

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

|  |   |  |
|--|---|--|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>FEEDING AMERICA EASTERN WISCONSIN, INC.</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>1700 W. FOND DU LAC AVENUE</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>MILWAUKEE, WI 53205</b><br><b>F</b> Name and address of principal officer: <b>PATRICIA M. HABECK</b><br><b>SAME AS C ABOVE</b> | <b>D</b> Employer identification number<br><b>39-1384593</b><br><b>E</b> Telephone number<br><b>414-931-7400</b><br><b>G</b> Gross receipts \$ <b>73,510,541.</b><br><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions<br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> 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   |   |  |
| <b>J</b> Website: ▶ <b>WWW.FEEDINGAMERICAWI.ORG</b>  |   |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |   | <b>L</b> Year of formation: <b>1982</b> <b>M</b> State of legal domicile: <b>WI</b>  |

**Part I Summary**

|  | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO SOLVE HUNGER.</b>                                     |  |  |                           |              |   |              |             |   |            |            |  |             |             |  |          |          |  |              |             |   |              |             |  |            |             |
|--|--|--|--|---------------------------|--------------|---|--------------|-------------|---|------------|------------|--|-------------|-------------|--|----------|----------|--|--------------|-------------|---|--------------|-------------|--|------------|-------------|
| Activities & Governance  | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |  |  |                           |              |   |              |             |   |            |            |  |             |             |  |          |          |  |              |             |   |              |             |  |            |             |
|  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....   | 3 18   |  |                           |              |   |              |             |   |            |            |  |             |             |  |          |          |  |              |             |   |              |             |  |            |             |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....   | 4 18   |  |                           |              |   |              |             |   |            |            |  |             |             |  |          |          |  |              |             |   |              |             |  |            |             |
|  | <b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) .....  | 5 103  |  |                           |              |   |              |             |   |            |            |  |             |             |  |          |          |  |              |             |   |              |             |  |            |             |
|  | <b>6</b> Total number of volunteers (estimate if necessary) .....  | 6 7500   |  |                           |              |   |              |             |   |            |            |  |             |             |  |          |          |  |              |             |   |              |             |  |            |             |
|  | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....  | 7a 0.  |  |                           |              |   |              |             |   |            |            |  |             |             |  |          |          |  |              |             |   |              |             |  |            |             |
|  | <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....  | 7b 0.  |  |                           |              |   |              |             |   |            |            |  |             |             |  |          |          |  |              |             |   |              |             |  |            |             |
| Revenue  |  | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td style="text-align: right;">110,143,466.</td> <td style="text-align: right;">72,044,279.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td style="text-align: right;">1,096,521.</td> <td style="text-align: right;">1,208,345.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td style="text-align: right;">4,136.</td> <td style="text-align: right;">5,123.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td style="text-align: right;">211,983.</td> <td style="text-align: right;">128,870.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td style="text-align: right;">111,456,106.</td> <td style="text-align: right;">73,386,617.</td> </tr> </tbody> </table>   |  | Prior Year                | Current Year | <b>8</b> Contributions and grants (Part VIII, line 1h) .....                  | 110,143,466. | 72,044,279. | <b>9</b> Program service revenue (Part VIII, line 2g) .....                                       | 1,096,521. | 1,208,345. | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....  | 4,136.      | 5,123.      | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... | 211,983. | 128,870. | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... | 111,456,106. | 73,386,617. |   |              |             |  |            |             |
|  | Prior Year   | Current Year   |  |                           |              |   |              |             |   |            |            |  |             |             |  |          |          |  |              |             |   |              |             |  |            |             |
| <b>8</b> Contributions and grants (Part VIII, line 1h) .....                                       | 110,143,466.   | 72,044,279.  |  |                           |              |   |              |             |   |            |            |  |             |             |  |          |          |  |              |             |   |              |             |  |            |             |
| <b>9</b> Program service revenue (Part VIII, line 2g) .....  | 1,096,521.   | 1,208,345.   |  |                           |              |   |              |             |   |            |            |  |             |             |  |          |          |  |              |             |   |              |             |  |            |             |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....                      | 4,136.   | 5,123.   |  |                           |              |   |              |             |   |            |            |  |             |             |  |          |          |  |              |             |   |              |             |  |            |             |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....           | 211,983.   | 128,870.   |  |                           |              |   |              |             |   |            |            |  |             |             |  |          |          |  |              |             |   |              |             |  |            |             |
| <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... | 111,456,106.   | 73,386,617.  |  |                           |              |   |              |             |   |            |            |  |             |             |  |          |          |  |              |             |   |              |             |  |            |             |
| Expenses   |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td><b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....</td> <td style="text-align: right;">95,964,306.</td> <td style="text-align: right;">64,029,484.</td> </tr> <tr> <td><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....</td> <td style="text-align: right;">4,465,513.</td> <td style="text-align: right;">5,040,455.</td> </tr> <tr> <td><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....</td> <td style="text-align: right;">392,004.</td> <td style="text-align: right;">438,820.</td> </tr> <tr> <td><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,074,089.</b></td> <td></td> <td></td> </tr> <tr> <td><b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....</td> <td style="text-align: right;">3,782,521.</td> <td style="text-align: right;">5,108,730.</td> </tr> <tr> <td><b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....</td> <td style="text-align: right;">104,604,344.</td> <td style="text-align: right;">74,617,489.</td> </tr> <tr> <td><b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....</td> <td style="text-align: right;">6,851,762.</td> <td style="text-align: right;">-1,230,872.</td> </tr> </tbody> </table> | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... | 95,964,306.               | 64,029,484.  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... | 0.           | 0.          | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... | 4,465,513. | 5,040,455. | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... | 392,004.    | 438,820.    | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,074,089.</b>   |          |          | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....                       | 3,782,521.   | 5,108,730.  | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... | 104,604,344. | 74,617,489. | <b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... | 6,851,762. | -1,230,872. |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....                   | 95,964,306.  | 64,029,484.  |  |                           |              |   |              |             |   |            |            |  |             |             |  |          |          |  |              |             |   |              |             |  |            |             |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....                      | 0.   | 0.   |  |                           |              |   |              |             |   |            |            |  |             |             |  |          |          |  |              |             |   |              |             |  |            |             |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....  | 4,465,513.   | 5,040,455.   |  |                           |              |   |              |             |   |            |            |  |             |             |  |          |          |  |              |             |   |              |             |  |            |             |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....                     | 392,004.   | 438,820.   |  |                           |              |   |              |             |   |            |            |  |             |             |  |          |          |  |              |             |   |              |             |  |            |             |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,074,089.</b>             |  |  |  |                           |              |   |              |             |   |            |            |  |             |             |  |          |          |  |              |             |   |              |             |  |            |             |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....                       | 3,782,521.   | 5,108,730.   |  |                           |              |   |              |             |   |            |            |  |             |             |  |          |          |  |              |             |   |              |             |  |            |             |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....          | 104,604,344.   | 74,617,489.  |  |                           |              |   |              |             |   |            |            |  |             |             |  |          |          |  |              |             |   |              |             |  |            |             |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....                               | 6,851,762.   | -1,230,872.  |  |                           |              |   |              |             |   |            |            |  |             |             |  |          |          |  |              |             |   |              |             |  |            |             |
| Net Assets or Fund Balances  |  | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning of Current Year</th> <th style="text-align: center;">End of Year</th> </tr> </thead> <tbody> <tr> <td><b>20</b> Total assets (Part X, line 16) .....</td> <td style="text-align: right;">25,492,368.</td> <td style="text-align: right;">23,955,909.</td> </tr> <tr> <td><b>21</b> Total liabilities (Part X, line 26) .....</td> <td style="text-align: right;">940,957.</td> <td style="text-align: right;">1,769,042.</td> </tr> <tr> <td><b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....</td> <td style="text-align: right;">24,551,411.</td> <td style="text-align: right;">22,186,867.</td> </tr> </tbody> </table>  |  | Beginning of Current Year | End of Year  | <b>20</b> Total assets (Part X, line 16) .....                                | 25,492,368.  | 23,955,909. | <b>21</b> Total liabilities (Part X, line 26) .....   | 940,957.   | 1,769,042. | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....     | 24,551,411. | 22,186,867. |  |          |          |  |              |             |   |              |             |  |            |             |
|  | Beginning of Current Year  | End of Year  |  |                           |              |   |              |             |   |            |            |  |             |             |  |          |          |  |              |             |   |              |             |  |            |             |
| <b>20</b> Total assets (Part X, line 16) .....   | 25,492,368.  | 23,955,909.  |  |                           |              |   |              |             |   |            |            |  |             |             |  |          |          |  |              |             |   |              |             |  |            |             |
| <b>21</b> Total liabilities (Part X, line 26) .....  | 940,957.   | 1,769,042.   |  |                           |              |   |              |             |   |            |            |  |             |             |  |          |          |  |              |             |   |              |             |  |            |             |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....                         | 24,551,411.  | 22,186,867.  |  |                           |              |   |              |             |   |            |            |  |             |             |  |          |          |  |              |             |   |              |             |  |            |             |

