Form **990** (Rew January 2020)

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

	al Parra-	f the Treasury Nue Service	► 0~4	O MARKET 120 00.	/Earmoon 4	r inctriction.	e and the late	et infa	ation		Open to Pul
			lar year, or tax year b	o www.irs.gov peginning	reormaan to		s and the late and ending	or intorn	iation.		I mapecilo
	neck if		f organization					D En	nployer ic	dentificat	ion number
	Addres	s KIDS	AGAINST HU	JNGER -	YOUR Q	UAD CIT	IES				
	Name change	Doing bi	usiness as						<u> 26-44</u>	40440)
<u></u>]Initial return Final		and street (or P.O. bo)		ivered to stree	t address)	Room/suit		lephone r		1.4.4
<u> </u>	return/ termin-		AUGUSTA CT		710 (<u> </u>			32-54	99,1
	ated Amend return		own, state or province ENDORF, IA	e, country, and 52722	ZIP or foreig	n postal code			s this a di	roup retur	
	Application	F Name a	nd address of princip		GETTE	RT		_	or subord		Yes 🔀
	pendin	9 4366	AUGUSTA CT.	, BETTE	NDORF,		722	H(p) 🔻	re all suborc	linates includ	ded? Yes
		mpt status		01(c) ((insert no) 4947(a)(1) or 52		-		(see instruction
		e: KAHQ	X Corporation	Trust As	sociation	Other -	1 1. Vas				umber tate of legal domici
Pa		Summary		1103t A3	300iation _	Other	<u>→</u> L 160	ii oi ioiiiia	11011. 20	T 2 M 20	ate of legal doffici
			e the organization's r	nission or most	significant a	ctivities TO	HELP F	EED S	STARV	ING C)R
Activities & Governance]	MALNORI	SHED CHILDE	EN THRO	UĞHOUT	THE WO	RLD. TH	IS IS	ACH	IEVED	THROUGH
ern	2 (Check this bo	x If the orga	anization disco	ntinued its o	perations or d	sposed of mo	re than 2	5% of its	net asset	ts
ခွဲ			ting members of the g		-					3	
مخ در			lependent voting men	_			16)		•	5	
i ii			of individuals employe of volunteers (estimat	•	/ear 2019 (P	art v, line za)				6	3
훒			d business revenue fr	• ,	olumn (C), lin	e 12				7a	
<u>۷</u>			business taxable inco	•			En			7b	
T						RECEIV	10		or Year		Current Year
e l			and grants (Part VIII,		1-		151		126,1		98,4
Revenue		_	ce revenue (Part VIII,	•	181	FEB 25	5050 /%]			0. 91.	
æ			come (Part VIII, colum					 	4	0.	
	11 (Other revenue Total revenue	e (Part VIII, column (A) - add lines 8 through milar amounts paid (P	, lines 5, 60, 80	, 9c, 1uc, an	MADE	1 U		126,6		99,1
寸	13 (Grants and sir	milar amounts paid (P.	art IX, column (A), lines 4-8)	4101 47, 1119				0.	
ļ			to or for members (Pa							0.	
es	15 5	Salaries, other	r compensation, empl	oyee benefits (Part IX, colur	nn (A), lines 5-	·10)			0.	31,6
Expenses			undraising fees (Part I		_		, -			0.	
꼾			ing expenses (Part IX,		-		0.		75,1	,	53,6
			es (Part IX, column (A) s Add lines 13-17 (mi			\ line 25\	-		$\frac{75,1}{75,1}$		85,2
			expenses Subtract III	-), iii le 20)	-		51,5		13,9
§							E	Beginning	of Current	Year	End of Year
d Balan	20	Fotal assets (F	Part X, line 16)					2	256,8		270,7
, 1			(Part X, line 26))		166 0	0.	270 7
	22 rt	Vet assets or to Signature	fund balances Subtra	act line 21 from	line 20				256,8	00.	270,7
			declare that I have exan	nined this return	including acc	ompanving schr	dules and state	ments, and	to the hes	st of inv kii	owledge and belief
rue, (correct	i, and complete	Declaration of preparer	Rother than office	r) is based on	all information	of which prepar	er has any	knowledge	e. , /	1
		4	man A	MAN	$=$ \mathcal{I}				2	119/	2020)
Sign		· (-	of officer						Date /	/	
Sign Here Paid			GETTERT, PR	RESIDENT	/SECRE	I'ARY				· · · · · · · · · · · · · · · · · · ·	
		Print/Type prep	arer's name		Preparer's si	gnature	·	Date	Ch "	neck	PTIN
										li-employed	<u> </u>
repa		Firm's name	<u> </u>						Firm's E	IN 🛌	
Jse C	only	Firm's address	•						Phone n	0.	
_											T-1
/lay	the IR	S discuss this	s return with the prepare	arer shown abc	ve? (see ins	tructions)					Yes Yes

