FOOD _____ _____ _____	\$ <u>275,637.</u>	_____

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

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
608	162925 POUNDS OF FOOD _____ _____ _____	\$ 291,636.	_____
609	169490 POUNDS OF FOOD _____ _____ _____	\$ 303,387.	_____
610	172800 POUNDS OF FOOD _____ _____ _____	\$ 309,312.	_____
611	193737 POUNDS OF FOOD _____ _____ _____	\$ 346,789.	_____
612	215267 POUNDS OF FOOD _____ _____ _____	\$ 385,328.	_____
613	218892 POUNDS OF FOOD _____ _____ _____	\$ 391,817.	_____

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

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
614	21997 POUNDS OF FOOD _____ _____ _____	\$ <u>393,795.</u>	_____
615	222091 POUNDS OF FOOD _____ _____ _____	\$ <u>397,543.</u>	_____
616	232848 POUNDS OF FOOD _____ _____ _____	\$ <u>416,798.</u>	_____
617	232941.75 POUNDS OF FOOD _____ _____ _____	\$ <u>416,966.</u>	_____
618	405960 POUNDS OF FOOD _____ _____ _____	\$ <u>726,668.</u>	_____
619	421950.8 POUNDS OF FOOD _____ _____ _____	\$ <u>755,292.</u>	_____

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

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
620	434280 POUNDS OF FOOD _____ _____ _____	\$ <u>777,361.</u>	_____
621	505804.19 POUNDS OF FOOD _____ _____ _____	\$ <u>905,390.</u>	_____
622	723602 POUNDS OF FOOD _____ _____ _____	\$ <u>1,295,248.</u>	_____
623	730328 POUNDS OF FOOD _____ _____ _____	\$ <u>1,307,287.</u>	_____
624	786411 POUNDS OF FOOD _____ _____ _____	\$ <u>1,407,676.</u>	_____
625	875526 POUNDS OF FOOD _____ _____ _____	\$ <u>1,567,192.</u>	_____

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

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
626	957310.68 POUNDS OF FOOD _____ _____ _____	\$ <u>1,713,586.</u>	_____
627	1223846.625 POUNDS OF FOOD _____ _____ _____	\$ <u>2,190,685.</u>	_____
628	1535319 POUNDS OF FOOD _____ _____ _____	\$ <u>2,748,221.</u>	_____
629	2675688 POUNDS OF FOOD _____ _____ _____	\$ <u>4,789,482.</u>	_____
630	4012955.5 POUNDS OF FOOD _____ _____ _____	\$ <u>7,183,190.</u>	_____
631	4402336 POUNDS OF FOOD _____ _____ _____	\$ <u>7,880,181.</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
632	5436608.5 POUNDS OF FOOD _____ _____ _____	\$ <u>9,731,529.</u>	
	_____ _____ _____	\$ _____	
	_____ _____ _____	\$ _____	
	_____ _____ _____	\$ _____	
	_____ _____ _____	\$ _____	
	_____ _____ _____	\$ _____	
	_____ _____ _____	\$ _____	

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

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

2020

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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	4,745,906.	4,395,853.	4,200,212.	4,190,718.	3,599,475.
b Contributions	3,743,772.	512,548.	150,500.	500.	367,817.
c Net investment earnings, gains, and losses	1,642,970.	-523.	223,649.	179,297.	386,914.
d Grants or scholarships					
e Other expenditures for facilities and programs		161,972.	178,508.	170,303.	163,488.
f Administrative expenses					
g End of year balance	10,132,648.	4,745,906.	4,395,853.	4,200,212.	4,190,718.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 53.8130 %
 - b Permanent endowment 26.3570 %
 - c Term endowment 19.8300 %
- 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		13,231,256.	4,677,953.	8,553,303.
c Leasehold improvements		132,714.	48,350.	84,364.
d Equipment		5,234,576.	3,365,153.	1,869,423.
e Other		3,111,648.	1,435,726.	1,675,922.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				12,787,832.

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	10,132,648.	END-OF-YEAR MARKET VALUE
(C) OTHER INVESTMENTS	12,285,358.	END-OF-YEAR MARKET VALUE
(D) RIGHT OF USE LEASE	128,235.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	22,546,241.	

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	128,235.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	128,235.

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	107,461,242.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,367,667.
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	2,367,667.
3	Subtract line 2e from line 1	3	105,093,575.
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	105,093,575.

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	93,842,494.
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	93,842,494.
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	93,842,494.

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, 2021 AND 2020. 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

2020

**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
AMELIA CO. FOOD PANTRY P. O. BOX 68 JETERSVILLE, VA 23803	54-1470644	501(C)(3)	20,000.	0.			FUNDS FOR A FORD CARGO VAN
AMELIA CO. FOOD PANTRY P. O. BOX 68 JETERSVILLE, VA 23803	54-1470644	501(C)(3)	20,000.	0.			FUNDS FOR ROOF REPAIR AND REPLACEMENT
ANNA JULIA COOPER EPIS. SCHOOL 2124 N. 29TH STREET RICHMOND, VA 23223	27-0407231	501(C)(3)	25,800.	0.			FUNDS FOR DISHWASHER, RANGES, HOSE GAS CONNECTORS
ANNA JULIA COOPER EPISCOPAL SCHOOL 2124 N. 29TH STREET RICHMOND, VA 23223	27-0407231	501(C)(3)	0.	1,353.	FMV	1- 1 DOOR REACH IN REFRIGERATOR THROUGH	GENERAL PURPOSE
ANNA JULIA COOPER EPISCOPAL SCHOOL 2124 N. 29TH STREET RICHMOND, VA 23223	27-0407231	501(C)(3)	0.	3,257.	FMV	1- 3 DOOR FREEZERS THROUGH FACTORY DIRECT	GENERAL PURPOSE
ANNA JULIA COOPER EPISCOPAL SCHOOL 2124 N. 29TH STREET RICHMOND, VA 23223	27-0407231	501(C)(3)	0.	2,981.	FMV	1- 3 DOOR REACH IN REFRIGERATOR THROUGH	GENERAL PURPOSE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **129.**