**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.

|                               |  |  |
|-------------------------------|--|--|
| <b>Sign Here</b>              | Signature of officer<br><b>PATRICIA M. HABECK, CEO</b><br>Type or print name and title   | Date<br>_____  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>TROY MARINE, CPA</b>                                    | Preparer's signature<br><b>TROY MARINE, CPA</b>                          |
|                               | Firm's name ▶ <b>BAKER TILLY US, LLP</b>   | Date<br><b>05/10/23</b>  |
|                               | Firm's address ▶ <b>777 E WISCONSIN AVENUE, 32ND FLOOR</b><br><b>MILWAUKEE, WI 53202</b> | Check if self-employed <input type="checkbox"/> PTIN<br><b>P00187863</b> |
|                               |  | Firm's EIN ▶ <b>39-0859910</b>   |
|                               |  | Phone no. <b>414.777.5500</b>  |

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO SOLVE HUNGER.

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 No

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

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

4a (Code: ) (Expenses \$ 71,629,044. including grants of \$ 64,029,484. ) (Revenue \$ 1,208,345. ) FEEDING AMERICA EASTERN WISCONSIN, INC. SOLICITS FOOD DONATIONS AND MONETARY CONTRIBUTIONS TO FEED THE HUNGRY. FOOD DONATIONS ARE DISTRIBUTED TO QUALIFIED NON-PROFIT PROGRAMS THAT DIRECTLY FEED HUNGRY CHILDREN, FAMILIES, AND INDIVIDUALS. FEEDING AMERICA EASTERN WISCONSIN, INC. ALSO RECEIVES DONOR DESIGNATED FUNDS THAT SUPPORT SPECIAL PROJECTS SUCH AS SCHOOL PANTRIES, KIDS CAFES, AND MOBILE PANTRIES WHICH PROVIDE WHOLESOME AND NUTRITIOUS FOOD TO CHILDREN, FAMILIES AND INDIVIDUALS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses 71,629,044.

**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)?<br><i>If "Yes," complete Schedule A</i>  | X   |    |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions  | 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 <b>Section 501(c)(3) organizations.</b> 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 Rev. Proc. 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?<br><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> See instructions   | 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 |
|---|-------------|----|
| <b>22</b> 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> .....  | <b>22</b> X |    |
| <b>23</b> 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> .....  | <b>23</b> X |    |
| <b>24a</b> 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> .....  | <b>24a</b>  | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  | <b>24b</b>  |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   | <b>24c</b>  |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  | <b>24d</b>  |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....  | <b>25a</b>  | X  |
| <b>b</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> .....   | <b>25b</b>  | X  |
| <b>26</b> 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> .....   | <b>26</b>   | X  |
| <b>27</b> 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> ..... | <b>27</b>   | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  |             |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....  | <b>28a</b>  | X  |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....   | <b>28b</b>  | X  |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....  | <b>28c</b>  | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....   | <b>29</b> X |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....   | <b>30</b>   | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....   | <b>31</b>   | X  |
| <b>32</b> 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> .....   | <b>32</b>   | X  |
| <b>33</b> 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> .....   | <b>33</b>   | X  |
| <b>34</b> 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> .....   | <b>34</b> X |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....  | <b>35a</b>  | X  |
| <b>b</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> .....   | <b>35b</b>  |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   | <b>36</b>   | X  |
| <b>37</b> 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> .....  | <b>37</b>   | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?<br><b>Note:</b> All Form 990 filers are required to complete Schedule O .....  | <b>38</b> X |    |

**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 |
|---|--------------|----|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....  | <b>1a</b> 10 |    |
| <b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....  | <b>1b</b> 0  |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... | <b>1c</b>    |    |



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

Table with columns for question number, question text, and Yes/No columns. Includes rows for employee counts (2a), federal employment tax returns (2b), unrelated business gross income (3a), foreign accounts (4a), prohibited tax shelter transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7h), sponsoring organizations (8-9), and various other IRS filing requirements (10-17).