	1990 (2019) KIDS AGAINST HUNGER - YOUR QUAD CITIES 26-4440440 Page	2
Pa	rt III Statement of Program Service Accomplishments	
`	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	=
	TO HELP FEED STARVING OR MALNORISHED CHILDREN THROUGHOUT THE WORLD.	
	THIS IS ACHIEVED THROUGH TEAMS OF VOLUNTEERS WHO DONATE THEIR TIME,	_
	ENERGY AND FINANCES TO PACKAGE SPECIALLY FORMULATED RICE-SOY	_
	INGREDIENTS PURCHASED FROM KIDS AGAINST HUNGER. THE PACKAGE MEALS ARE	_
_		_
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
	\cdot)
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No.	
3)
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported	_
4a	, , , , , , , , , , , , , , , , , , ,)
	TO HELP FEED STARVING OR MALNORISHED CHILDREN THROUGHOUT THE WORLD.	_
	THIS IS ACHIEVED THROUGH TEAMS OF VOLUNTEERS WHO DONATE THEIR TIME,	
	ENERGY AND FINANCES TO PACKAGE SPECIALLY FORMULATED RICE-SOY	_
	INGREDIENTS PURCHASED FROM KIDS AGAINST HUNGER. THE PACKAGE MEALS ARE	_
	SHIPPED AND DISTRIBUTED IN FOREIGN COUNTRIES THROUGH PARTNERSHIPS WITH	_
	HUMANITARIAN ORGANIZATIONS WORLDWIDE	
		_
		_
		—
		_
		_
		_
		_
4b	(Code) (Expenses \$)
		_
		_
		_
		_
		_
		_
		_
		_
		_
		_
4c	(Code) (Expenses \$ Including grants of \$) (Revenue \$	<u> </u>
70	(Code) (Expenses \$ including grants of \$) (Revenue \$)	,
		_
		_
		_
		_
		_
		_
		_
		_
		_
4d	Other program services (Describe on Schedule O)	_
-	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 85,230.	_
<u>v</u> _	Form 990 (201	٥١
	10111000 (201	-,

Page 3

٠,		,	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1		
	If "Yes," complete Schedule A	1	X	Ĺ
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	} _	} ;	37
	public office? If "Yes," complete Schedule C, Part I	3_	ļ	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect]	X
_	during the tax year? If "Yes," complete Schedule C, Part II	4	-	├ ^
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		Х
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		-	
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	ļ	X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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		1	
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			٠,,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ļ	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		· •	Х
	Schedule D, Parts XI and XII	12a	 	_
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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? If "Yes," complete Schedule G, Part II	19		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
13	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	$\vdash \vdash$	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part IV | Checklist of Required Schedules (continued)

Page 4

`			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? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete		•	ļ.
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		L
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			,,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			}
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			·
	Schedule L, Part 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%	00		Х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26_		
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? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	_	_X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
25.	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
00	If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
932004	4 01-20-20	Form	990 (2019)

Form 990 (2019) KIDS AGAINST HUNGER - YOUR QUAD CITIES
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

`				Yes	No_
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		160	7.7	2.3
	filed for the calendar year ending with or within the year covered by this return	2a 0	· (4)	3.5	1000
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	ns?	2b		<u> </u>
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)	1	**	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		L
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country		3,23	變	نابَ سِي جَ د و مير
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR)	-52	線門	
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5 <u>a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a_		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts	}		
	were not tax deductible?		6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).		\$.×.	i ch	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	16.5	100	stáil
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	٠,٠٠٠	न- <u>च</u> रहे
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the		- 1	3.5
	sponsoring organization have excess business holdings at any time during the year?		8		2020
9	Sponsoring organizations maintaining donor advised funds.			5.15	33.31
a	Did the sponsoring organization make any taxable distributions under section 4966?	•	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	- · · · · ·	24.1
10	Section 501(c)(7) organizations. Enter	ا ءما	45.65	3 3	
	Initiation fees and capital contributions included on Part VIII, line 12	10a	100	3	1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	2 2	7	
11	Section 501(c)(12) organizations. Enter	11a			
_	Gross income from members or shareholders	118	7	427	37.0
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	[.c.	1	
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		ਪਨਾਨ 12a	25.1	5.76%
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	" Water	267.50	1. 12%
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			33
	Is the organization licensed to issue qualified health plans in more than one state?		13a	12.95	3.72(FE)
ŭ	Note: See the instructions for additional information the organization must report on Schedule O		7797		72/25
ь	Enter the amount of reserves the organization is required to maintain by the states in which the		4 4 4 4 4		200
•	organization is licensed to issue qualified health plans	13b	المرتبع والم		المزمري أ
c	Enter the amount of reserves on hand	13c		12.0	30,2
	Did the organization receive any payments for indoor tanning services during the tax year?		14a	1214	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		х
	If "Yes," see instructions and file Form 4720, Schedule N.		2 1 2 2	in Nation	16,5
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X
-	If "Yes," complete Form 4720, Schedule O		1,5	13.12	Town M.
			<u> </u>	ggn	