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) 2020

SEE PART IV FOR COLUMNS (G) AND (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ANNA JULIA COOPER EPISCOPAL SCHOOL 2124 N. 29TH STREET RICHMOND, VA 23223	27-0407231	501(C)(3)	0.	1,503.	FMV	1 UPRIGHT FREEZER THROUGH FACTORY DIRECT	GENERAL PURPOSE
ANTIOCH BAPTIST CHURCH P. O. BOX 99 CHAMPLAIN, VA 22438	54-1281431	501(C)(3)	1,800.	0.			FUNDS FOR A REFRIGERATOR
ATLANTIC OUTREACH GROUP INC 2421 WESTWOOD AVE SUITE A RICHMOND, VA 23230	27-3715737	501(C)(3)	0.	2,305.	FMV	1- 2 DOOR FREEZERS THROUGH FACTORY DIRECT	GENERAL PURPOSE
ATLANTIC OUTREACH GROUP INC 2421 WESTWOOD AVE SUITE A RICHMOND, VA 23230	27-3715737	501(C)(3)	0.	1,879.	FMV	2 DOOR REACH IN REFRIGERATORS THROUGH	GENERAL PURPOSE
ATLANTIC OUTREACH GROUP, INC. 2421 WESTWOOD AVE SUITE A RICHMOND, VA 23230	27-3715737	501(C)(3)	1,000.	0.			FUNDS FOR A 2-TIER TEARDROP PALLET RACK STARTER UNIT
BEAVERDAM BAPTIST CHURCH 19110 BEAVERDAM RD, BEAVERDAM VA BEAVERDAM, VA 23015	54-1821694	501(C)(3)	0.	2,981.	FMV	1- 3 DOOR REACH IN REFRIGERATOR THROUGH	GENERAL PURPOSE
BEAVERDAM FOOD PANTRY 19110 BEAVERDAM RD, BEAVERDAM VA BEAVERDAM, VA 23015	54-1821694	501(C)(3)	3,200.	0.			FUNDS FORSHELVING UNITS
BEAVERDAM FOOD PANTRY 19110 BEAVERDAM RD, BEAVERDAM VA BEAVERDAM, VA 23015	54-1821694	501(C)(3)	1,000.	0.			FUNDS FOR A PALLET JACK
BELMONT UNMC 3510 BROAD ROCK BOULEVARD RICHMOND, VA 23234	54-6050358	501(C)(3)	500.	0.			RVA CHAP OF THE LINKS DON FOR AG. FOOD PURCHASE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BELMONT UNMC 3510 BROAD ROCK BOULEVARD RICHMOND, VA 23234	54-6050358	501(C)(3)	20,000.	0.			FUNDS FOR CHEVROLET EXPRESS VEHICLE
BELMONT UNMC 3510 BROAD ROCK BOULEVARD RICHMOND, VA 23234	54-6050358	501(C)(3)	500.	0.			FUNDS FOR U BOAT PLATFORM AND TRUCK DOLLY
BROAD ROCK BAPTIST CHURCH 106 WALMSLEY BLVD RICHMOND, VA 23224	54-1123250	501(C)(3)	500.	0.			RVA CHAP OF THE LINKS DON FOR AG. FOOD PURCHASE
BROAD ROCK BAPTIST CHURCH 106 WALMSLEY BLVD RICHMOND, VA 23224	54-1123250	501(C)(3)	0.	2,712.	FMV	REACH IN FREEZER THROUGH FACTORY DIRECT	GENERAL PURPOSE
BROAD ROCK BAPTIST CHURCH 106 WALMSLEY BLVD RICHMOND, VA 23224	54-1123250	501(C)(3)	0.	2,981.	FMV	1- 3 DOOR REACH IN REFRIGERATOR THROUGH	GENERAL PURPOSE
BROAD ROCK BAPTIST CHURCH 106 WALMSLEY BLVD RICHMOND, VA 23224	54-1123250	501(C)(3)	8,000.	0.			FUNDS FOR COMMERCIAL STOVES , INSTALLATION, SHELVING MATERIALS AND LABOR
BROAD ROCK BAPTIST CHURCH 106 WALMSLEY BLVD RICHMOND, VA 23224	54-1123250	501(C)(3)	0.	1,879.	FMV	2 DOOR REACH IN REFRIGERATORS THROUGH	GENERAL PURPOSE
CALLAO RESCUE SQUAD P.O. BOX 82 CALLEO, VA 22435	54-6071088	501(C)(3)	1,200.	0.			FUNDING FOR A CART, FRIDGE/FREEZER
CAPITAL AREA HEALTH NETWORK 719 NORTH 25TH ST. RICHMOND, VA 23223	54-1884190	501(C)(3)	0.	1,879.	FMV	2 DOOR REACH IN REFRIGERATORS THROUGH	GENERAL PURPOSE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CAPITAL AREA HEALTH NETWORK 719 NORTH 25TH ST. RICHMOND, VA 23223	54-1884190	501(C)(3)	2,000.	0.			SPENDING FOR 2 STAND ALONE CABINETS
CAPITAL AREA HEALTH NETWORK 719 NORTH 25TH ST. RICHMOND, VA 23223	54-1884190	501(C)(3)	0.	2,305.	FMV	1- 2 DOOR FREEZERS THROUGH FACTORY DIRECT	GENERAL PURPOSE
CAPUP NORTH FOOD PANTRY 1021 OLIVER HILL WAY RICHMOND, VA 23219	54-0788796	501(C)(3)	2,250.	0.			PASS THROUGH MONEY FROM ROTARY CLUB OF CHURCH HILL
CARES, INC. 120-A E. WASHINGTON ST. PETERSBURG, VA 23804	52-1240348	501(C)(3)	0.	1,879.	FMV	2 DOOR REACH IN REFRIGERATORS THROUGH	GENERAL PURPOSE
CARES, INC. 120-A E. WASHINGTON ST. PETERSBURG, VA 23804	52-1240348	501(C)(3)	0.	3,257.	FMV	1- 3 DOOR FREEZERS THROUGH FACTORY DIRECT	GENERAL PURPOSE
CARES, INC. 120-A E. WASHINGTON ST. PETERSBURG, VA 23804	52-1240348	501(C)(3)	2,500.	0.			FUNDS FOR STORAGE EQUIPMENT, COOLERS, REUSABLE BAGS, LONG TABLES
CELEBRATION CENTER 879 RESEARCH RD. CHESTERFIELD, VA 23236	54-1957671	501(C)(3)	0.	1,503.	FMV	1 UPRIGHT FREEZER THROUGH FACTORY DIRECT	GENERAL PURPOSE
CENTRAL BAPTIST CHURCH 1500 COURTHOUSE ROAD RICHMOND, VA 23236	54-6025598	501(C)(3)	15,000.	0.			FUNDS SPENT ON A FACILITY BACKUP GENERATOR, FUEL TANK, FUEL AND INSTALLATION
CENTRAL BAPTIST CHURCH 1500 COURTHOUSE ROAD RICHMOND, VA 23236	54-6025598	501(C)(3)	1,200.	0.			FUNDS FOR 2 IPADS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CHESTERFIELD FOOD BANK 12211 IRON BRIDGE ROAD CHESTER, VA 23831	27-1286258	501(C)(3)	100,000.	0.			FUNDS FOR CAPITAL IMPROVEMENT PROJECT
CHURCH OF THE HOLY COMFORTER 4819 MONUMENT AVE RICHMOND, VA 23230	54-0676244	501(C)(3)	0.	1,503.	FMV	1 UPRIGHT FREEZER THROUGH FACTORY DIRECT	GENERAL PURPOSE
CHURCH OF THE LIVING GOD 1 BRENTON ST. RICHMOND, VA 23222	54-2010429	501(C)(3)	0.	4,165.	FMV	REACH IN REFRIGERATOR & 3 SHELVES WITH CLIPITS THROUGH	GENERAL PURPOSE
COALITION OF POWHATAN CHURCHES 2500 BATTERSON ROAD POWHATAN, VA 23139	54-1824165	501(C)(3)	5,000.	0.			PASS THROUGH MONEY CREDIT FROM MORGAN STANLEY DONA
COLONIAL BEACH BAPTIST CHURCH 10 GARFIELD AVE COLONIAL BEACH, VA 22443	54-0733625	501(C)(3)	1,000.	0.			FUNDS FOR A HOUSEHOLD SIZE FREEZER UNIT
COLONIAL HEIGHTS FOOD PANTRY 530 SOUTHPARK BOULEVARD COLONIAL HEIGHTS, VA 23834	20-8932952	501(C)(3)	4,040.	0.			COL HEIGHT ROTARTY CLUB DONATION TO AGENCY
COLONIAL HGHTS FOOD PANTRY, INC 530 SOUTHPARK BOULEVARD COLONIAL HEIGHTS, VA 23834	20-8932952	501(C)(3)	25,000.	0.			FUNDING FOR A COOLER VAN
COLONIAL HGHTS FOOD PANTRY, INC 530 SOUTHPARK BOULEVARD COLONIAL HEIGHTS, VA 23834	20-8932952	501(C)(3)	30,000.	0.			FUNDS FOR RAMP COVER, WALK IN FREEZER, OUTDOOR COVERING/AWNING TENT,
COMMUNITY FOOD PANTRY P. O. BOX 291 WARSAW, VA 22572	54-1052978	501(C)(3)	3,200.	0.			FUNDS FOR 2 UPRIGHT FREEZERS, 2 CHEST FREEZERS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
COMMUNITY FOOD PANTRY P. O. BOX 291 WARSAW, VA 22572	54-1052978	501(C)(3)	6,000.	0.			FUNDS FOR 3 LAPTOPS, COLD BLANKETS, 4 FOLDING TABLES, 4 WAGON CARTS, SAFETY EQUIP 6 REFLECTIVE
CONTROLLED OUTCOMES (KIPPAX PLACE APARTMENT) - 100 S. KIPPAX STREET - HOPEWELL, VA 23038	46-3429639	501(C)(3)	0.	1,353.	FMV	1- 1 DOOR REACH IN REFRIGERATOR THROUGH	GENERAL PURPOSE
CONTROLLED OUTCOMES (KIPPAX PLACE APARTMENT) - 100 S. KIPPAX STREET - HOPEWELL, VA 23038	46-3429639	501(C)(3)	0.	1,503.	FMV	1 UPRIGHT FREEZER THROUGH FACTORY DIRECT	GENERAL PURPOSE
CRATER DIST. AREA AG. ON AGING 23 SEYLER DRIVE PETERSBURG, VA 23805	54-0976916	501(C)(3)	20,000.	0.			REFRIGERATED TRUCK FUNDS TO AGENCY
CRUSADE FOR CHRIST MINISTRIES 2337 CLEARFIELD STREET RICHMOND, VA 23224	54-1475236	501(C)(3)	0.	2,312.	FMV	4 CHEST FREEZERS THROUGH FACTORY DIRECT	GENERAL PURPOSE
CRUSADE FOR CHRIST MINISTRIES 2337 CLEARFIELD STREET RICHMOND, VA 23224	54-1475236	501(C)(3)	0.	4,059.	FMV	3- 1 DOOR REACH IN REFRIGERATOR THROUGH	GENERAL PURPOSE
CRUSADE FOR CHRIST MINISTRIES 2337 CLEARFIELD STREET RICHMOND, VA 23224	54-1475236	501(C)(3)	22,000.	0.			FUNDS FOR A 2012 HINO
CUMBERLAND COMMUNITY CARES 1550 ANDERSON HIGHWAY CUMBERLAND, VA 23040	82-2984450	501(C)(3)	24,360.	0.			FUNDS TO PURCHASE A WALK IN REFRIGERATOR, TRAILER, STORAGE BUILDING, PACKING BINS, WALK IN FREEZER,