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 Enter the number of voting members of the governing body at the end of the tax year (18); 1b Enter the number of voting members included on line 1a, above, who are independent (18); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed WI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records MARK KRAVCHUK - 414-831-6306 1700 W. FOND DU LAC AVE., MILWAUKEE, WI 53205

**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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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)<br>Name and title                                      | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) PATRICIA M. HABECK<br>CEO                              | 40.00   |   |                       | X       |              |                              | 195,000. | 0.  | 41,480.  |   |
| (2) SCOTT MARSHALL<br>VP OF DEVELOPMENT AND COMMUNICATIONS | 40.00   |   |                       |         | X            |                              | 101,611. | 0.  | 38,578.  |   |
| (3) ROBERT MALICKI<br>VP OF FINANCE AND IT                 | 40.00   |   |                       | X       |              |                              | 101,735. | 0.  | 13,461.  |   |
| (4) MICHAEL M. FORDNEY<br>DIRECTOR/CHAIRMAN                | 2.00  | X   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (5) SALLY PIEFER<br>DIRECTOR/VICE CHAIR                    | 2.00  | X   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (6) BARCLAY FERGUSON<br>DIRECTOR/TREASURER                 | 2.00  | X   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (7) ANDREW JONES<br>DIRECTOR                               | 2.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (8) ANIL TIWARI<br>DIRECTOR                                | 2.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (9) ARVIND GOPALRATNAM<br>DIRECTOR                         | 2.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (10) DAVID NELSON<br>DIRECTOR                              | 2.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (11) DENISE THOMAS<br>DIRECTOR                             | 2.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (12) ELLEN TRYTEK<br>DIRECTOR                              | 2.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (13) FRANCO SPRAGGINS<br>DIRECTOR                          | 2.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (14) LEONARD F. STECKLEIN<br>DIRECTOR                      | 2.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (15) MARK BEHRENS<br>DIRECTOR                              | 2.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (16) MIKE SPRANG<br>DIRECTOR                               | 2.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (17) RALPH BECK<br>DIRECTOR                                | 2.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) SCOTT KOLSKY<br>DIRECTOR  | 2.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (19) SHERRY ZHANG<br>DIRECTOR  | 2.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (20) TOM FAUGHNAN<br>DIRECTOR  | 2.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (21) TOM PUTZER<br>DIRECTOR  | 2.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (22) CINDY MOON-MOGUSH<br>DIRECTOR (THROUGH 06/2022)                 | 2.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (23) JOAN PHILLIPS<br>DIRECTOR (THROUGH 06/2022)                     | 2.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (24) TAMMY ROOU<br>DIRECTOR (THROUGH 06/2022)                        | 2.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>1b Subtotal</b> .....   |   |   |                       |         |              |                              |        | 398,346.  | 0.   | 93,519.   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |   |   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>d Total (add lines 1b and 1c)</b> .....                           |   |   |                       |         |              |                              |        | 398,346.  | 0.   | 93,519.   |

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 <b>former</b> 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)<br>Name and business address                      | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| TRUESENSE<br>PO BOX 641114, PITTSBURGH, PA 15264-1114 | DIRECT<br>MAIL/MARKETING FIRM  | 438,820.            |
|   |                                |                     |
|   |                                |                     |
|   |                                |                     |