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
Sec	tion A. Governing Body and Management			لججا
	ton / to do to ming Doug and management		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year [1a] 5	Γ		
ıu	If there are material differences in voting rights among members of the governing body, or if the governing	١.		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
.				
b		1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			X
_	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			Х
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	l		v
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			37
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		v	
а	The governing body?	8a	X	
þ	Each committee with authority to act on behalf of the governing body?	8b_	_X_	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		v
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	-	1	 -
		40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
Б	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		
44.	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	118		
		12a		х
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120		
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
С	In Schedule O how this was done	120		
12		12c		X
13	Did the organization have a written whistleblower policy?	14		X
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450		Х
	The organization's CEO, Executive Director, or top management official	15a	-	$\frac{\Lambda}{X}$
b	Other officers or key employees of the organization	15b		- 22
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	1		
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		Х
	taxable entity during the year?	16a		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	106		
500	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	ls only) avail	ahle
10	for public inspection. Indicate how you made these available. Check all that apply	, o orny	, avall	4016
	Own website Another's website W Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fine	ocial	
פו	statements available to the public during the tax year	u midi	icidi	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	MARYANN BARTZ - 563-332-5444			
	1401 THORNWOOD LN, LECLAIRE, IA 52753			

932006 01-20-20

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

(A) Name and title	(B) Average		(C) Position (do not check more than one					(D) Reportable	(E) Reportable	(F) Estimated
ivarrie and title	hours per week	box	not c unle	heck ss pe	more rson	than is bot or/trus	h an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PAM GETTERT	55.00							21 600	•	0
PRESIDENT/SECETARY		X		X	ļ		<u> </u>	31,600.	0.	0 .
(2) CHARLES HOLST	5.00	. ,							^	0
DIRECTOR	2.00	Х	-		<u> </u>	<u> </u>	ļ	0.	0.	0 .
(3) HUGH STAFFORD CHAIRMAN OF BOARD	2.00	х		Х				0.	0.	0
(4) MIKE DETMER	1.00	<u> </u>		₽		\vdash		0.	0.	
DIRECTOR	1.00	Х						0.	0.	0 .
(5) RICHARD PHELPS	1.00	 	\vdash	 	\vdash	ļ <u> </u>				
DIRECTOR		х						٥.	0.	0
						_				
						L				
~										
						ļ				,
-										
·				-						

Form 990 (2019)

KIDS AGAINST HUNGER - YOUR QUAD CITIES

<u> </u>	Section A. Onicers, Directors, Trus		pioy	ees			gne	Si C					
	(A)	(B))) Pos	C) Ition	,		(D)	(E)	(F)		
	Name and title	Average hours per		not c	heck	more	than		Reportable compensation	Reportable compensation		Estimat Imount	
		week					or/trus		from	from related		othe	
		(list any	rector		ĺ			[the	organizations		mpens	
		hours for related	5 o d	99		ŀ	saled		organization (W-2/1099-MISC)	(W-2/1099-MISC)		from tl ganıza	
		organizations	truste	al trus		ag.	шреп		(** 27 1035 141100)		•	nd rela	
		below	Individual trustee or director	Insututional trustee) Se	Кеу етрюуее	Highest compensated employee	Former	1		org	ganizat	ions
		line)	Ē	lusi	Officer	ş	물통	Ē			↓		
		<u> </u>	ł										
		 	┢			├		-			+		
		<u> </u>	j						J				
								-					
								_	l				
		ļ	<u> </u>	Щ				-			┼—		
		<u> </u>						}	}		Ì		
		 -	\vdash	┝┈┤		<u> </u>	\vdash				+		
			1										
										· — · · · · · · · · · · · · · · · · · ·			
											<u> </u>		
		ļ											
							-	<u> </u>			┼		
1b	Subtotal	L				L		—	31,600.	0			0.
	Total from continuation sheets to Part V	I, Section A						•	0.	0			0.
	Total (add lines 1b and 1c)							<u> </u>	31,600.	0	<u>. </u>		0.
2	Total number of individuals (including but r	ot limited to th	ose	liste	d al	bove	e) wh	no re	eceived more than \$100	,000 of reportable			^
	compensation from the organization											TV	0
2	Did the every stage but any formula officers	-l				مر د ما		. h	boot componented owner	lavas an		Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		ee, I	кеу є	emp	loye	e, or	rnig	inest compensated emp	noyee on	3	· · ·	x
4	For any individual listed on line 1a, is the su		le co	omo	ensa	ation	n and	d otl	her compensation from t	the organization	1	1	1
	and related organizations greater than \$15										4		X
5	Did any person listed on line 1a receive or a									dual for services	7.		
	rendered to the organization? If "Yes," com	plete Schedul	e <i>J f</i>	or su	ıch	pers	son				5		X
	tion B. Independent Contractors									 			
1	Complete this table for your five highest co										sation	trom	
	the organization Report compensation for (A)	trie calendar y	ear	endi	ig v	VILI	OI W	1(1111	(B)	/ear		(C)	
	Name and business	address	N	ONE	S				Description of s	ervices		ensatio	on
								\neg					
								\downarrow					
								-+					
								\dashv	····				
			_										
								\neg					
													
2	Total number of independent contractors (i	-	ot lu	mite	d to		se lis)	sted	l above) who received m	ore than		1	•
	\$100,000 of compensation from the organi	zation	-								Fore	990	(2010)