DINWIDDIE CHURCHES PANTRY ERP P. O. BOX 427 DINWIDDIE, VA 23841	54-1822376	501(C)(3)	1,200.	0.			PASS THROUGH MONEY FROM MT. LEVEL BAPTIST CHURCH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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DISCOVERY UNITED METHODIST CHURCH 13000 GAYTON ROAD RICHMOND, VA 23233	54-1252910	501(C)(3)	0.	4,075.	FMV	REACH IN REFRIGERATOR THROUGH FACTORY DIRECT	GENERAL PURPOSE
DOWN TO EARTH MINISTRIES 3825 AUSTIN AVE. RICHMOND, VA 23223	54-1817988	501(C)(3)	0.	394.	FMV	1 CHEST FREEZER THROUGH FACTORY DIRECT	GENERAL PURPOSE
DOWN TO EARTH MINISTRIES 3825 AUSTIN AVE. RICHMOND, VA 23223	54-1817988	501(C)(3)	25,000.	0.			FUNDING FOR VAN
DOWNTOWN CHURCHES UNITED/THE HOPE CENTER - P. O. BOX 1202 - PETERSBURG, VA 23804	54-1931020	501(C)(3)	0.	1,879.	FMV	2 DOOR REACH IN REFRIGERATORS THROUGH	GENERAL PURPOSE
DOWNTOWN CHURCHES UNITED/THE HOPE CENTER - P. O. BOX 1202 - PETERSBURG, VA 23804	54-1931020	501(C)(3)	0.	1,353.	FMV	1- 1 DOOR REACH IN REFRIGERATOR THROUGH	GENERAL PURPOSE
DOWNTOWN CHURCHES UNITED/THE HOPE CENTER - P. O. BOX 1202 - PETERSBURG, VA 23804	54-1931020	501(C)(3)	4,042.	0.			COL HEIGHT ROTARTY CLUB DONATION TO AGENCY
DOWNTOWN CHURCHES UNITED/THE HOPE CENTER - P. O. BOX 1202 - PETERSBURG, VA 23804	54-1931020	501(C)(3)	0.	2,981.	FMV	1- 3 DOOR REACH IN REFRIGERATOR THROUGH	GENERAL PURPOSE
EBENEZER U.M.C. FOOD PANTRY P. O. BOX 70 OLDHAMS, VA 22529	54-2039749	501(C)(3)	1,000.	0.			PASS THROUGH MONEY FOR PANTRY MAKEOVER RETAIL BUS
EL SHADDAI MINISTRY 150 CONCORD LANE EMPORIA, VA 23847	47-4460835	501(C)(3)	0.	3,190.	FMV	REACH IN REFRIGERATOR THROUGH FACTORY DIRECT	GENERAL PURPOSE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
EL SHADDAI MINISTRY 150 CONCORD LANE EMPORIA, VA 23847	47-4460835	501(C)(3)	5,000.	0.			FUNDS FOR 3 DOOR COMMERCIAL UNIT AND 2 LAPTOPS
ELLIS CREEK BAPTIST CHURCH P.O. BOX 126 NATHLIE, VA 24577	84-1425616	501(C)(3)	500.	0.			PARTICIPANT OF HALIFAX DM PROGRAM AGENCY CREDIT
ELLIS CREEK BAPTIST CHURCH P.O. BOX 126 NATHLIE, VA 24577	84-1425616	501(C)(3)	0.	650.	FMV	CHEST FREEZER THROUGH FACTORY DIRECT	GENERAL PURPOSE
ELNORA JARRELL WORSHIP CENTER 490 LIBERTY ROAD EMPORIA, VA 23847	54-2056263	501(C)(3)	0.	3,257.	FMV	1- 3 DOOR FREEZERS THROUGH FACTORY DIRECT	GENERAL PURPOSE
EMMANUEL CH OF GOD IN CHRIST 7204 BOYDTON PLANK ROAD PETERSBURG, VA 23803	16-1694695	501(C)(3)	5,500.	0.			FUNDS SPENT ON GARDEN SHED, 3 EVOO 15.6 FHD ULTRA, 3 THIN INTEL CORE I7 GB
EMMANUEL CHURCH OF GOD IN CHRIST 7204 BOYDTON PLANK ROAD PETERSBURG, VA 23803	16-1694695	501(C)(3)	0.	1,879.	FMV	2 DOOR REACH IN REFRIGERATORS THROUGH	GENERAL PURPOSE
EMMANUEL CHURCH OF GOD IN CHRIST 7204 BOYDTON PLANK ROAD PETERSBURG, VA 23803	16-1694695	501(C)(3)	0.	1,156.	FMV	2 CHEST FREEZERS THROUGH FACTORY DIRECT	GENERAL PURPOSE
EMMANUEL CHURCH OF GOD IN CHRIST 7204 BOYDTON PLANK ROAD PETERSBURG, VA 23803	16-1694695	501(C)(3)	0.	1,353.	FMV	1- 1 DOOR REACH IN REFRIGERATOR THROUGH	GENERAL PURPOSE
EPHESUS COMMUNITY SERVICE 3410 HOLLOW BRANCH COURT CHESTERFIELD, VA 23832	54-0855198	501(C)(3)	0.	2,305.	FMV	1- 2 DOOR FREEZERS THROUGH FACTORY DIRECT	GENERAL PURPOSE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
EPHESUS COMMUNITY SERVICE 3410 HOLLOW BRANCH COURT CHESTERFIELD, VA 23832	54-0855198	501(C)(3)	1,500.	0.			ANTHEM GRANT FOR RVA WELLNESS
EPHESUS COMMUNITY SERVICE 3410 HOLLOW BRANCH COURT CHESTERFIELD, VA 23832	54-0855198	501(C)(3)	27,284.	0.			WIRE FOR NAT'S GRANT TO PURCHASE A INSULATION VAN FOR PR026
EPHESUS SEVENTH DAY ADVENTIST 3410 HOLLOW BRANCH COURT CHESTERFIELD, VA 23832	54-0855198	501(C)(3)	500.	0.			RVA CHAP OF THE LINKS DON FOR AG. FOOD PURCHASE
FAITH COMM. BAPTIST CHURCH 1903 COOL LANE RICHMOND, VA 23223	54-1742200	501(C)(3)	1,000.	0.			FUNDS FOR 2 LAPTOPS
FAITH COMMUNITY BAPTIST CHURCH 1903 COOL LANE RICHMOND, VA 23223	54-1742200	501(C)(3)	2,400.	0.			ANTHEM GRANT FOR RVA WELLNESS
FAITH COMMUNITY BAPTIST CHURCH 1903 COOL LANE RICHMOND, VA 23223	54-1742200	501(C)(3)	500.	0.			RVA CHAP OF THE LINKS DON FOR AG. FOOD PURCHASE
FAITH, HOPE AND VICTORY CHAPEL P. O. BOX 1804 ASHLAND, VA 23005	54-1980885	501(C)(3)	1,500.	0.			FUNDS SPENT ON LAPTOP AND WIFI BOOSTER
FARMVILLE AREA COMM EMERG SVC P. O. BOX 644 FARMVILLE, VA 23901	54-1401031	501(C)(3)	17,000.	0.			FUNDS FOR A 15X15X9 WALK IN REFRIGERATOR
FEEDING POWHATAN 11301 PARRISH CREEK LANE MIDLOTHIAN, VA 23112	45-5507921	501(C)(3)	800.	0.			FUNDS FOR 6 SHELVING UNITS, 10-20 PLASTIC CONTAINERS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
FIRST BAPTIST ASHLAND FOOD PANTRY 800 THOMPSON STREET ASHLAND, VA 23005	54-0845060	501(C)(3)	1,000.	0.			WEGMAN'S GRANT FOR EMERGENCY RELIEF PURPOSES TR001
FIRST BAPTIST CHURCH- STH RICH. 1501 DECATUR ST. RICHMOND, VA 23224	54-0979402	501(C)(3)	5,400.	0.			FUNDS FOR 3 DELL LAPTOPS, 6 CABINET STORAGE, COMMERCIAL FREEZER
FIRST BAPTIST CHURCH-SOUTH RICHMOND - 1501 DECATUR ST. - RICHMOND, VA 23224	54-0979402	501(C)(3)	0.	2,305.	FMV	1- 2 DOOR FREEZERS THROUGH FACTORY DIRECT	GENERAL PURPOSE
FIRST UNION PANTRY 6144 DERWENT ROAD RICHMOND, VA 23225	54-6111738	501(C)(3)	0.	9,180.	FMV	3 REACH IN REFRIGERATORS THROUGH FACTORY DIRECT	GENERAL PURPOSE
FIRST UNION PANTRY 6144 DERWENT ROAD RICHMOND, VA 23225	54-6111738	501(C)(3)	0.	2,981.	FMV	1- 3 DOOR REACH IN REFRIGERATOR THROUGH	GENERAL PURPOSE
FIRST UNION PANTRY 6144 DERWENT ROAD RICHMOND, VA 23225	54-6111738	501(C)(3)	0.	3,257.	FMV	1- 3 DOOR FREEZERS THROUGH FACTORY DIRECT	GENERAL PURPOSE
FIRST UNION PANTRY 6144 DERWENT ROAD RICHMOND, VA 23225	54-6111738	501(C)(3)	2,600.	0.			FUNDS FOR HP 15.6 LAPTOP, SHELVING, SHELF LINERS FOR WIRE SHELVING
FIRST UNION PANTRY 6144 DERWENT ROAD RICHMOND, VA 23225	54-6111738	501(C)(3)	30,000.	0.			FUNDS FOR PROPERTY RENOVATIONS
FOUNDATIONS LEARNING ACADEMY 3700 MIDLOTHIAN TURNPIKE RICHMOND, VA 23224	47-3625544	501(C)(3)	2,305.	0.			FUNDS FOR 2 DOOR FREEZER UNIT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
FOURSQUARE/SERVING HOPE 1068 NEWTON FARM ROAD SOUTH BOSTON, VA 24592	95-1684062	501(C)(3)	0.	1,879.	FMV	2 DOOR REACH IN REFRIGERATORS THROUGH	GENERAL PURPOSE
FOURSQUARE/SERVING HOPE 1068 NEWTON FARM ROAD SOUTH BOSTON, VA 24592	95-1684062	501(C)(3)	0.	2,305.	FMV	1- 2 DOOR FREEZERS THROUGH FACTORY DIRECT	GENERAL PURPOSE
FOURSQUARE/SERVING HOPE 1068 NEWTON FARM ROAD SOUTH BOSTON, VA 24592	95-1684062	501(C)(3)	500.	0.			PARTICIPANT OF HALIFAX DM PROGRAM AGENCY CREDIT
GLEAMERS AND BLENTERS PANTRY P. O. BOX 665 BURGESS, VA 22432	52-1298145	501(C)(3)	5,000.	0.			HEAVY DUTY SHELVING AGENCY PURCHASE
GOOCHLAND CARES 2999 RIVER ROAD WEST GOOCHLAND, VA 23063	54-1967650	501(C)(3)	25,000.	0.			FUNDS FOR RYDER PRE-OWNED VEHICLES
HAND UP COMMUNITY RESOURCE CENTER 5901 MIDDLEFIELD LANE CHESTERFIELD, VA 23832	81-4793620	501(C)(3)	1,500.	0.			ANTHEM GRANT FOR RVA WELLNESS
HANDS ACROSS MIDDLESEX P. O. BOX 85 LOCUST HILL, VA 23092	54-1683734	501(C)(3)	27,000.	0.			FUNDING FOR WALK IN FREEZER, WALK IN COOLER, THERMAL BLANKETS, POP UP TENT, 1 IPAD, UBOAT
HANDUP COMMUNITY RESOURCE CTR. 5901 MIDDLEFIELD LANE CHESTERFIELD, VA 23832	81-4793620	501(C)(3)	26,500.	0.			FUNDS FOR 2015 HINO CAB CHASSIS
HANOVER EVAN. FRIENDS CHURCH 6420 MECHANICSVILLE TURNPIKE MECHANICSVILLE, VA 23111	54-1127530	501(C)(3)	20,000.	0.			FUNDS TO PURCHASE A WALK IN REFRIGERATOR, RANGE