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 **1**

**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 | <b>1 a</b>  | Federated campaigns .....  | <b>1a</b>            |                                    |                            |  |  |
|  | <b>b</b>  | Membership dues .....  | <b>1b</b>            |                                    |                            |  |  |
|  | <b>c</b>  | Fundraising events .....   | <b>1c</b>            | 402,754.                           |                            |  |  |
|  | <b>d</b>  | Related organizations .....  | <b>1d</b>            |                                    |                            |  |  |
|  | <b>e</b>  | Government grants (contributions) .....  | <b>1e</b>            | 3,573,592.                         |                            |  |  |
|  | <b>f</b>  | All other contributions, gifts, grants, and similar amounts not included above ... | <b>1f</b>            | 68,067,933.                        |                            |  |  |
|  | <b>g</b>  | Noncash contributions included in lines 1a-1f                                      | <b>1g</b>            | \$ 59,625,475.                     |                            |  |  |
|  | <b>h</b>  | <b>Total.</b> Add lines 1a-1f .....  |                      | 72,044,279.                        |                            |  |  |
| Program Service Revenue                                | <b>2 a</b>  | PURCHASED PRODUCT  | <b>Business Code</b> |                                    |                            |  |  |
|  |   |  | 624200               | 1,208,345.                         | 1,208,345.                 |  |  |
|  | <b>b</b>  |  |                      |                                    |                            |  |  |
|  | <b>c</b>  |  |                      |                                    |                            |  |  |
|  | <b>d</b>  |  |                      |                                    |                            |  |  |
|  | <b>e</b>  |  |                      |                                    |                            |  |  |
|  | <b>f</b>  | All other program service revenue .....  |                      |                                    |                            |  |  |
| <b>g</b>   | <b>Total.</b> Add lines 2a-2f .....   |  | 1,208,345.           |                                    |                            |  |  |
| Other Revenue  | <b>3</b>  | Investment income (including dividends, interest, and other similar amounts) ..... |                      | 2,583.                             |                            | 2,583.   |  |
|  | <b>4</b>  | Income from investment of tax-exempt bond proceeds .....                           |                      |                                    |                            |  |  |
|  | <b>5</b>  | Royalties .....  |                      |                                    |                            |  |  |
|  | <b>6 a</b>  | Gross rents .....  | (i) Real             |                                    |                            |  |  |
|  |   |  | (ii) Personal        |                                    |                            |  |  |
|  |   |  |                      |                                    |                            |  |  |
|  | <b>b</b>  | Less: rental expenses ...  | <b>6b</b>            |                                    |                            |  |  |
|  | <b>c</b>  | Rental income or (loss)  | <b>6c</b>            |                                    |                            |  |  |
|  | <b>d</b>  | Net rental income or (loss) .....  |                      |                                    |                            |  |  |
|  | <b>7 a</b>  | Gross amount from sales of assets other than inventory .....                       | (i) Securities       |                                    |                            |  |  |
|  |   |  | (ii) Other           | 12,484.                            |                            |  |  |
|  |   |  |                      |                                    |                            |  |  |
|  | <b>b</b>  | Less: cost or other basis and sales expenses .....                                 | <b>7b</b>            | 9,944.                             |                            |  |  |
| <b>c</b>   | Gain or (loss) .....  | <b>7c</b>  | 2,540.               |                                    |                            |  |  |
| <b>d</b>   | Net gain or (loss) .....  |  | 2,540.               |                                    | 2,540.                     |  |  |
| <b>8 a</b>   | Gross income from fundraising events (not including \$ 402,754. of contributions reported on line 1c). See Part IV, line 18 ..... | <b>8a</b>  | 150,226.             |                                    |                            |  |  |
| <b>b</b>   | Less: direct expenses .....   | <b>8b</b>  | 113,980.             |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from fundraising events .....  |  | 36,246.              |                                    | 36,246.                    |  |  |
| <b>9 a</b>   | Gross income from gaming activities. See Part IV, line 19 .....   | <b>9a</b>  |                      |                                    |                            |  |  |
| <b>b</b>   | Less: direct expenses .....   | <b>9b</b>  |                      |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from gaming activities .....   |  |                      |                                    |                            |  |  |
| <b>10 a</b>  | Gross sales of inventory, less returns and allowances .....   |  |                      |                                    |                            |  |  |
|  |   |  |                      |                                    |                            |  |  |
|  |   |  |                      |                                    |                            |  |  |
| <b>b</b>   | Less: cost of goods sold .....  | <b>10b</b>   |                      |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from sales of inventory .....  |  |                      |                                    |                            |  |  |
| Miscellaneous Revenue                                  | <b>11 a</b>   | MISC. REVENUE  | <b>Business Code</b> |                                    |                            |  |  |
|  |   |  | 624200               | 92,624.                            |                            | 92,624.  |  |
|  | <b>b</b>  |  |                      |                                    |                            |  |  |
|  | <b>c</b>  |  |                      |                                    |                            |  |  |
|  | <b>d</b>  | All other revenue .....  |                      |                                    |                            |  |  |
| <b>e</b>   | <b>Total.</b> Add lines 11a-11d .....   |  | 92,624.              |                                    |                            |  |  |
| <b>12</b>  | <b>Total revenue.</b> See instructions .....  |  | 73,386,617.          | 1,208,345.                         | 0.                         | 133,993.   |  |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...  | 1,199,008.            | 1,199,008.                      |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....   | 62,830,476.           | 62,830,476.                     |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members .....   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....  | 491,865.              | 344,305.                        | 59,024.                                | 88,536.                     |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....  |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages .....  | 3,706,850.            | 2,481,348.                      | 427,595.                               | 797,907.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....  | 62,341.               | 43,639.                         | 7,481.                                 | 11,221.                     |
| <b>9</b> Other employee benefits .....   | 467,209.              | 327,046.                        | 56,065.                                | 84,098.                     |
| <b>10</b> Payroll taxes .....  | 312,190.              | 218,533.                        | 37,463.                                | 56,194.                     |
| <b>11</b> Fees for services (nonemployees):  |                       |                                 |  |                             |
| <b>a</b> Management .....  |                       |                                 |  |                             |
| <b>b</b> Legal .....   | 5,742.                |                                 | 5,742.                                 |                             |
| <b>c</b> Accounting .....  | 70,035.               |                                 | 70,035.                                |                             |
| <b>d</b> Lobbying .....  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17 .....   | 438,820.              |                                 |  | 438,820.                    |
| <b>f</b> Investment management fees .....  |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....  |                       |                                 |  |                             |
| <b>12</b> Advertising and promotion .....  | 391,198.              | 264,764.                        | 46,026.                                | 80,408.                     |
| <b>13</b> Office expenses .....  | 118,392.              | 74,513.                         | 14,206.                                | 29,673.                     |
| <b>14</b> Information technology .....   | 90,622.               | 63,435.                         | 10,875.                                | 16,312.                     |
| <b>15</b> Royalties .....  |                       |                                 |  |                             |
| <b>16</b> Occupancy .....  | 878,633.              | 779,853.                        | 83,615.                                | 15,165.                     |
| <b>17</b> Travel .....   |                       |                                 |  |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....   |                       |                                 |  |                             |
| <b>20</b> Interest .....   | 18,119.               | 18,119.                         |  |                             |
| <b>21</b> Payments to affiliates .....   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization .....  | 736,481.              | 677,562.                        | 51,554.                                | 7,365.                      |
| <b>23</b> Insurance .....  | 139,751.              | 120,612.                        | 16,405.                                | 2,734.                      |
| <b>24</b> 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.)  |                       |                                 |  |                             |
| <b>a</b> <b>PURCHASED PRODUCT AND P</b>  | 1,217,378.            | 1,216,796.                      | 582.                                   |                             |
| <b>b</b> <b>TRANSPORTATION AND VEHI</b>  | 525,440.              | 520,956.                        | 3,843.                                 | 641.                        |
| <b>c</b> <b>FUND DEVELOPMENT</b>   | 406,010.              |                                 |  | 406,010.                    |
| <b>d</b> <b>SPECIAL PROJECTS</b>   | 305,688.              | 305,688.                        |  |                             |
| <b>e</b> All other expenses .....  | 205,241.              | 142,391.                        | 23,845.                                | 39,005.                     |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e  | 74,617,489.           | 71,629,044.                     | 914,356.                               | 2,074,089.                  |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br>Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year |
|---|--|--------------------------|-------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 1,908,683.               | <b>1</b>    | 563,862.           |
|   | <b>2</b> Savings and temporary cash investments .....  | 5,432,200.               | <b>2</b>    | 1,663,019.         |
|   | <b>3</b> Pledges and grants receivable, net .....  | 483,333.                 | <b>3</b>    | 2,068,445.         |
|   | <b>4</b> Accounts receivable, net .....  | 53,046.                  | <b>4</b>    | 77,114.            |
|   | <b>5</b> 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 ..... |                          | <b>5</b>    |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>    |                    |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>    |                    |
|   | <b>8</b> Inventories for sale or use .....   | 251,046.                 | <b>8</b>    | 948,901.           |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 98,713.                  | <b>9</b>    | 116,306.           |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 17,354,260.   |             |                    |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 7,641,129.    | <b>10c</b>  | 9,713,131.         |
|   | <b>11</b> Investments - publicly traded securities .....   |                          | <b>11</b>   |                    |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>   |                    |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>   |                    |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>   |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 8,106,514.               | <b>15</b>   | 8,805,131.         |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 25,492,368.  | <b>16</b>                | 23,955,909. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 365,681.                 | <b>17</b>   | 720,757.           |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>   |                    |
|   | <b>19</b> Deferred revenue .....   | 146,955.                 | <b>19</b>   | 136,834.           |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>   |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>   |                    |
|   | <b>22</b> 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 .....     |                          | <b>22</b>   |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>   |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>   |                    |
|   | <b>25</b> 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 .....  | 428,321.                 | <b>25</b>   | 911,451.           |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 940,957.                 | <b>26</b>   | 1,769,042.         |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |             |                    |
|   | <b>27</b> Net assets without donor restrictions .....  | 18,682,038.              | <b>27</b>   | 16,623,363.        |
|   | <b>28</b> Net assets with donor restrictions .....   | 5,869,373.               | <b>28</b>   | 5,563,504.         |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |             |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>   |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>   |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>   |                    |
|   | <b>32</b> Total net assets or fund balances .....  | 24,551,411.              | <b>32</b>   | 22,186,867.        |
|   | <b>33</b> Total liabilities and net assets/fund balances .....   | 25,492,368.              | <b>33</b>   | 23,955,909.        |