٠.,		Check if Schedule O contains a response	or note to any lin	ne in this Part VIII			
		Oncern Gonedale G Gentain G a response	or Hote to arry in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenuè	(D) Revenue excluded from tax under sections 512 - 514
sifts, Grants ar Amounts	b c	Federated campaigns Membership dues Fundraising events Related organizations 1a 1b 1c 1c					
Contributions, Gifts, Grants and Other Similar Amounts	e f	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f 1g \$	98,460.		-		
a S	_	Total. Add lines 1a-1f	•	98,460.	•		
			Business Code				
إيو	2 a						
اہ چَ	b						
Sul	С						
eve	ď						
Program Service Revenue	е						
۾	f	All other program service revenue					
	g	Total. Add lines 2a-2f	>				
	3	Investment income (including dividends, intere	st, and				
j		other similar amounts)	▶ j	724.			724.
	4	Income from investment of tax-exempt bond pr	roceeds 🕨				··
I	5	Royalties	>				
j		(ı) Real	(II) Personal				
	6 a	Gross rents 6a					•
i	þ	Less rental expenses 6b					
ł	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	▶				
]	7 a	Gross amount from sales of (i) Securities	(II) Other				. '
		assets other than inventory 7a				,	
ا ۾	p	Less cost or other basis					
ž		and sales expenses 7b					•
eve		Gain or (loss) 7c			 ·- 		
Other Revenue		Net gain or (loss)					
흌	8 a	Gross income from fundraising events (not					
°		including \$ of			•		
İ		contributions reported on line 1c) See					
l		Part IV, line 18					
	Ь	L		·			
	C	· · · · · · · · · · · · · · · · · · ·					
ľ	Уa	Gross income from gaming activities. See					
l	L	Part IV, line 19					
		Less direct expenses 9b		· · · · · · · · · · · · · · · · · · ·			
		Net income or (loss) from gaming activities Gross sales of inventory, less returns					
	10 a	·		-		•	
1	h	and allowances 10a Less cost of goods sold 10b			• .	}	•
		Net income or (loss) from sales of inventory					
_		Total Golden Co. 1033/ Horri Sales Of Inventory	Business Code		· -		
Miscellaneous Revenue	11 a	ŀ		-			
E a	b						
le eff	c				· · - · · - · · · · · · · · · · · · · ·		
اعق	d	All other revenue					
ح	e	Total. Add lines 11a-11d	•				
	12	Total revenue See instructions		99,184.	0.	0.	724.
932009	01-20						Form 990 (2019)

Form 990 (2019) KIDS AGAINST
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)

	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			implete column (A)	
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				. · · ·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				<u>'</u>
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				1
	individuals See Part IV, lines 15 and 16			····	<u> </u>
4	Benefits paid to or for members				, •
5	Compensation of current officers, directors,	21 600	21 (00		
	trustees, and key employees	31,600.	31,600.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and		}		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	·			
11	Fees for services (nonemployees)				
a	Management		,		
b	Legal				
C	Accounting				<u> </u>
d	Lobbying Professional fundraising corruges. See Part IV, line 17				
e	Professional fundraising services. See Part IV, line 17		· · · · · · · · · · · · · · · · · · ·		
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch O.)				
40	· · · · · · · · · · · · · · · · · · ·	497.	497.		_,
12 13	Advertising and promotion Office expenses	165.	165.		
14	Information technology	53.	53.		
15	Royalties				
16	Occupancy	2,115.	2,115.		
17	Travel	804.	804.		<u> </u>
18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		_		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,794.	4,794.		
23	Insurance	1,646.	1,646.		
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)	*	,		
а	PRODUCT COSTS	24,349.	24,349.		
b	FREIGHT	6,095.	6,095.		
С	PACKAGING SUPPLIES AND	5,441.	5,441.		_
d	SATELLITE FEES	4,105.	4,105.		·
е	All other expenses	3,566.	3,566.		
25	Total functional expenses. Add lines 1 through 24e	85,230.	85,230.	0.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation	Í			
	Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2019)