Schedule I (Form 990)

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HEALTHY HARVEST FOOD BANK P. O. BOX 735 WARSAW, VA 25722	27-3080400	501(C)(3)	1,000.	0.			PASS THROUGH MONEY FOR PANTRY MAKEOVER RETAIL BUS
HEALTHY HARVEST FOOD BANK P. O. BOX 735 WARSAW, VA 25722	27-3080400	501(C)(3)	4,320.	0.			CFAP FUNDING FOR HHHFB FOR CFAP BOXES
HEALTHY HARVEST FOOD BANK P. O. BOX 735 WARSAW, VA 25722	27-3080400	501(C)(3)	10,996.	0.			FUNDS TO COVER PROPERTY TAXES
HEALTHY HARVEST FOOD BANK P. O. BOX 735 WARSAW, VA 25722	27-3080400	501(C)(3)	54,200.	0.			GRANT FOR NEW FACILITY MORTGAGE
HEALTHY HARVEST FOOD BANK P. O. BOX 735 WARSAW, VA 25722	27-3080400	501(C)(3)	500.	0.			DONATION FROM DEVON MGMT TO PASS THROUGH PR1044
HEALTHY HEARTS PLUS 705 TWIN RIDGE LANE RICHMOND, VA 23235	54-1958577	501(C)(3)	0.	2,712.	FMV	REACH IN FREEZER THROUGH FACTORY DIRECT	GENERAL PURPOSE
HOLY TABERNACLE OF GOD FD PT. PO BOX 624 LANCASTER, VA 22503	54-1458853	501(C)(3)	1,600.	0.			FUNDS FOR 4 SPACE HEATERS
HOPE POINT CHURCH- CHSTRFIELD 10500 NEWBYS BRIDGE ROAD CHESTERFIELD, VA 23832	54-1020381	501(C)(3)	2,500.	0.			FUNDS FOR WIFI
HOPE POINT CHURCH- CHSTRFIELD 10500 NEWBYS BRIDGE ROAD CHESTERFIELD, VA 23832	54-1020381	501(C)(3)	1,000.	0.			COMMERCIAL GRADE STORAGE SHELVING - MEGA RACK 4 TIER NSF STEEL WIRE SHELVING

Schedule I (Form 990)

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HUMANITIES FOUNDATION 474 WANDO PARK BLVD., SUITE 102 MOUNT PLEASANT, SC 29464	57-0952289	501(C)(3)	30,000.	0.			FUNDING FOR A VEHICLE
ICNA RELIEF 10404 PATTERSON AVE, SUITE 202 RICHMOND, VA 23238	04-3810161	501(C)(3)	0.	5,962.	FMV	2- 3 DOOR REACH IN REFRIGERATORS THROUGH	GENERAL PURPOSE
ICNA RELIEF 10404 PATTERSON AVE, SUITE 202 RICHMOND, VA 23238	04-3810161	501(C)(3)	0.	1,734.	FMV	3 CHEST FREEZERS THROUGH FACTORY DIRECT	GENERAL PURPOSE
ICNA RELIEF FOOD PANTRY 10404 PATTERSON AVE, SUITE 202 RICHMOND, VA 23238	04-3810161	501(C)(3)	3,500.	0.			FUNDS TO PURCHASE COMPUTER, 2 IN ONE LAPTOPS, 15 SHELVING UNITS, GARAGE STORAGE
KILMAMOCK BAPTIST CHURCH FOOD PANTRY - PO BOX 99 - KILMARNOCK, VA 22482	54-1111090	501(C)(3)	0.	1,353.	FMV	1- 1 DOOR REACH IN REFRIGERATOR THROUGH	GENERAL PURPOSE
KILMARNOCK BAPTIST CH FD PANTRY PO BOX 99 KILMARNOCK, VA 22482	54-1111090	501(C)(3)	1,500.	0.			FUNDS SPENT ON POP UP TENT/CANOPY WITH WALL PANELS, COOLER BLANKETS, CART
KINGSWAY COMMUNITY CHURCH P. O. BOX 797 KEYSVILLE, VA 23947	42-1716315	501(C)(3)	0.	1,879.	FMV	2 DOOR REACH IN REFRIGERATORS THROUGH	GENERAL PURPOSE
KINGSWAY COMMUNITY CHURCH P. O. BOX 797 KEYSVILLE, VA 23947	42-1716315	501(C)(3)	0.	2,305.	FMV	1- 2 DOOR FREEZERS THROUGH FACTORY DIRECT	GENERAL PURPOSE
LA ROCA FOOD PANTRY 2911 TURNER ROAD SUITE A-5 RICHMOND, VA 23224	80-0969498	501(C)(3)	0.	2,305.	FMV	1- 2 DOOR FREEZERS THROUGH FACTORY DIRECT	GENERAL PURPOSE

Schedule I (Form 990)

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LAKE CNTRY AREA AGEN. ON AGING 1105 WEST DANVILLE STREET SOUTH HILL, VA 23970	54-1506078	501(C)(3)	2,000.	0.			FUNDS FOR NEW ICE MACHINE
LAKE CNTRY AREA AGEN. ON AGING 1105 WEST DANVILLE STREET SOUTH HILL, VA 23970	54-1506078	501(C)(3)	9,000.	0.			SPENT ON CONVECTION OVEN, ELECTRIC, DOUBLE
LAWRENCEVILLE UMC 300 WEST CHURCH STREET LAWRENCEVILLE, VA 23868	54-0590501	501(C)(3)	0.	1,503.	FMV	1 UPRIGHT FREEZER THROUGH FACTORY DIRECT	GENERAL PURPOSE
LAWRENCEVILLE UMC 300 WEST CHURCH STREET LAWRENCEVILLE, VA 23868	54-0590501	501(C)(3)	0.	1,353.	FMV	1- 1 DOOR REACH IN REFRIGERATOR THROUGH	GENERAL PURPOSE
LIVING HOPE CHURCH FOOD PANTRY 301 W. NINE MILE RD. HIGHLAND SPRINGS, VA 23075	26-1366514	501(C)(3)	1,000.	0.			MAURICE CANADY DON. PASS THROUGH PORTION TO PR858
LOUISA COUNTY RESOURCE COUNCIL P. O. BOX 52 LOUISA, VA 23093	54-1648752	501(C)(3)	52,000.	0.			FUNDS FOR A COOLER, WALK IN FREEZER
MAIN ST UNITED METHODIST CHURCH PO BOX 119 SOUTH BOSTON, VA 24592	54-0695082	501(C)(3)	500.	0.			PARTICIPANT OF HALIFAX DM PROGRAM AGENCY CREDIT
MEADOWOOD CHURCH OF GOD PANTRY 325 AZALEA AVE RICHMOND, VA 23227	62-0484177	501(C)(3)	30,000.	0.			FUNDS FOR A 2019 NISSAN REFRIGERATED TRUCK
MEADOWOOD COG PANTRY 325 AZALEA AVE RICHMOND, VA 23227	62-0484177	501(C)(3)	0.	578.	FMV	1 CHEST FREEZER THROUGH FACTORY DIRECT	GENERAL PURPOSE

Schedule I (Form 990)

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MEADOWOOD COG PANTRY 325 AZALEA AVE RICHMOND, VA 23227	62-0484177	501(C)(3)	0.	2,305.	FMV	1- 2 DOOR FREEZERS THROUGH FACTORY DIRECT	GENERAL PURPOSE
MEADOWOOD COG PANTRY 325 AZALEA AVE RICHMOND, VA 23227	62-0484177	501(C)(3)	0.	1,879.	FMV	2 DOOR REACH IN REFRIGERATORS THROUGH	GENERAL PURPOSE
MECKLENBURG SENIOR CITIZENS P. O. BOX 373 SOUTH HILL, VA 23970	54-1079332	501(C)(3)	25,000.	0.			FUNDS FOR A STORAGE BUILDING
MECKLENBURG SENIOR CITIZENS P. O. BOX 373 SOUTH HILL, VA 23970	54-1079332	501(C)(3)	2,250.	0.			FUNDS FOR PAINTING
MOMENTS OF HOPE OUTREACH P.O. BOX 161 STUDLEY, VA 23162	81-1110291	501(C)(3)	1,100.	0.			12 SHELVING UNITS FOR AGENCY TO PURCHASE
MOMENTS OF HOPE OUTREACH P.O. BOX 161 STUDLEY, VA 23162	81-1110291	501(C)(3)	0.	3,257.	FMV	1- 3 DOOR FREEZERS THROUGH FACTORY DIRECT	GENERAL PURPOSE
MOMENTS OF HOPE OUTREACH P.O. BOX 161 STUDLEY, VA 23162	81-1110291	501(C)(3)	0.	2,981.	FMV	1- 3 DOOR REACH IN REFRIGERATOR THROUGH	GENERAL PURPOSE
MOUNT CARMEL BAPTIST CHURCH 3200 EAST BROAD STREET RICHMOND, VA 23223	54-0549002	501(C)(3)	4,000.	0.			FUNDS FOR VOICEMAIL TECHNOLOGY, STORAGE EQUIPMENT
MOUNT GILEAD BAPTIST CHURCH 4768 SHANNON HILL ROAD COLUMBIA, VA 23038	54-1252298	501(C)(3)	0.	2,305.	FMV	1- 2 DOOR FREEZERS THROUGH FACTORY DIRECT	GENERAL PURPOSE

Schedule I (Form 990)

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MOUNT GILEAD BAPTIST CHURCH 4768 SHANNON HILL ROAD COLUMBIA, VA 23038	54-1252298	501(C)(3)	0.	1,879.	FMV	2 DOOR REACH IN REFRIGERATORS THROUGH	GENERAL PURPOSE
MOUNT OLIVE BAPTIST CHURCH 2611 BELLS ROAD RICHMOND, VA 23234	54-1263185	501(C)(3)	500.	0.			RVA CHAP OF THE LINKS DON FOR AG. FOOD PURCHASE
MOUNT OLIVE BAPTIST CHURCH 2611 BELLS ROAD RICHMOND, VA 23234	54-1263185	501(C)(3)	1,500.	0.			FUNDS FOR 2 LAPTOPS TO HELP WITH L2F INTAKE AND GENERAL OFFICE EQUIPMENT
MOUNT OLIVE OUTREACH PO BOX 1806 MECHANICSVILLE, VA 23116	54-0505986	501(C)(3)	0.	1,879.	FMV	2 DOOR REACH IN REFRIGERATORS THROUGH	GENERAL PURPOSE
MOUNT OLIVE OUTREACH PO BOX 1806 MECHANICSVILLE, VA 23116	54-0505986	501(C)(3)	0.	2,305.	FMV	1- 2 DOOR FREEZERS THROUGH FACTORY DIRECT	GENERAL PURPOSE
MOUNTAIN MOVERS MINISTRY 3300 OLD COURTHOUSE ROAD N. CHESTERFIELD, VA 23236	27-5174859	501(C)(3)	0.	578.	FMV	1 CHEST FREEZER THROUGH FACTORY DIRECT	GENERAL PURPOSE
MOUNTAIN MOVERS MINISTRY 3300 OLD COURTHOUSE ROAD N. CHESTERFIELD, VA 23236	27-5174859	501(C)(3)	0.	1,503.	FMV	1 UPRIGHT FREEZER THROUGH FACTORY DIRECT	GENERAL PURPOSE
MOUNTAIN MOVERS MINISTRY 3300 OLD COURTHOUSE ROAD N. CHESTERFIELD, VA 23236	27-5174859	501(C)(3)	23,500.	0.			FUNDS FOR FORD CARGO VAN
MOUNTAIN MOVERS MINISTRY 3300 OLD COURTHOUSE ROAD N. CHESTERFIELD, VA 23236	27-5174859	501(C)(3)	7,200.	0.			SANITATION STATIONS, PORTABLE AIR CONDITIONER, METAL SHELVES, INDUSTRIAL FAN, INDUSTRIAL