**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  | 73,386,617. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 74,617,489. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -1,230,872. |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 24,551,411. |
| 5  | Net unrealized gains (losses) on investments   | 5  |             |
| 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  | -1,133,672. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 22,186,867. |

**Part XII Financial Statements and Reporting**

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

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



**SCHEDULE A**  
**(Form 990)**

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization **FEEDING AMERICA EASTERN WISCONSIN, INC.** Employer identification number **39-1384593**

**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).)
- 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 on 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 |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  |          |          |          |          |          |           |
| <b>5</b> 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) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total                |
|---|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....  |          |          |          |          |          |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  |          |          |          |          |          |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   |          |          |          |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |          |          |          |          | 12       |                          |
| <b>13 First 5 years.</b> 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 <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |    |                          |
|---|----|--------------------------|
| <b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....   | 14 | %                        |
| <b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....  | 15 | %                        |
| <b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |    | <input type="checkbox"/> |
| <b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |    | <input type="checkbox"/> |
| <b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2017  | (b) 2018  | (c) 2019  | (d) 2020  | (e) 2021  | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   | 56902413. | 50378274. | 57845615. | 110150045 | 72044279. | 347320626 |
| <b>2</b> 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 ..... | 1845536.  | 1503176.  | 1299453.  | 1096521.  | 1208345.  | 6953031.  |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |           |           |           |           |           |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |           |           |           |           |           |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |           |           |           |           |           |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   | 58747949. | 51881450. | 59145068. | 111246566 | 73252624. | 354273657 |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  | 34472661. | 30847434. | 22640929. | 49948092. | 45940719. | 183849835 |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |           |           |           |           |           | 0.        |
| <b>c</b> Add lines 7a and 7b .....  | 34472661. | 30847434. | 22640929. | 49948092. | 45940719. | 183849835 |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |           |           |           |           |           | 170423822 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2017  | (b) 2018  | (c) 2019  | (d) 2020  | (e) 2021  | (f) Total                |
|---|-----------|-----------|-----------|-----------|-----------|--------------------------|
| <b>9</b> Amounts from line 6 .....  | 58747949. | 51881450. | 59145068. | 111246566 | 73252624. | 354273657                |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  | 6,006.    | 8,008.    | 9,596.    | 3,586.    | 2,583.    | 29,779.                  |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....  |           |           |           |           |           |                          |
| <b>c</b> Add lines 10a and 10b .....  | 6,006.    | 8,008.    | 9,596.    | 3,586.    | 2,583.    | 29,779.                  |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....   |           |           |           |           |           |                          |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   | 492,626.  | 166,232.  | 134,149.  | 207,156.  | 92,624.   | 1092787.                 |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  | 59246581. | 52055690. | 59288813. | 111457308 | 73347831. | 355396223                |
| <b>14 First 5 years.</b> 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 <b>stop here</b> ..... |           |           |           |           |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |    |         |
|---|----|---------|
| <b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) ..... | 15 | 47.95 % |
| <b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....                       | 16 | 49.11 % |

**Section D. Computation of Investment Income Percentage**

|  |    |       |
|--|----|-------|
| <b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) ..... | 17 | .01 % |
| <b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....                         | 18 | .01 % |

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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 |
|--|-----|----|
| <b>1</b> 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>  |     |    |
| <b>2</b> 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>   |     |    |
| <b>3a</b> 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>b</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>   |     |    |
| <b>c</b> 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>  |     |    |
| <b>4a</b> 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>b</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>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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>  |     |    |
| <b>7</b> 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).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> 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>b</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 |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described on line 11a above?  |     |    |
| <b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>                              |     |    |
| <b>11a</b>   |     |    |
| <b>11b</b>   |     |    |
| <b>11c</b>   |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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> |     |    |
| <b>2</b> 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>   |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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> |     |    |
| <b>1</b>   |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>2</b> 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>   |     |    |
| <b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |
| <b>3</b>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |     |    |
|---|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).   |     |    |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |     |    |
| <b>a</b> 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>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |     |    |
| <b>a</b> 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>b</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>   |     |    |
| <b>2a</b>   |     |    |
| <b>2b</b>   |     |    |
| <b>3a</b>   |     |    |
| <b>3b</b>   |     |    |

**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                               | <b>Adjusted Net Income</b> (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                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> 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                                | <b>Minimum Asset Amount</b> (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                                | <b>Distributable Amount.</b> 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)

| <b>Section D - Distributions</b> |   | <b>Current Year</b> |
|----------------------------------|---|---------------------|
| <b>1</b>                         | Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>            |
| <b>2</b>                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>            |
| <b>3</b>                         | Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>            |
| <b>4</b>                         | Amounts paid to acquire exempt-use assets   | <b>4</b>            |
| <b>5</b>                         | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )  | <b>5</b>            |
| <b>6</b>                         | Other distributions ( <i>describe in Part VI</i> ). See instructions.   | <b>6</b>            |
| <b>7</b>                         | <b>Total annual distributions.</b> Add lines 1 through 6.   | <b>7</b>            |
| <b>8</b>                         | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>            |
| <b>9</b>                         | Distributable amount for 2021 from Section C, line 6  | <b>9</b>            |
| <b>10</b>                        | Line 8 amount divided by line 9 amount  | <b>10</b>           |

| <b>Section E - Distribution Allocations</b> (see instructions)   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2021</b> | <b>(iii)<br/>Distributable<br/>Amount for 2021</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2021 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2021   |                                     |   |  |
| <b>a</b> From 2016   |                                     |   |  |
| <b>b</b> From 2017   |                                     |   |  |
| <b>c</b> From 2018   |                                     |   |  |
| <b>d</b> From 2019   |                                     |   |  |
| <b>e</b> From 2020   |                                     |   |  |
| <b>f</b> <b>Total</b> of lines 3a through 3e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2021 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2016 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                                     |   |  |
| <b>4</b> Distributions for 2021 from Section D, line 7: \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2021 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                                     |   |  |
| <b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.   |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b> Excess from 2017  |                                     |   |  |
| <b>b</b> Excess from 2018  |                                     |   |  |
| <b>c</b> Excess from 2019  |                                     |   |  |
| <b>d</b> Excess from 2020  |                                     |   |  |
| <b>e</b> Excess from 2021  |                                     |   |  |