rai	1.	Balance Sheet		 			
		Check if Schedule O contains a response or not	e to any line in	this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			185,925.	1	126,479.
	2	Savings and temporary cash investments			50,441.	2	126,115
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
l	5	Loans and other receivables from any current or	former officer,	, director,		7	
		trustee, key employee, creator or founder, subst	tantial contribu	tor, or 35%		3.5	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
		controlled entity or family member of any of thes	se persons			5	
	6	Loans and other receivables from other disqualif	fied persons (a	s defined	and the second s	٠.٠	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
- 1		under section 4958(f)(1)), and persons described	d in section 49	58(c)(3)(B)		6	<u> </u>
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
j	10 a	Land, buildings, and equipment cost or other]]		展演的方法。	r prog	150 网络金属
		basis Complete Part VI of Schedule D	10a	25,231.		1.0°	a de la companya de l
	b	Less accumulated depreciation	10b	7,065.	20,440.	10c	18,166
	11	Investments - publicly traded securities				11	<u> </u>
	12	Investments - other securities See Part IV, line 1	1		L	12	
	13	Investments · program-related See Part IV, line 1	11			13	
	14	Intangible assets			14		
- [15	Other assets See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)		256,806.	16	270,760
- 1	17	Accounts payable and accrued expenses		17			
	18	Grants payable				18	
ľ	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
ŀ	21	Escrow or custodial account liability Complete F	Part IV of Sche	dule D		21	
2 2	22	Loans and other payables to any current or form	ner officer, direc	ctor,	以发现的第三元章:	1	· · · · · · · · · · · · · · · · · · ·
		trustee, key employee, creator or founder, subst	tantial contribu	tor, or 35%	The Control of the Co	يونورو دارسون	AND THE PARTY OF T
Liabilities		controlled entity or family member of any of thes	se persons		<u> </u>	22	
-	23	Secured mortgages and notes payable to unrela	ited third partie	es		23	
ĺ	24	Unsecured notes and loans payable to unrelated	d third parties			24	
- 1	25	Other liabilities (including federal income tax, pay	yables to relate	ed third			,
		parties, and other liabilities not included on lines	17-24) Compl	lete Part X			
-		of Schedule D				25	
_	26	Total liabilities. Add lines 17 through 25		,	0.	26	0.
ا ي		Organizations that follow FASB ASC 958, che	ck here 🕨 L		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	18	
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		and complete lines 27, 28, 32, and 33.				£	The San
	27	Net assets without donor restrictions				27	
9	28	Net assets with donor restrictions		(77)		28	
5		Organizations that do not follow FASB ASC 95	58, check here	e ▶ X	[\$ 1966] 第 45%。		以类似。随意的第二人
5		and complete lines 29 through 33.					
Net Assets of Fund balances	29	Capital stock or trust principal, or current funds			0.	29	0.
	30	Paid-in or capital surplus, or land, building, or eq			0.	30	
<u> </u>	31	Retained earnings, endowment, accumulated inc	come, or other	funds	256,806.	31	270,760.
ž	32	Total net assets or fund balances			256,806.	32	270,760.
- 1	33	Total liabilities and net assets/fund balances			256,806.	33	270,760. Form 990 (2019

•	Peconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI al revenue (must equal Part VIII, column (A), line 12) al expenses (must equal Part IX, column (A), line 25) venue less expenses Subtract line 2 from line 1 assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	1 2 3),1	
1 Tot	al revenue (must equal Part VIII, column (A), line 12) al expenses (must equal Part IX, column (A), line 25) venue less expenses Subtract line 2 from line 1	2			<u> </u>
1 Tot	al expenses (must equal Part IX, column (A), line 25) venue less expenses Subtract line 2 from line 1	2			
2 Tot	venue less expenses Subtract line 2 from line 1			5,2	$\frac{84}{30}$.
	·		1:	3,9	54.
	assets or lung palances at degining of year (must equal part X. line 32, column (A))	4		5,80	
	unrealized gains (losses) on investments	5			
	nated services and use of facilities	6			
7 Inv	estment expenses	7			_
8 Pri	or period adjustments	8			
9 Oth	er 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,				
	umn (B))	10	270	7,76	60.
Part X	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	_			
	counting method used to prepare the Form 990 X Cash Accrual Other the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	[Yes	No
	re the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	res," check a box below to indicate whether the financial statements for the year were compiled or reviewed arate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	l on a			
b We	re the organization's financial statements audited by an independent accountant?		2b		X
	res," check a box below to indicate whether the financial statements for the year were audited on a separat solidated basis, or both Both consolidated and separate basis	e basis	S	3	4.
rev	es" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the ew, or compilation of its financial statements and selection of an independent accountant?		2c		
3a As	ie organization changed either its oversight process or selection process during the tax year, explain on Sch a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir and OMB Circular A-133?		1 I		x
b If "	es," did the organization undergo the required audit or audits? If the organization did not undergo the requivality, explain why on Schedule O and describe any steps taken to undergo such audits	red au	ļ . 1		
<u> </u>	cons, explain mily on conduction and describe any steps taken to andergo saon addits		Form	90 (2	2019)