Schedule I (Form 990)

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MOUNTAIN MOVERS MINISTRY 3300 OLD COURTHOUSE ROAD N. CHESTERFIELD, VA 23236	27-5174859	501(C)(3)	0.	290.	FMV	1 CHEST FREEZER THROUGH FACTORY DIRECT	GENERAL PURPOSE
MT. CARMEL BAPTIST CHURCH 3200 EAST BROAD STREET RICHMOND, VA 23223	54-0549002	501(C)(3)	500.	0.			RVA CHAP OF THE LINKS DON FOR AG. FOOD PURCHASE
MT. OLIVE BAPTIST CHURCH-GLEN ALLEN - 3845 NIGHTMUSE WAY - GLEN ALLEN, VA 23060	54-1180722	501(C)(3)	0.	2,305.	FMV	1- 2 DOOR FREEZERS THROUGH FACTORY DIRECT	GENERAL PURPOSE
MT. OLIVE BAPTIST CHURCH-GLEN ALLEN - 3845 NIGHTMUSE WAY - GLEN ALLEN, VA 23060	54-1180722	501(C)(3)	0.	1,879.	FMV	2 DOOR REACH IN REFRIGERATORS THROUGH	GENERAL PURPOSE
NEIGHBORHOOD RESOURCE CENTER 1519 WILLIAMSBURG RD. RICHMOND, VA 23231	33-1024355	501(C)(3)	15,000.	0.			FUNDING FOR A VEHICLE- TO TRANSPORT FOOD
NEW BRIDGE BAPT. CH. FOOD PANTRY 5807 NINE MILE RD. RICHMOND, VA 23223	54-1471524	501(C)(3)	2,000.	0.			FUNDS TO PURCHASE STURDY SHELVING
NEW DIRECTION DAY CARE 140 EAST BELT BOULEVARD RICHMOND, VA 23224	54-2051383	501(C)(3)	0.	1,879.	FMV	2 DOOR REACH IN REFRIGERATORS THROUGH	GENERAL PURPOSE
NEW HOPE COMMUNITY CHURCH 6501 PARRISH ROAD PROVINCE FORGE, VA 23140	74-3180081	501(C)(3)	30,000.	0.			FUNDS TO PURCHASE A 26' REEFER TRUCK
NEW HOPE COMMUNITY CHURCH 6501 PARRISH ROAD PROVINCE FORGE, VA 23140	74-3180081	501(C)(3)	9,000.	0.			FUNDS FOR 2 IPAD AIR, IPAD CASES, 2 STYLUS, FORKLIFT,

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NEW HOPE COMMUNITY CHURCH 6501 PARRISH ROAD PROVINCE FORGE, VA 23140	74-3180081	501(C)(3)	1,000.	0.			FUNDING TOWARDS THE PURCHASE OF A USED FREEZER
NEW KENT SEN. CITIZENS FOOD PTRY 10001 TUNSTALL ROAD NEW KENT, VA 23124	80-0762684	501(C)(3)	5,000.	0.			FUNDS FOR A ROAD GRATER-PANTRY DRIVEWAY
NEW KENT SEN. CITIZENS FOOD PTRY 10001 TUNSTALL ROAD NEW KENT, VA 23124	80-0762684	501(C)(3)	13,000.	0.			PURCHASE USED/TRUCK OR VAN FOR FOOD PICKUP AND TRANSIT
NEW LIFE DELIVERANCE 900 DECATUR STREET RICHMOND, VA 23224	54-1797864	501(C)(3)	0.	650.	FMV	CHEST FREEZER THROUGH FACTORY DIRECT	GENERAL PURPOSE
NEWNESS OF LIFE MINISTRIES 8233 HULL STREET N. CHESTERFIELD, VA 23235	27-4615008	501(C)(3)	0.	2,712.	FMV	REACH IN FREEZER THROUGH FACTORY DIRECT	GENERAL PURPOSE
NORTHSIDE OUTREACH CENTER P. O. BOX 16129 RICHMOND, VA 23222	54-1963045	501(C)(3)	0.	1,879.	FMV	2 DOOR REACH IN REFRIGERATORS THROUGH	GENERAL PURPOSE
PENTACOSTAL CHURCH OF LOVE AND RESTORATION - 6529 IRON BRIDGE PLACE - RICHMOND, VA 23234	16-1731502	501(C)(3)	500.	0.			RVA CHAP OF THE LINKS DON FOR AG. FOOD PURCHASE
PENTECOSTAL CHURCH OF LOVE & RESTORATION - 6529 IRON BRIDGE PLACE - RICHMOND, VA 23234	16-1731502	501(C)(3)	0.	578.	FMV	1 CHEST FREEZER THROUGH FACTORY DIRECT	GENERAL PURPOSE
PENTECOSTAL CHURCH OF LOVE & RESTORATION - 6529 IRON BRIDGE PLACE - RICHMOND, VA 23234	16-1731502	501(C)(3)	0.	2,981.	FMV	1- 3 DOOR REACH IN REFRIGERATOR THROUGH	GENERAL PURPOSE

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PEOPLES COMMUNITY CENTER 1118 PLEASANT OAK ROAD VICTORIA, VA 23974	54-1883487	501(C)(3)	0.	394.	FMV	1 CHEST FREEZER THROUGH FACTORY DIRECT	GENERAL PURPOSE
PEOPLES COMMUNITY CENTER 1118 PLEASANT OAK ROAD VICTORIA, VA 23974	54-1883487	501(C)(3)	0.	2,712.	FMV	REACH IN FREEZER THROUGH FACTORY DIRECT	GENERAL PURPOSE
PEOPLES COMMUNITY CENTER 1118 PLEASANT OAK ROAD VICTORIA, VA 23974	54-1883487	501(C)(3)	0.	2,305.	FMV	1- 2 DOOR FREEZERS THROUGH FACTORY DIRECT	GENERAL PURPOSE
PETER PAUL DEVELOPMENT CENTER 1708 N. 22ND STREET RICHMOND, VA 23223	54-1137164	501(C)(3)	500.	0.			PASS THROUGH MONEY TO PR809 6/26/20 D#1
PETER PAUL DEVELOPMENT CENTER 1708 N. 22ND STREET RICHMOND, VA 23223	54-1137164	501(C)(3)	500.	0.			RVA CHAP OF THE LINKS DON FOR AG. FOOD PURCHASE
PETER PAUL DEVELOPMENT CENTER 1708 N. 22ND STREET RICHMOND, VA 23223	54-1137164	501(C)(3)	2,250.	0.			PASS THROUGH MONEY FROM ROTARY CLUB OF CHURCH HILL
PETER PAUL DEVELOPMENT CENTER 1708 N. 22ND STREET RICHMOND, VA 23223	54-1137164	501(C)(3)	5,100.	0.			FUNDS FOR 2 UNITS
PETERSBURG 7TH DAY ADVENTIST 17431 SIMMONS BRANCH TERRACE CHESTERFIELD, VA 23838	54-0695086	501(C)(3)	1,000.	0.			FUNDING FOR LAPTOP AND WIFI BOOSTER
PETERSBURG 7TH DAY ADVENTIST 17431 SIMMONS BRANCH TERRACE CHESTERFIELD, VA 23838	54-0695086	501(C)(3)	0.	2,981.	FMV	1- 3 DOOR REACH IN REFRIGERATOR THROUGH	GENERAL PURPOSE

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PETERSBURG 7TH DAY ADVENTIST 17431 SIMMONS BRANCH TERRACE CHESTERFIELD, VA 23838	54-0695086	501(C)(3)	0.	578.	FMV	1 CHEST FREEZER THROUGH FACTORY DIRECT	GENERAL PURPOSE
PIEDMONT SENIOR RESOURCES AAA 1413 S. MAIN ST. FARMVILLE, VA 23901	54-1025127	501(C)(3)	2,500.	0.			FUNDS TOWARDS SANTA FOR SENIOR PROJECT
PROJECT CARE-FOR INC. PO BOX 402 CLARKSVILLE, VA 23927	54-1797864	501(C)(3)	0.	4,475.	FMV	REACH IN REFRIGERATOR & FREEZER THROUGH	GENERAL PURPOSE
PROJECT CARE-FOR INC. PO BOX 402 CLARKSVILLE, VA 23927	54-1797864	501(C)(3)	500.	0.			FUNDS FOR REFRIGERATOR & FREEZER AND LIFT GATE REPAIRS
PROJECT RESTORATION, INC P.O. BOX 15 EBONY, VA 23845	37-1660384	501(C)(3)	0.	3,006.	FMV	2 UPRIGHT FREEZERS THROUGH FACTORY DIRECT	GENERAL PURPOSE
PROJECT RESTORATION, INC P.O. BOX 15 EBONY, VA 23845	37-1660384	501(C)(3)	0.	4,610.	FMV	2- 2 DOOR FREEZERS THROUGH FACTORY DIRECT	GENERAL PURPOSE
PROJECT RESTORATION, INC P.O. BOX 15 EBONY, VA 23845	37-1660384	501(C)(3)	0.	578.	FMV	1 CHEST FREEZER THROUGH FACTORY DIRECT	GENERAL PURPOSE
PROJECT RESTORATION, INC P.O. BOX 15 EBONY, VA 23845	37-1660384	501(C)(3)	0.	1,353.	FMV	1- 1 DOOR REACH IN REFRIGERATOR THROUGH	GENERAL PURPOSE
PROJECT RESTORATION, INC. P.O. BOX 15 EBONY, VA 23845	37-1660384	501(C)(3)	3,000.	0.			FUNDS FOR CONVERTIBLE HAND TRUCK, UPRIGHT HAND TRUCK, MAGNETIC WATERPROOF SIGNS, XEROX