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

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS REVENUE

2017 AMOUNT: \$ 492,626.

2018 AMOUNT: \$ 166,232.

2019 AMOUNT: \$ 134,149.

2020 AMOUNT: \$ 207,156.

2021 AMOUNT: \$ 92,624.



**Schedule A** **Payments from Disqualified Persons** **2021**  
**Included on Part III, Line 7a**

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

| Payer's Name                                    | 2017<br>Amount | 2018<br>Amount | 2019<br>Amount | 2020<br>Amount | 2021<br>Amount |
|---|----------------|----------------|----------------|----------------|----------------|
| ALDI  | 0.             | 1,054,855.     | 1,272,895.     | 1,218,725.     | 1,242,505.     |
| AMAZON.COM, INC.                                | 0.             | 0.             | 0.             | 4,803,171.     | 7,733,384.     |
| ASSOCIATED WHOLESALE<br>GROCERS, INC            | 3,612,892.     | 1,794,471.     | 1,481,838.     | 1,813,805.     | 692,602.       |
| BRAKEBUSH BROS, INC.                            | 155,224.       | 180,219.       | 12,117.        | 0.             | 0.             |
| COCA COLA NORTH<br>AMERICA                      | 156,909.       | 0.             | 358,614.       | 218,897.       | 148,572.       |
| CON AGRA FOODS                                  | 599,411.       | 192,652.       | 356,850.       | 120,644.       | 669,143.       |
| COPPS   | 238,568.       | 0.             | 0.             | 0.             | 34,666.        |
| DEL MONTE                                       | 1,717,612.     | 1,168,513.     | 600,288.       | 1,320,163.     | 433,897.       |
| FEEDING AMERICA                                 | 0.             | 0.             | 0.             | 3,772,846.     | 1,979,334.     |
| GENERAL MILLS                                   | 90,293.        | 194,074.       | 189,816.       | 102,606.       | 44,193.        |
| GORDON FOOD SERVICE                             | 1,104,113.     | 803,464.       | 819,105.       | 998,304.       | 503,261.       |
| GUMZ FARMS                                      | 350,774.       | 146,678.       | 76,614.        | 0.             | 79,114.        |
| HEARTLAND PRODUCE<br>CO.                        | 0.             | 0.             | 0.             | 1,268,018.     | 1,094,586.     |
| JOHNSONVILLE FOODS<br>INC.                      | 35,618.        | 0.             | 0.             | 0.             | 0.             |
| KELLOGGS  | 367,292.       | 96,297.        | 198,216.       | 305,725.       | 134,776.       |
| KRAFT FOODS                                     | 340,052.       | 679,486.       | 343,751.       | 70,259.        | 143,795.       |
| KROGER  | 0.             | 3,873,987.     | 1,467,688.     | 1,518,726.     | 1,871,261.     |
| KWIK TRIP                                       | 1,270,883.     | 1,224,081.     | 1,930,385.     | 2,183,250.     | 2,064,872.     |
| LAKESIDE FOODS                                  | 613,492.       | 0.             | 0.             | 0.             | 0.             |
| MAGLIO & CO.                                    | 0.             | 0.             | 1,444,122.     | 0.             | 0.             |
| MEIJER  | 0.             | 1,319,944.     | 1,629,753.     | 3,183,741.     | 3,074,609.     |
| NESTLE USA, INC.                                | 569,760.       | 779,583.       | 0.             | 925,396.       | 0.             |
| OLDS PRODUCTS CO.                               | 446,282.       | 637,374.       | 1,070,799.     | 1,344,482.     | 1,994,563.     |
| PICK N SAVE                                     | 3,081,167.     | 0.             | 1,931,332.     | 0.             | 0.             |
| Total to Schedule A,<br>Part III, Line 7a ..... |                |                |                |                |                |



**Schedule B**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**FEEDING AMERICA EASTERN WISCONSIN, INC.**

Employer identification number

**39-1384593**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

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| Name of organization<br><b>FEEDING AMERICA EASTERN WISCONSIN, INC.</b> | Employer identification number<br><b>39-1384593</b> |
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 1          | A.W. ASMUTH FAMILY FUND<br>101 W PLEASANT ST STE 210<br>MILWAUKEE, WI 53212-3963                 | \$ 20,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | ABBVIE EMPLOYEE ENGAGEMENT FUND<br>2440 W EL CAMINO REAL STE 300<br>MOUNTAIN VIEW, CA 94040-1498 | \$ 5,017.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | ACCENTURE LLP<br>111 E KILBOURN AVE SUITE 1200<br>MILWAUKEE, WI 53202                            | \$ 5,032.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | ADAM & MARIN LANDSVERK<br>4623 N BROOKSHIRE DR<br>APPLETON, WI 54913-7677                        | \$ 5,620.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | ADAMM<br>10810 W LIBERTY DR<br>MILWAUKEE, WI 53224-3607  | \$ 75,100.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | AFFORDABLE LEASING & DISTRIBUTION<br>N77W31202 HARTMAN COURT<br>HARTLAND, WI 53029               | \$ 7,768.                  | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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| <b>FEEDING AMERICA EASTERN WISCONSIN, INC.</b> | <b>39-1384593</b>              |