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

Inspection

Name of the organization

Employer identification number 26-4440440 KIDS AGAINST HUNGER - YOUR OUAD CITIES

Pa	rt T	Reason for Public	Charity Status			us part) S		0 1110110	
		zation is not a private found							
	organ						/		
1	H	A church, convention of ch					1)(A)(I).	\ /	
2	片	A school described in sect		•				\mathcal{I}	
3	믬	□ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). □ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
4			ation operated in co	njunction with a hospita	describe	d in sectio	on 170(b)(1)(A)(III). Enter	the hospital's name,	
		city, and state							
5	\Box	An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	oed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II)						
6		A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	Illy receives a substa	ntial part of its support t	rom a gov	emmenta	l unit or from the general	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II)						
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a land-grant	college	
		or university or a non-land-g	rant college of agric	ulture (see instructions)	Enter the	name, cit	y, and state of the colleg	je or	
		university					-		
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its sur	port from	contributi	ons, membership fees, a	and gross receipts from	
		activities related to its exen							
		income and unrelated busin	•	· ·			• •	-	
		See section 509(a)(2). (Coi		(,					
11		An organization organized		ively to test for public sa	fetv See	section 50	09(a)(4).		
12	$\overline{\Box}$	An organization organized						e purooses of one or	
		more publicly supported or	•	•	•		•	• •	
		lines 12a through 12d that							
а		Type I. A supporting orga	• •					, alvina	
_		the supported organization							
		organization You must o			z majomy		ctors or tradeces or the c	apporting	
h		Type II. A supporting org	-		tion with i	te cunnart	ad arganization(c), by ha	N/IOG	
J	l		•						
		control or management o	_		ame perso	JIIS IIIAI CI	official of manage the sup	pported	
_		organization(s) You mus	•			tion with	and functionally integrat	ad with	
C		Type III functionally inte	-					ea wiiri,	
_	Γ	its supported organizatio						1 (.)	
d	L	Type III non-functionally					· · ·		
		that is not functionally int	-	• •	-			iveness	
	Γ	requirement (see instruct	-						
е		Check this box if the orga					a Type I, Type II, Type III		
		functionally integrated, or Type III non-functionally integrated supporting organization							
f		Enter the number of supported organizations					,		
9		Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization [iv] is the organizatio						(vi) Amount of other	
	٠,	organization	(11) (11)	(described on lines 1 10	ın your governi	ng document?	support (see instructions)	support (see instructions)	
				above (see instructions))	Yes	No			
									
				······································					
						ļ			
Tota									
<u>ota</u>	1					L	<u> </u>		

Schedule A (Form 990 or 990-EZ) 2019 KIDS AGAINST HUNGER - YOUR QUAD CITIES 26-4440440 Page 2

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not				'		
	include any "unusual grants ")	83,095.	109,229.	211,215.	126,187.	98,460.	628,186.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	83,095.	109,229.	211,215.	126,187.	98,460.	628,186.
5	The portion of total contributions	, ,	,	1 .			
	by each person (other than a		•				
	governmental unit or publicly						
	supported organization) included					٠,	
	on line 1 that exceeds 2% of the	ĺ		•			
	amount shown on line 11,	i			. ,		
	column (f)				,		
6	Public support. Subtract line 5 from line 4					,	628,186.
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·					
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	83,095.	109,229.	211,215.	126,187.	98,460.	628,186.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1					
	and income from similar sources		·	18.	491.	724.	1,233.
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)		ĺ				
11	Total support. Add lines 7 through 10		-				629,419.
12	Gross receipts from related activities,	etc (see instruction	ons)			12 .	
13	First five years. If the Form 990 is for			d, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here		,	•		▶□
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2019 (I	line 6, column (f) di	vided by line 11, c	olumn (f))		14	99.80 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	99.91 %
16a	33 1/3% support test - 2019. If the c	organization did no	t check the box or	line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				ightharpoons X
b	33 1/3% support test - 2018. If the c	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	t - 2019. If the org:	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Par	t VI how the organ	ızatıon
	meets the "facts-and-circumstances"			-	•	•	ightharpoons
b	10% -facts-and-circumstances test	t - 2018. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	•				•	
	organization meets the "facts-and-circ						ightharpoons
_18	Private foundation. If the organizatio		_		- · · · · · -		
						dule A (Form 990	

Schedule A (Form 990 or 990 EZ) 2019 KIDS AGAINST HUNGER - YOUR QUAD CITIES 26-4440440 Page 3 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.)

Sec	etion A. Public Support	elow, please comp	piete Part II)				
	indar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(8) 2013	(5) 2010	(0) 2017	(4/2010	(6) 2013	(1) Total
•	membership fees received (Do not					1	
	include any "unusual grants ")						
2	Gross receipts from admissions,			1	 		
_	merchandise sold or services per						
	formed, or facilities furnished in	Į					
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that			 	+	 	
Ů	are not an unrelated trade or bus-						1
	iness under section 513			1		1	
4	Tax revenues levied for the organ-				 	 	
7	ization's benefit and either paid to			1			
	or expended on its behalf	,]			
5	The value of services or facilities			 	 		
٠	furnished by a governmental unit to				1		
	the organization without charge						
6	Total. Add lines 1 through 5		· · · · · ·				
	Amounts included on lines 1, 2, and		<i></i>	 	1	 	
, ,	3 received from disqualified persons		\			'	
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			\			
,	Add lines 7a and 7b			\	 		
	Public support. (Subtract line 7c from line 6)				 		
Sec	etion B. Total Support			' 	.l	<u> </u>	L
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	(8) 2013	(5) 2010	1 (0/2011	(0,2010	(6) 25.5	(17.15.11.
-	Gross income from interest,			 	\ <u>\</u>	 	
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources]]	
h	Unrelated business taxable income			 	 	 	
~	(less section 511 taxes) from businesses			1		}	
	acquired after June 30, 1975						
	Add lines 10a and 10b				\		
	Net income from unrelated business			 	· · · · · · · · · · · · · · · · · · ·		
	activities not included in line 10b,	,					
	whether or not the business is regularly carried on				İ		
12	Other income Do not include gain			 			
	or loss from the sale of capital						•
13	assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)				 		
	First five years. If the Form 990 is for	the organization's	firet second thi	rd fourth or fifth t	tay year as a section	n 501(c)(3) organiz	ration
17	check this box and stop here	the Organization s	ilist, second, tin	ira, 100/111, 0/ illar 1	iax year as a section	11 30 1(c)(3) 019a112	Lation,
Sec	ction C. Computation of Publi	c Support Pe	rcentage				\ <u> </u>
_	Public support percentage for 2019 (II			column (f))		15	%
	Public support percentage from 2018			Coldinii (i))		16	%
	tion D. Computation of Inves)		1 10 1	~~~
	Investment income percentage for 20		·			17	36
	Investment income percentage from 2					18	/%
	33 1/3% support tests - 2019. If the			on line 14 and lin	e 15 is more than '		
וסכו	more than 33 1/3%, check this box ar	-					
h	33 1/3% support tests - 2018. If the		-				and \
IJ	line 18 is not more than 33 1/3%, che	-					_
20	Private foundation. If the organization		-			-	
20	Fire organization. If the organization	it did not check a	DOX OF HIRE 14, 18	ea, or 180, check t	THIS DOX ALIO SEE IT	SITUCTIONS	