Schedule I (Form 990)

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PROJECT RESTORATION, INC. P.O. BOX 15 EBONY, VA 23845	37-1660384	501(C)(3)	17,000.	0.			FUNDING FOR A SMALL BOX TRUCK
PROMISED LAND PASTURES 9620 ADKINS RD CHARLES CITY, VA 23030	83-2078517	501(C)(3)	30,000.	0.			FUNDS FOR ASSORTED MATERIALS PER LISTING
REDEMPTION OUTREACH CENTER 1641 FOREST GLENN CIRCLE CHESTER, VA 23836	76-0803311	501(C)(3)	2,500.	0.			FUNDS FOR 2 LAPTOPS, GAS & MAINTENANCE OF BUILDING & VEHICLE
REDEMPTION OUTREACH CENTER 1641 FOREST GLENN CIRCLE CHESTER, VA 23836	76-0803311	501(C)(3)	0.	2,305.	FMV	1- 2 DOOR FREEZERS THROUGH FACTORY DIRECT	GENERAL PURPOSE
REDEMPTION OUTREACH CENTER 1641 FOREST GLENN CIRCLE CHESTER, VA 23836	76-0803311	501(C)(3)	0.	1,879.	FMV	2 DOOR REACH IN REFRIGERATORS THROUGH	GENERAL PURPOSE
REFUGE TEMPLE MINISTRIES 14330 BOYDTON PLANK ROAD WARFIELD, VA 23889	54-1019763	501(C)(3)	0.	2,305.	FMV	1- 2 DOOR FREEZERS THROUGH FACTORY DIRECT	GENERAL PURPOSE
REFUGE TEMPLE MINISTRIES 14330 BOYDTON PLANK ROAD WARFIELD, VA 23889	54-1019763	501(C)(3)	0.	1,879.	FMV	2 DOOR REACH IN REFRIGERATORS THROUGH	GENERAL PURPOSE
REGENESIS FOOD MINISTRY P.O. BOX 3718 CHESTER, VA 23831	26-3137657	501(C)(3)	0.	2,305.	FMV	1- 2 DOOR FREEZERS THROUGH FACTORY DIRECT	GENERAL PURPOSE
REYNOLDS COMMUNITY COLLEGE PANTRY (RELOCATING) - 1701 PARHAM ROAD - RICHMOND, VA 23229	54-1130296	501(C)(3)	0.	1,353.	FMV	1- 1 DOOR REACH IN REFRIGERATOR THROUGH	GENERAL PURPOSE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SAINT FRANCIS HOME 65 W. CLOPTON STREET RICHMOND, VA 23225	54-0917181	501(C)(3)	13,000.	0.			FUNDS FOR PLANETARY MIXER, FRYER- GAS FLOOR MODEL, FULL POT, PROOFING CABINET
SECOND BAPTIST CHURCH PANTRY 1400 IDLEWOOD AVENUE RICHMOND, VA 23220	54-0715904	501(C)(3)	30,000.	0.			FUNDS FOR STORAGE EQUIPMENT, REFRIGERATOR FREEZER, PALLET JACK, U-BOAT, PORTABLE CONVEYOR
SECOND BAPTIST CHURCH PANTRY 1400 IDLEWOOD AVENUE RICHMOND, VA 23220	54-0715904	501(C)(3)	58,032.	0.			FUNDING FOR KITCHEN NEEDS- HOOD SYSTEM, RANGE, GAS CONNECT, SINK, FAUCET, WALL SPLASH MOUNT
SECOND BAPTIST CHURCH PANTRY 1400 IDLEWOOD AVENUE RICHMOND, VA 23220	54-0715904	501(C)(3)	0.	4,610.	FMV	2 -2 DOOR FREEZERS THROUGH FACTORY DIRECT	GENERAL PURPOSE
SECOND BAPTIST CHURCH PANTRY 1400 IDLEWOOD AVENUE RICHMOND, VA 23220	54-0715904	501(C)(3)	0.	6,514.	FMV	2- 3 DOOR FREEZERS THROUGH FACTORY DIRECT	GENERAL PURPOSE
SECOND BAPTIST CHURCH PANTRY 1400 IDLEWOOD AVENUE RICHMOND, VA 23220	54-0715904	501(C)(3)	0.	1,734.	FMV	3 CHEST FREEZERS THROUGH FACTORY DIRECT	GENERAL PURPOSE
SECOND BAPTIST CHURCH PANTRY 1400 IDLEWOOD AVENUE RICHMOND, VA 23220	54-0715904	501(C)(3)	21,000.	0.			FUNDS FOR A REFRIGERATED TRUCK/VAN
SHERBOURNE UNITED METHODIST CHURCH 2619 SHERBOURNE RD RICHMOND, VA 23237	54-0846237	501(C)(3)	0.	1,503.	FMV	1 UPRIGHT FREEZER THROUGH FACTORY DIRECT	GENERAL PURPOSE
SIXTH MOUNT ZION BAPTIST CHURCH 14 WEST DUVAL ST. RICHMOND, VA 23220	54-0612200	501(C)(3)	0.	1,503.	FMV	1 UPRIGHT FREEZER THROUGH FACTORY DIRECT	GENERAL PURPOSE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SOUTH BOSTON CHURCH OF GOD 7018 BETHEL ROAD SCOTTSBURG, VA 24589	54-0927478	501(C)(3)	0.	578.	FMV	1 CHEST FREEZER THROUGH FACTORY DIRECT	GENERAL PURPOSE
SOUTH BOSTON CHURCH OF GOD 7018 BETHEL ROAD SCOTTSBURG, VA 24589	54-0927478	501(C)(3)	500.	0.			PARTICIPANT OF HALIFAX DM PROGRAM AGENCY CREDIT
ST. JOSEPH'S VILLA-CATS 8000 BROOK RD., COTTAGE 4 RICHMOND, VA 23227	54-0505950	501(C)(3)	2,200.	0.			FUNDS TO PURCHASE A STORAGE CABINET, 40 GALLON BINS, SHELVING, CARTS AND CABINET UNITS,
ST. LUKE CHURCH OF GOD IN CHRIST P. O. BOX 797 KEYSVILLE, VA 23947	42-1716315	501(C)(3)	0.	1,500.	FMV	FOOD LION GIFT CARDS DISTRIBUTED TO PR455 FOR	GENERAL PURPOSE
ST. LUKE CHURCH OF GOD IN CHRIST P. O. BOX 797 KEYSVILLE, VA 23947	42-1716315	501(C)(3)	5,000.	0.			FOOD LION FEEDS GREAT PANTRY MAKEOVER
ST. LUKE COGIC P. O. BOX 797 KEYSVILLE, VA 23947	42-1716315	501(C)(3)	6,500.	0.			FUNDS FOR A 8X10 WALK IN FREEZER
ST. MATTHIAS' EPISCOPAL CHURCH PO BOX 73537 N. CHESTERFIELD, VA 23235	31-1629165	501(C)(3)	200.	0.			FUNDING FOR LUXOR HEAVY DUTY SHELF TUB CART
ST. PAUL'S BAPTIST CHURCH 4247 CREIGHTON ROAD HENRICO, VA 23223	20-0978241	501(C)(3)	12,000.	0.			FUNDS TO PURCHASE A FORKLIFT
ST. PHILIP'S EPISCOPAL CH. FOOD PNTRY - 2900 HANES AVE. - RICHMOND, VA 23222	54-0539301	501(C)(3)	0.	3,620.	FMV	REACH IN REFRIGERATOR & FREEZER THROUGH	GENERAL PURPOSE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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. PHILLIP'S EPIS. CH. FOOD PANTRY - 2900 HANES AVE. - RICHMOND, VA 23222	54-0539301	501(C)(3)	3,000.	0.			FUNDS FOR STORAGE EQUIPMENT
ST. STEPHENS EPISCOPAL 6000 GROVE AVENUE RICHMOND, VA 23226	31-1629166	501(C)(3)	0.	2,305.	FMV	1- 2 DOOR FREEZERS THROUGH FACTORY DIRECT	GENERAL PURPOSE
ST. STEPHENS EPISCOPAL 6000 GROVE AVENUE RICHMOND, VA 23226	31-1629166	501(C)(3)	1,500.	0.			ANTHEM GRANT FOR RVA WELLNESS
ST. THOMAS EPISCOPAL CHURCH 3602 HAWTHORNE AVE. RICHMOND, VA 23222	54-0600404	501(C)(3)	1,700.	0.			FUNDS FOR 72X30 STAINLESS STEEL TABLES, UTILITY CARTS, MOBILE SHELVING
ST. THOMAS EPISCOPAL CHURCH 3602 HAWTHORNE AVE. RICHMOND, VA 23222	54-0600404	501(C)(3)	1,500.	0.			ANTHEM GRANT FOR RVA WELLNESS
ST. THOMAS EPISCOPAL CHURCH 3602 HAWTHORNE AVE. RICHMOND, VA 23222	54-0600404	501(C)(3)	25,000.	0.			FUNDS FOR FOOD PANTRY STAFF NEEDS
ST. THOMAS' EPISCOPAL CHURCH FOOD PANTRY - 3602 HAWTHORNE AVE. - RICHMOND, VA 23222	54-0600404	501(C)(3)	0.	2,305.	FMV	1- 2 DOOR FREEZERS THROUGH FACTORY DIRECT	GENERAL PURPOSE
TABERNACLE BAPTIST CHURCH 1925 GROVE AVENUE RICHMOND, VA 23220	54-0720604	501(C)(3)	0.	2,305.	FMV	1- 2 DOOR FREEZERS THROUGH FACTORY DIRECT	GENERAL PURPOSE
THE CELEBRATION CENTER 879 RESEARCH RD. N. CHESTERFIELD, VA 23236	54-1957671	501(C)(3)	300.	0.			FUNDS FOR SHELVING MATERIALS, UPRIGHT FREEZER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 COMM. DEV. CTR. P. O. BOX 68 AYLETT, VA 23009	54-1398635	501(C)(3)	25,000.	0.			FUNDS FOR A CARGO VAN
THE CORNERSTONE COMM. DEV. CTR. P. O. BOX 68 AYLETT, VA 23009	54-1398635	501(C)(3)	1,600.	0.			FUNDS FOR LAPTOPS
THE CORNERSTONE OF DELIVERANCE P.O BOX 616 KENBRIDGE, VA 23944	54-2025204	501(C)(3)	30,000.	0.			FUNDS FOR REFRIGERATED TRUCK, CONSTRUCTION REPAIRS TO BUILDING, ELECTRICAL UPGRADE, FOOD
THE DOORWAYS 612 EAST MARSHALL STREET RICHMOND, VA 23219	54-1240348	501(C)(3)	12,000.	0.			FUNDS FOR A REFRIGERATOR AND FREEZER,
THE HEALING PLACE 700 DINWIDDIE AVENUE RICHMOND, VA 23224	31-1770517	501(C)(3)	0.	1,879.	FMV	2 DOOR REACH IN REFRIGERATORS THROUGH	GENERAL PURPOSE
THE HEALING PLACE 700 DINWIDDIE AVENUE RICHMOND, VA 23224	31-1770517	501(C)(3)	20,500.	0.			FUNDS FOR 2015 HINO CAB CHASSIS
THE HEALING PLACE 700 DINWIDDIE AVENUE RICHMOND, VA 23224	31-1770517	501(C)(3)	18,800.	0.			FUNDS FOR STEAMER, BURNER RANGE, CONVECTION OVEN
THE LIBERATION CHURCH INC. PR710 5501 MIDLOTHIAN TRNPKE RICHMOND, VA 23225	54-1991151	501(C)(3)	850.	0.			PURCHASED 2 LAPTOPS