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|------------|--|----------------------------|---|
| 7          | ALDI, INC.<br>1200 N KIRK RD<br>BATAVIA, IL 60510                                  | \$ 1,242,505.              | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | ALICE BALLEWSKE<br>3151 WHELLOCK DR<br>RACINE, WI 53405-4545                       | \$ 12,654.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | ALLIANT ENERGY FOUNDATION<br>4902 N BILTMORE LN STE 1000<br>MADISON, WI 53718-2148 | \$ 38,486.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | AMAZON.COM<br>410 TERRY AVE N<br>SEATTLE, WA 98109                                 | \$ 7,733,384.              | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | AMERICAN ENDOWMENT FOUNDATION<br>5700 DARROW RD STE 118<br>HUDSON, OH 44236-5026   | \$ 11,250.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | AMERICAN TRANSMISSION COMPANY<br>PO BOX 408<br>WAUKESHA, WI 53187-0408             | \$ 33,615.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|--|----------------------------|---|
| 13         | ANDREW & AMY JONES<br>5227 N IDLEWILD AVE<br>MILWAUKEE, WI 53217       | \$ 7,230.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         | ANGELIC BAKEHOUSE<br>3275 E. LAYTON AVE.<br>CUDAHAY, WI 53110          | \$ 14,730.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 15         | ANN & JAMES MAHER<br>11325 W WISCONSIN AVE<br>WAUWATOSA, WI 53226-3733 | \$ 15,951.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 16         | ANN & ROBERT BRAATEN<br>N1771 BROOKHILL DR<br>GREENVILLE, WI 54942     | \$ 8,915.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 17         | ANON CHARITABLE TRUST<br>PO BOX 3194<br>MILWAUKEE, WI 53201-3194       | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 18         | ANONYMOUS<br>1700 W. FOND DU LAC AVE<br>MILWAUKEE, WI 53205            | \$ 383,228.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|--|----------------------------|---|
| 19         | ANTHEM FOUNDATION GIVING CAMPAIGN<br>N17W24340 RIVERWOOD DR<br>WAUKESHA, WI 53188-1142 | \$ 10,479.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 20         | ANTHONY & KATHIE ASMUTH III<br>1858 N PROSPECT AVE APT 10N<br>MILWAUKEE, WI 53202-3780 | \$ 5,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 21         | ANTON STALEY<br>513 E BRIAR LN<br>GREEN BAY, WI 54301-1117                             | \$ 5,200.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 22         | ARBY'S FOUNDATION<br>3 GLENLAKE PKWY NE<br>ATLANTA, GA 30328                           | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 23         | ARDEN FOUNDATION<br>1200 N MAYFAIR RD STE 430<br>MILWAUKEE, WI 53226-3282              | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 24         | ASSOCIATED BANK<br>433 MAIN ST<br>GREEN BAY, WI 54301-5114                             | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|---|----------------------------|---|
| 25         | ASSOCIATED WHOLESALE GROCERS, INC<br>8100 60TH STREET<br>KENOSHA, WI 53141-0040     | \$ 692,602.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 26         | ATLAS PREPARATORY ACADEMY<br>1051 E. RUSSELL AVE<br>MILWAUKEE, WI 53207             | \$ 7,655.                  | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 27         | BADER PHILANTHROPIES<br>3300 N DR. MARTIN LUTHER KING JR. DR<br>MILWAUKEE, WI 53212 | \$ 55,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 28         | BADGER METER FOUNDATION, INC.<br>PO BOX 245036<br>MILWAUKEE, WI 53224-9536          | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 29         | BANK OF AMERICA<br>833 E. MICHIGAN ST., STE 700<br>MILWAUKEE, WI 53202              | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 30         | BARCLAY & ANDREA FERGUSON<br>1245 ORCHARD LN<br>ELM GROVE, WI 53122-1675            | \$ 7,845.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