Schedule A (Form 990 or 990-EZ) 2019 KIDS AGAINST HUNGER - YOUR QUAD CITIES 26-4440440 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
		•
4b		
		-
4c		
		}
5-		
5a		
5b 5c		
		I
6		
7		
8		
9a		
9b		
9с		
40-		,
10a		
10b 990 or 99	0-F7\	2019

	edule A (Form 990 or 990 EZ) 2019 KIDS AGAINST HUNGER - YOUR QUAD CITIES 26-44	4044	0 P:	age 5
Ра	rt IV Supporting Organizations (continued)			T
	Headles a second of a few sould be a		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls gither along or together with persons described in (h) and (c)	1		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		├─
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
_	tion B. Type I Supporting Organizations	1.0		L
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Γ		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	}		l
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			[
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			ł
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			ĺ
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			ĺ
	supervised, or controlled the supporting organization	2		L
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s) tion D. All Type III Supporting Organizations	1		L
360	tion b. All Type in 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		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization s officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3_		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions).		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	tructions		
2	Activities Test Answer (a) and (b) below.	,	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	, ,		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1 1		
	how the organization was responsive to those supported organizations, and how the organization determined	_		
.	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these]	- 1	
	activities but for the organization's involvement	25		
3	Parent of Supported Organizations Answer (a) and (b) below.	_2b		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	
a	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	l	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	ſ	

Schedule A'(Form 990 or 990-EZ) 2019 KIDS AGAINST HUNGER - YOUR QUAD CITIES 26-4440440 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov 20, 1970 (explain in Pa	art VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	}		
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			4 , ,
	instructions for short tax year or assets held for part of year)		, ' - '	
a	Average monthly value of securities	1a		
	Average monthly cash balances	16		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)		-	,
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
_7	Recoveries of prior-year distributions	7		
_8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	,	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	,	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount, Subtract line 5 from line 4, unless subject to		, ,	
	emergency temporary reduction (see instructions)	6	1	
7	Check here if the current year is the organization's first as a non-functionally	y integrate	ed Type III supporting organ	ization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions)

Schedule A (Form 990 or 990-EZ) 2019 KIDS AGAINST HUNGER - YOUR QUAD CITIES 26-4440440 Page 7 Part V Type III.Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) (m) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2019 a From 2014 **b** From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount Carryover from 2014 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2019 from Section D, line 7 a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2020. Add lines 3j and 4c 8 Breakdown of line 7 a Excess from 2015 b Excess from 2016 c Excess from 2017

Schedule A (Form 990 or 990-EZ) 2019

d Excess from 2018e Excess from 2019

Schedule A	(Form 990 or 990-E	Z) 2019 KIDS	AGAINST	HUNGER -	YOUR	QUAD CITIES	26-4440440 Page 8
Part VI	Supplementa	Linformation	Duarrial a Alban area	lanak ana manusa	L but David II	line 10. Deat II. line 17e e	v 17h Davill Imp 10
- 41.	Supplementa	i illiorillation.	Provide the exp	ianations required	by Part II,	, line 10, Part II, line 17a c	r 17b, Part III, line 12,
•	Part IV, Section A	, lines 1, 2, 3b, 3c,	4b, 4c, 5a, 6, 9a	a, 9b, 9c, 11a, 11	o, and 11c	, Part IV, Section B, lines	1 and 2, Part IV, Section C,
	line 1, Part IV, Sec	ction D, lines 2 and	l 3, Part IV, Sect	tion E, lines 1c, 2a	., 2b, 3a, ar	nd 3b, Part V, line 1, Part	V, Section B, line 1e, Part V,
	Section D, lines 5,	, 6, and 8, and Par	t V, Section E, lii	nes 2, 5, and 6 A	lso comple	te this part for any addition	onal information
	(See instructions)						
					_		
-			,				
			·				
							
							
							