THE SAINT PAUL'S BAPTIST CHURCH 4247 CREIGHTON ROAD HENRICO, VA 23223	20-0978241	501(C)(3)	0.	2,981.	FMV	1- 3 DOOR REACH IN REFRIGERATOR THROUGH	GENERAL PURPOSE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 CHURCH 9315 THREE CHOPT ROAD HENRICO, VA 23229	54-0973706	501(C)(3)	0.	1,353.	FMV	1- 1 DOOR REACH IN REFRIGERATOR THROUGH	GENERAL PURPOSE
THREE CHOPT PRESBYTERIAN CHURCH 9315 THREE CHOPT ROAD HENRICO, VA 23229	54-0973706	501(C)(3)	0.	1,503.	FMV	1 UPRIGHT FREEZER THROUGH FACTORY DIRECT	GENERAL PURPOSE
TRUE VINE CHURCH OF APOS. FAITH 17431 BRIGGS ROAD STONY CREEK, VA 23882	45-2903031	501(C)(3)	2,000.	0.			FUNDING FOR TECHNOLOGY & SPACE
VICTORIA SALVATION ARMY P. O. BOX 867 VICTORIA, VA 23974	58-0660607	501(C)(3)	650.	0.			FUNDING FOR A LAPTOP COMPUTER, MOBILE HOT SPOT
VICTORY CHRISTIAN U.C.C. P. O. BOX 2721 PETERSBURG, VA 23804	34-1927041	501(C)(3)	0.	2,305.	FMV	1- 2 DOOR FREEZERS THROUGH FACTORY DIRECT	GENERAL PURPOSE
VICTORY CHRISTIAN FELLOWSHIP 3124 NORTH AVENUE RICHMOND, VA 23222	54-1620681	501(C)(3)	2,000.	0.			FUNDS TO PURCHASE GLASS FRONT FRIDGE DOOR
VICTORY CHRISTIAN U.C.C. P. O. BOX 2721 PETERSBURG, VA 23804	34-1927041	501(C)(3)	1,000.	0.			FUNDS FOR HP LAPTOP, UPRIGHT FREEZER
VICTORY CHURCH OF GOD IN CHRIST 30 LABROOK DRIVE RICHMOND, VA 23225	54-1384567	501(C)(3)	2,950.	0.			FUNDS FOR A FREEZER UNIT
VICTORY CHURCH OF GOD IN CHRIST 30 LABROOK DRIVE RICHMOND, VA 23225	54-1384567	501(C)(3)	0.	3,257.	FMV	1- 3 DOOR FREEZERS THROUGH FACTORY DIRECT	GENERAL PURPOSE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
WAYMAKERS FOUNDATION 7122 HULL STREET ROAD N. CHESTERFIELD, VA 23235	85-0763659	501(C)(3)	0.	6,514.	FMV	2- 3 DOOR FREEZERS THROUGH FACTORY DIRECT	GENERAL PURPOSE
WAYMAKERS FOUNDATION 7122 HULL STREET ROAD N. CHESTERFIELD, VA 23235	85-0763659	501(C)(3)	0.	5,962.	FMV	2- 3 DOOR REACH IN REFRIGERATORS THROUGH	GENERAL PURPOSE
WAYMAKERS FOUNDATIONS 7122 HULL STREET ROAD N. CHESTERFIELD, VA 23235	85-0763659	501(C)(3)	32,000.	0.			FUNDS FOR A REFRIGERATED TRUCK
WAYMAKERS FOUNDATIONS 7122 HULL STREET ROAD N. CHESTERFIELD, VA 23235	85-0763659	501(C)(3)	6,000.	0.			FUNDS TO PURCHASE 4 STORAGE RACKS, PALLET TRUCK, STOCK PICKER CARTS, 2 STEEL PUSH
WEINSTEIN JEWISH COMMUNITY CENTER 5403 MONUMENT AVENUE RICHMOND, VA 23226	54-0535104	501(C)(3)	1,000.	0.			FUNDS TO PURCHASE A WATERPROOF CANOPY, LAPTOP,
WEINSTEIN JEWISH COMMUNITY CENTER 5403 MONUMENT AVENUE RICHMOND, VA 23226	54-0535104	501(C)(3)	30,000.	0.			FUNDS TO PURCHASE A VAN
WHITE OAK FORK BAPTIST CHURCH 1186 WHITE OAK FORKS ROAD VIRGILINA, VA 24598	54-1540460	501(C)(3)	500.	0.			PARTICIPANT OF HALIFAX DM PROGRAM AGENCY CREDIT
WHITE OAK FORK BAPTIST CHURCH 1186 WHITE OAK FORKS ROAD VIRGILINA, VA 24598	54-1540460	501(C)(3)	55,700.	0.			FUNDS FOR WALK IN FREEZER/COOLER, SHELVING UNITS
WHITE STONE BAPTIST FOOD PANTRY 218 CLOSE QUARTERS ROAD WHITE STONE, VA 22578	54-0675227	501(C)(3)	5,000.	0.			FUNDS TO REPLACE OLDER BROKEN DOWN FREEZER UNIT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
WICOMICO UMC PANTRY 996 KNIGHTS RUN DR. HEATHSVILLE, VA 22473	54-6054824	501(C)(3)	0.	1,503.	FMV	1 UPRIGHT FREEZER THROUGH FACTORY DIRECT	GENERAL PURPOSE
WICOMICO UNITED METHODIST CHURCH 996 KNIGHTS RUN DR. HEATHSVILLE, VA 22473	54-6054824	501(C)(3)	0.	1,450.	FMV	REACH IN REFRIGERATOR THROUGH FACTORY DIRECT	GENERAL PURPOSE
WORD SPIRIT & LIFE MINISTRIES 3600 NORTH STREET CHESTER, VA 23831	61-1543849	501(C)(3)	13,000.	0.			FUNDS FOR A 2014 CHEVY EXPRESS CARGO VAN
WORD, SPIRIT & LIFE MINISTRIES 3600 NORTH STREET CHESTER, VA 23831	61-1543849	501(C)(3)	0.	2,706.	FMV	2- 1 DOOR REACH IN REFRIGERATOR THROUGH	GENERAL PURPOSE
WORD, SPIRIT & LIFE MINISTRIES 3600 NORTH STREET CHESTER, VA 23831	61-1543849	501(C)(3)	0.	1,156.	FMV	2 CHEST FREEZERS THROUGH FACTORY DIRECT	GENERAL PURPOSE
WORLD UP FOUNDATION P.O. BOX 810 RICHMOND, VA 23218	81-3894661	501(C)(3)	25,000.	0.			FUNDS TO PURCHASE A VEHICLE
YOUTH WITH A MISSION P. O. BOX 7736 RICHMOND, VA 23231	52-1360030	501(C)(3)	500.	0.			RVA CHAP OF THE LINKS DON FOR AG. FOOD PURCHASE
NETWORK OF 277 MEMBER AGENCIES VARIOUS EIN(S) VARIOUS, VA 23220		501(C)(3)	0.	73,061,686.	NATIONWIDE SURVEY BY KPMG	FOOD	FEEDMORE, INC. DISTRIBUTED FOOD THROUGH A NETWORK OF 277 FEEDING PARTNERS.
MATTHEW'S HAVEN, INC. PO BOX 83 NEW KENT, VA 23124	26-3647701	501(C)(3)	1,000.	0.			FUNDS TO HELP WITH PURCHASE OF HOLIDAY FOOD ITEMS FOR FAMILIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 COLLABORATORY OF VIRGINIA 2101 MAYWILL ST. RICHMOND, VA 23230	84-2339862	501(C)(3)	5,500.	0.			SPONSORSHIP TO ASSIST SMALL NON-PROFITS WITH SPACE AND SERVICES DURING COVID
BRINGING GOD'S WORD TO LIFE 4823 BRYCE LANE RICHMOND, VA 23224	54-1833900	501(C)(3)	500.	0.			AG. FOOD PURCHASE
RESTORATION FELL. CHRISTIAN CTR. 4908 CREEDMORE STREET RICHMOND, VA 23223	27-4955700	501(C)(3)	200.	0.			FUNDS FOR 3X5 BANNER, 1X5 ALUMINUM SIGNAGE
RESTORATION FELL. CHRISTIAN CTR. 4908 CREEDMORE STREET RICHMOND, VA 23223	27-4955700	501(C)(3)	0.	4,200.	FMV	2 REACH-IN REFRIGERATORS, 2 CHEST FREEZERS	GENERAL PURPOSE
ST. THERESA CATHOLIC CHURCH 709 BUFFALO STREET FARMVILLE, VA 23901	54-1363730	501(C)(3)	2,400.	0.			FUNDS FOR 2 HP 24 DESK TOP BUNDLE INCLUDNG PRINTER

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	604299	0.	2,517,487.	APPRAISAL AND RETAIL VALUE OF PURCHASED FOOD	COST TO PRODUCE & PURCHASE INDIVIDUAL MEALS PREPARED AND DELIVERED.
CHILDREN IN NEED	154004	0.	416,687.	APPRAISAL AND RETAIL VALUE OF PURCHASED FOOD	CONGREGATE MEALS PREPARED AND DELIVERED.
WEEKEND CHILDREN IN NEED	122958	0.	110,280.	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: ANNA JULIA COOPER EPISCOPAL SCHOOL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 1- 1 DOOR REACH IN REFRIGERATOR

Part IV Supplemental Information

THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT: ANNA JULIA COOPER EPISCOPAL SCHOOL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 1- 3 DOOR REACH IN REFRIGERATOR
THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT: ATLANTIC OUTREACH GROUP INC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 2 DOOR REACH IN REFRIGERATORS
THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT: BEAVERDAM BAPTIST CHURCH

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 1- 3 DOOR REACH IN REFRIGERATOR
THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT: BROAD ROCK BAPTIST CHURCH

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 1- 3 DOOR REACH IN REFRIGERATOR
THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT: BROAD ROCK BAPTIST CHURCH

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 2 DOOR REACH IN REFRIGERATORS
THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT: CAPITAL AREA HEALTH NETWORK

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 2 DOOR REACH IN REFRIGERATORS
THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT: CARES, INC.