			· · · · · · · · · · · · · · · · · · ·				
							
					-		
							
	-						
							

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public

Inspection

Employer identification number

Name of the organization

KIDS AGAINST HUNGER - YOUR QUAD CITIES 26-4440440

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or A	Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 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 ful	nds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a		only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV	/, line 7
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a c	onservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure 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, re-	leased, extinguished, or terminated by the orga	nization during the tax
	year ▶		
4	Number of states where property subject to conservation ear	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements if	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservat	ion easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	asements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(l	B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense state	ment and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statements t	hat describes the
	organization's accounting for conservation easements		
Par	t III Organizations Maintaining Collections of		Similar Assets.
	Complete if the organization answered "Yes" on Form	1990, Part IV, line 8	
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	i8, to report in its revenue statement and balanc	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherance	ce 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 treatment	asures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		S

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

Schedule D (Form 990) 2019

_		AINST HUNG								Page 2
										eu)
3	Using the organization's acquisition, access	ion, and other record	as, cnec	k any or the	rollowing th	at make sig	niticant	use of its	i	
	collection items (check all that apply)		. —							
a	Public exhibition	C		Loan or exc	nange progi	am				
b	Scholarly research	e	• —	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c							ose in Par	t XIII	
5	During the year, did the organization solicit of					ner sımılar a	ssets	_	_	
	to be sold to raise funds rather than to be m								_ Yes	<u> </u>
Pai	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" on F	orm 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other a	ssets not in	cluded	_	_	
	on Form 990, Part X?							L	ا∟ Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	ustodial acci	ount liability	(2)		Yes	No
	If "Yes," explain the arrangement in Part XIII	•				-				
Par								**********		
		(a) Current year		rior year	(c) Two year			ears back	(e) Four y	ears back
1a	Beginning of year balance							~	<u> </u>	
ь	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
·	and programs									
•	Administrative expenses				-					
	End of year balance									
9	•		- /l 1	a saluma /a)) held co			· · · · · · · · · · · · · · · · · · ·	L	
	Provide the estimated percentage of the cur	rent year end baland		g, column (a	ajj nelo as					
a	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С		%								
_	The percentages on lines 2a, 2b, and 2c sho									
Зa	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administ	ered for the	organiz	ation	Г.	
	by									es No
	(i) Unrelated organizations								3a(ı)	
	(ii) Related organizations								3a(ıi)	
b	If "Yes" on line 3a(ii), are the related organiza	•							3b	
4	Describe in Part XIII the intended uses of the		wment	funds						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere					0, Part X, Iır	ne 10			
	Description of property	(a) Cost or o		(b) Cost		(c) Acc		d	(d) Book	value
		basis (investr	nent)	basis	(other)	depre	eciation	Ļ_		
1a	Land						<u> </u>	•		
ь	Buildings		 .							
c	Leasehold improvements									
d	Equipment									
<u>e</u>	Other			2	5,231.		7,0	55.		,166.
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	0c)				18	,166.

Schedule D (Form 990) 2019

Sche	dule D(Form 990) 2019 KIDS AGAINST HUNGER -		26-4440440 Page 4 r Return.
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	7.1
С	Recoveries of prior year grants	2c	 ;
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	7 1
С	Add lines 4a and 4b	<u> </u>	4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	2 12)	5
	t XII Reconciliation of Expenses per Audited Financia		er Return.
	Complete if the organization answered "Yes" on Form 990, Part I		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
	Prior year adjustments	2b	(' : - ()
b	Other losses	20	一 ,]
c			
d	Other (Describe in Part XIII)	2d	\dashv \downarrow
_	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 . 1	•
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18)	5
	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a		
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provid		
			

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 Open to Public .

Inspection

Name of the organization

KIDS AGAINST HUNGER - YOUR QUAD CITIES

Employer identification number 26-4440440

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TEAMS OF VOLUNTEERS WHO DONATE THEIR TIME, ENERGY AND FINANCES TO
PACKAGE SPECIALLY FORMULATED RICE-SOY INGREDIENTS PURCHASED FROM KIDS
AGAINST HUNGER. THE PACKAGE MEALS ARE SHIPPED AND DISTRIBUTED IN
FOREIGN COUNTRIES THROUGH PARTNERSHIPS WITH HUMANITARIAN ORGANIZATIONS
WORLDWIDE
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SHIPPED AND DISTRIBUTED IN FOREIGN COUNTRIES THROUGH PARTNERSHIPS WITH
HUMANITARIAN ORGANIZATIONS WORLDWIDE
FORM 990, PART VI, SECTION B, LINE 11B:
REVIEW WAS PERFORMED BY A DIRECTOR BUT NOT THE ENTIRE GOVERNING BODY BEFORE
FILING. SUBSEQUENT TO FILING A COPY WILL BE MADE AVAILABLE TO THE ENTIRE
GOVERNING BODY
FORM 990, PART VI, SECTION B, LINE 12:
VERY SMALL BOARD AND CONFLICTS (IF ANY) ARE DISCUSSED DURING THE BOARD
MEETINGS
FORM 990, PART VI, SECTION C, LINE 19:
INFORMATION WILL BE PROVIDED UPON REQUEST