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 2 DOOR REACH IN REFRIGERATORS

Part IV Supplemental Information

THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT: CHURCH OF THE LIVING GOD

(G) DESCRIPTION OF NON-CASH ASSISTANCE: REACH IN REFRIGERATOR & 3 SHELVES WITH CLIPTS THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS FOR 3 LAPTOPS, COLD BLANKETS, 4 FOLDING TABLES, 4 WAGON CARTS, SAFETY EQUIP 6 REFLECTIVE TRAFFIC CONES, 12 VESTS, WIFI PARKING LOT SIGNAL BOOSTER POD, RACKING AND SHELVING

NAME OF ORGANIZATION OR GOVERNMENT:

CONTROLLED OUTCOMES (KIPPAX PLACE APARTMENT)

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 1- 1 DOOR REACH IN REFRIGERATOR THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT: CRUSADE FOR CHRIST MINISTRIES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 3- 1 DOOR REACH IN REFRIGERATOR THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT: CUMBERLAND COMMUNITY CARES

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS TO PURCHASE A WALK IN REFRIGERATOR, TRAILER, STORAGE BUILDING, PACKING BINS, WALK IN FREEZER, WALK IN COOLER

NAME OF ORGANIZATION OR GOVERNMENT:

DOWNTOWN CHURCHES UNITED/THE HOPE CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 2 DOOR REACH IN REFRIGERATORS

Part IV Supplemental Information

THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT:

DOWNTOWN CHURCHES UNITED/THE HOPE CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 1- 1 DOOR REACH IN REFRIGERATOR
THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT:

DOWNTOWN CHURCHES UNITED/THE HOPE CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 1- 3 DOOR REACH IN REFRIGERATOR
THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT: EMMANUEL CHURCH OF GOD IN CHRIST

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 2 DOOR REACH IN REFRIGERATORS
THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT: EMMANUEL CHURCH OF GOD IN CHRIST

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 1- 1 DOOR REACH IN REFRIGERATOR
THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT: FIRST UNION PANTRY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 1- 3 DOOR REACH IN REFRIGERATOR
THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT: FOURSQUARE/SERVING HOPE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 2 DOOR REACH IN REFRIGERATORS
THROUGH FACTORY DIRECT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: HANDS ACROSS MIDDLESEX

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING FOR WALK IN FREEZER, WALK IN COOLER, THERMAL BLANKETS, POP UP TENT, 1 IPAD, UBOAT PLATFORM TRUCKS WITH SHELF

NAME OF ORGANIZATION OR GOVERNMENT: ICNA RELIEF

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 2- 3 DOOR REACH IN REFRIGERATORS THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT: ICNA RELIEF FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS TO PURCHASE COMPUTER, 2 IN ONE LAPTOPS, 15 SHELVING UNITS, GARAGE STORAGE SHELVING

NAME OF ORGANIZATION OR GOVERNMENT: KILMAMOCK BAPTIST CHURCH FOOD PANTRY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 1- 1 DOOR REACH IN REFRIGERATOR THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT: KINGSWAY COMMUNITY CHURCH

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 2 DOOR REACH IN REFRIGERATORS THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT: LAWRENCEVILLE UMC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 1- 1 DOOR REACH IN REFRIGERATOR THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT: MEADOWOOD COG PANTRY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 2 DOOR REACH IN REFRIGERATORS THROUGH FACTORY DIRECT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: MOMENTS OF HOPE OUTREACH

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 1- 3 DOOR REACH IN REFRIGERATOR THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT: MOUNT GILEAD BAPTIST CHURCH

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 2 DOOR REACH IN REFRIGERATORS THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT: MOUNT OLIVE OUTREACH

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 2 DOOR REACH IN REFRIGERATORS THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT: MOUNTAIN MOVERS MINISTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: SANITATION STATIONS, PORTABLE AIR CONDITIONER, METAL SHELVES, INDUSTRIAL FAN, INDUSTRIAL STOVE, TABLES, FOOD CARTS

NAME OF ORGANIZATION OR GOVERNMENT: MT. OLIVE BAPTIST CHURCH-GLEN ALLEN

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 2 DOOR REACH IN REFRIGERATORS THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT: NEW DIRECTION DAY CARE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 2 DOOR REACH IN REFRIGERATORS THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT: NORTHSIDE OUTREACH CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 2 DOOR REACH IN REFRIGERATORS

Part IV Supplemental Information

THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT:

PENTECOSTAL CHURCH OF LOVE & RESTORATION

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 1- 3 DOOR REACH IN REFRIGERATOR
THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT: PETERSBURG 7TH DAY ADVENTIST

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 1- 3 DOOR REACH IN REFRIGERATOR
THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT CARE-FOR INC.

(G) DESCRIPTION OF NON-CASH ASSISTANCE: REACH IN REFRIGERATOR & FREEZER
THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT RESTORATION, INC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 1- 1 DOOR REACH IN REFRIGERATOR
THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT RESTORATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS FOR CONVERTIBLE HAND TRUCK,
UPRIGHT HAND TRUCK, MAGNETIC WATERPROOF SIGNS, XEROX PRINTER, BLACK AND
COLOR TONER CARTRIDGES, RUBBERMAID STORAGE CABINET

NAME OF ORGANIZATION OR GOVERNMENT: REDEMPTION OUTREACH CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 2 DOOR REACH IN REFRIGERATORS
THROUGH FACTORY DIRECT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: REFUGE TEMPLE MINISTRIES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 2 DOOR REACH IN REFRIGERATORS THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT:

REYNOLDS COMMUNITY COLLEGE PANTRY (RELOCATING)

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 1- 1 DOOR REACH IN REFRIGERATOR THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT: SECOND BAPTIST CHURCH PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS FOR STORAGE EQUIPMENT, REFRIGERATOR FREEZER, PALLET JACK, U-BOAT, PORTABLE CONVEYOR AND TENT, SCALE

NAME OF ORGANIZATION OR GOVERNMENT: SECOND BAPTIST CHURCH PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING FOR KITCHEN NEEDS- HOOD SYSTEM, RANGE, GAS CONNECT, SINK, FAUCET, WALL SPLASH MOUNT & HEATED DELI CASE

NAME OF ORGANIZATION OR GOVERNMENT: ST. LUKE CHURCH OF GOD IN CHRIST

(G) DESCRIPTION OF NON-CASH ASSISTANCE: FOOD LION GIFT CARDS DISTTRIBUTED TO PR455 FOR PANTRY MAKEOVER

NAME OF ORGANIZATION OR GOVERNMENT: ST. PHILIP'S EPISCOPAL CH. FOOD PNTRY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: REACH IN REFRIGERATOR & FREEZER THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT: THE CORNERSTONE OF DELIVERANCE

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS FOR REFRIGERATED TRUCK,
CONSTRUCTION REPAIRS TO BUILDING, ELECTRICAL UPGRADE, FOOD SIGNAGE FOR
PANTRY

NAME OF ORGANIZATION OR GOVERNMENT: THE HEALING PLACE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 2 DOOR REACH IN REFRIGERATORS
THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT: THE SAINT PAUL'S BAPTIST CHURCH

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 1- 3 DOOR REACH IN REFRIGERATOR
THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT: THREE CHOPT PRESBYTERIAN CHURCH

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 1- 1 DOOR REACH IN REFRIGERATOR
THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT: WAYMAKERS FOUNDATION

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 2- 3 DOOR REACH IN REFRIGERATORS
THROUGH FACTORY DIRECT

NAME OF ORGANIZATION OR GOVERNMENT: WAYMAKERS FOUNDATIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS TO PURCHASE 4 STORAGE RACKS,
PALLET TRUCK, STOCK PICKER CARTS, 2 STEEL PUSH CARTS, 1 WAGON CART, 1
PACKING TABLE, 1 MULTI CART, 8 RACKABLE PALLETS

NAME OF ORGANIZATION OR GOVERNMENT: WORD, SPIRIT & LIFE MINISTRIES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: 2- 1 DOOR REACH IN REFRIGERATOR
THROUGH FACTORY DIRECT

**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

2020

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 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		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2020

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)	277,347.	0.	0.	15,475.	8,821.	301,643.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TIMOTHY MCDERMOTT CHIEF DEVELOPMENT OFFICER	(i)	221,271.	0.	0.	12,573.	9,788.	243,632.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RICHARD GLIOT CHIEF OPERATIONS OFFICER	(i)	180,271.	0.	0.	5,574.	10,036.	195,881.	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)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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	57	497,878.	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	627	74,795,963.	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	1,658	73,945.	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 V, 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) 2020

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

2020

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
UPON JOINING THE BOARD LISTING ALL POTENTIAL CONFLICTS OF INTEREST. THIS
FORM IS ALSO REQUIRED TO BE UPDATED 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) 2020

032211 11-20-20

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.