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| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 31         | BARILLA AMERICA INC.<br>161 N. CLARK STREET<br>CHICAGO, IL 60601   | \$ 150,165.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 32         | BEBE AND BOB O'TOOLE FOUNDATION<br>26261 WOODLYN DR<br>BONITA SPRINGS, FL 34134-5631                         | \$ 6,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 33         | BERT L. & PATRICIA S STEIGLEDER CHARITABLE TRUST<br>411 E WISCONSIN AVE STE 2040<br>MILWAUKEE, WI 53202-4426 | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 34         | BETSY ELGIN<br>N2665 BROWNE LN<br>WAUPACA, WI 54981  | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 35         | BILL & DEBORAH CAMPBELL<br>4965 S NICOLET DR<br>NEW BERLIN, WI 53151-7657                                    | \$ 15,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 36         | BILL & MISSY LEVIT, JR.<br>250 E WISCONSIN AVE STE 1800<br>MILWAUKEE, WI 53202                               | \$ 7,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|--|----------------------------|---|
| 37         | BILL & TERI BOHN<br>W2284 HICKORY VIEW CT<br>KAUKAUNA, WI 54130              | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 38         | BIMBO BAKERY<br>101 W. VENTURE DRIVE<br>JANESVILLE, WI 53546                 | \$ 67,812.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 39         | BLC COMMUNITY BANK<br>206 E MAIN ST<br>LITTLE CHUTE, WI 54140                | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 40         | BLESER FAMILY FOUNDATION<br>PO BOX 328<br>SHAWANO, WI 54166-0328             | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 41         | BMO HARRIS BANK NA<br>790 N WATER ST<br>MILWAUKEE, WI 53202                  | \$ 35,050.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 42         | BOY SCOUTS OF AMERICA 3 HARBORS CO<br>330 S. 84TH ST.<br>MILWAUKEE, WI 53214 | \$ 99,717.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|---|----------------------------|---|
| 43         | BREWERS COMMUNITY FOUNDATION, INC.<br>1 BREWERS WAY<br>MILWAUKEE, WI 53214-3655         | \$ 15,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 44         | BRIAN & ROBIN BLOCZYNSKI<br>2020 CHURCH ST<br>WAUWATOSA, WI 53213-1737                  | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 45         | BUTCHER BOX<br>900 GALE ST.<br>WAUKESHA, WI 53187                                       | \$ 40,990.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 46         | C SQUARED ADVISORS LLC<br>26 PINCREST PLAZA UNIT 269<br>SOUTHERN PINES, NC 28387        | \$ 15,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 47         | CALIBER COLLISION CENTERS FOUNDATION<br>2941 LAKE VISTA DR<br>LEWISVILLE, TX 75067-3801 | \$ 6,044.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 48         | CAMPBELL SOUP CO. - NATIONAL<br>161 N. CLARK STREET<br>CHICAGO, IL 60601                | \$ 152,957.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|--|----------------------------|---|
| 49         | CARGILL FOODS (EMMPAK)<br>200 S. EMBER LANE<br>MILWAUKEE, WI 53233                           | \$ 212,160.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 50         | CARGILL MEAT SOLUTIONS<br>11225 COUNTY LINE ROAD<br>MILWAUKEE, WI 53224                      | \$ 133,079.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 51         | CARGILL-BUTLER<br>4700 N. 132ND STREET<br>BUTLER, WI 53007                                   | \$ 31,175.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 52         | CARLA OMAN<br>1535 WHITEROCK AVE<br>WAUKESHA, WI 53186-2510                                  | \$ 8,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 53         | CAROL SCHWARTZ<br>C/O DIEM T. NGUYEN PRAIRIE TRUST, PO<br>BOX 648<br>WAUKESHA, WI 53187-0648 | \$ 50,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 54         | CAROLYN KUMMEROW<br>1380 DAYTON ST<br>MAYVILLE, WI 53050                                     | \$ 6,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|---|----------------------------|---|
| 55         | CEDAR STREET CHARITABLE FOUNDATION<br>313 N PLANKINTON AVE STE 216<br>MILWAUKEE, WI 53023 | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 56         | CENTRAL CITY DISTRIBUTION CO.<br>3029 N. 112TH STREET<br>WAUWATOSA, WI 53222              | \$ 31,075.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 57         | CENTRAL PENNSYLVANIA FOOD BANK<br>3908 COREY RD<br>HARRISBURG, PA 17109                   | \$ 28,222.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 58         | CHARLES E. BENIDT FOUNDATION<br>PO BOX 86<br>ELM GROVE, WI 53122-0086                     | \$ 30,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 59         | CHARLIE & BETSY HOKE<br>9008 N BAYSIDE DR<br>BAYSIDE, WI 53217-1913                       | \$ 8,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 60         | CHASE FAMILY FOUNDATION<br>525 JUNCTION RD STE 2000<br>MADISON, WI 53717                  | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|--|----------------------------|---|
| 61         | CLARENCE WALLACE & DOLORES LYNCH<br>WALLACE FAMILY FOUNDATION<br><br>4713 W PINE ST<br><br>APPLETON, WI 54914-8617 | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 62         | CLASEN QUALITY CHOCOLATE<br><br>402 E. HORSESHOE RD.<br><br>WATERTOWN, WI 53094                                    | \$ 21,850.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 63         | CLEARWATER PAPER<br><br>300 NORTH LAKE STREET<br><br>NEENAH, WI 54956  | \$ 29,965.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 64         | CLOROX COMPANY<br><br>161 N. CLARK STREET<br><br>CHICAGO, IL 60601   | \$ 83,395.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 65         | CLYDE & JOAN BINGMAN<br><br>212 ELM ST<br><br>THIENSVILLE, WI 53092-1602   | \$ 9,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 66         | COCA COLA BOTTLING COMPANY<br><br>11800 W. BROWN DEER ROAD<br><br>MILWAUKEE, WI 53224                              | \$ 148,572.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 67         | COMMUNITY FOUNDATION FOR THE FOX VALLEY<br>4455 W LAWRENCE ST<br>APPLETON, WI 54914 | \$ 114,213.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 68         | COMPEER FINANCIAL<br>PO BOX 4249<br>MANKATO, MN 56001-5901                          | \$ 29,294.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 69         | CON AGRA FOODS COMPANY<br>161 N. CLARK STREET<br>CHICAGO, IL 68102                  | \$ 669,143.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 70         | CONTRACT COMESTIBLES<br>2004C BEULAH AVENUE<br>EAST TROY, WI 53120                  | \$ 22,827.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 71         | COPPS #8185-MANITOWOC<br>3300 CALUMET AVE<br>MANITOWOC, WI 54220                    | \$ 34,666.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 72         | COSTCO WHOLESALE CORPORATION<br>999 LAKE DR<br>ISSAQUAH, WA 98027                   | \$ 1,571,662.              | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|---|----------------------------|---|
| 73         | CRAIG & AMY SCHMIDT<br>3117 S TAHOE LN<br>APPLETON, WI 54915                  | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 74         | D & G TRANSPORTATION<br>N118 W18574 BUNSEN DRIVE<br>GERMANTOWN, WI 53022      | \$ 14,964.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 75         | DALE & THERESA DOBROTH<br>N9274 WINDY WAY<br>MUKWONAGO, WI 53149              | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 76         | DAN & DIANE LYNCH<br>1529 E MEADOW GROVE BLVD<br>APPLETON, WI 54915           | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 77         | DANIEL M. SOREF CHARITABLE TRUST<br>PO BOX 170504<br>MILWAUKEE, WI 53217-8041 | \$ 20,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 78         | DAVID & BARBARA BRESNAHAN<br>13450 JUNEAU BLVD<br>ELM GROVE, WI 53122-1722    | \$ 9,300.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



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|------------|---|----------------------------|---|
| 79         | DAVID & DARLENE LEE<br>1402 STARK ST<br>WAUSAU, WI 54403                    | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 80         | DAVID & JACQUELYN WEILAND<br>W5506 SCHMIDT RD<br>APPLETON, WI 54915         | \$ 7,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 81         | DAVID & KAY WHALEN<br>106 W SEEBOTH ST UNIT 418<br>MILWAUKEE, WI 53204-4323 | \$ 20,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 82         | DAVID & KRISTIN JANSSEN<br>3190 WALDWIC LN<br>OSHKOSH, WI 54904             | \$ 6,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 83         | DAVID & NANCY MUELLER<br>16905 VANDERBILT ST<br>BROOKFIELD, WI 53005        | \$ 10,256.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 84         | DAVID FIELDS<br>12179 MEANDERLINE RD<br>CHARLEVOIX, MI 49720                | \$ 5,128.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|---|----------------------------|---|
| 85         | DAVID MAITLAND<br>2678 LIBAL ST<br>GREEN BAY, WI 54301                      | \$ 5,100.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 86         | DEAN SCHMELZER<br>19825 TRALEE CT<br>BROOKFIELD, WI 53045-2129              | \$ 16,820.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 87         | DEL MONTE FOODS, INC.<br>3003 OAK ROAD<br>WALNUT CREEK, CA 94597            | \$ 433,897.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 88         | DELOITTE<br>555 E WELLS ST STE 1400<br>MILWAUKEE, WI 53202-3824             | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 89         | DELTA DENTAL OF WI FOUNDATION INC.<br>PO BOX 828<br>STEVENS POINT, WI 54481 | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 90         | DENNIS GUNDRUM<br>1700 W FOND DU LAC AVE<br>MILWAUKEE, WI 53205             | \$ 21,588.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|---|----------------------------|---|
| 91         | DIAMOND SPORTS NET, LLC<br>10706 BEAVER DAM RD<br>COCKEYVILLE, MD 21030           | \$ 7,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 92         | DIANE & CRAIGH CEPUKENAS<br>3816 N LAKE DR<br>SHOREWOOD, WI 53211-2446            | \$ 8,692.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 93         | DIANE ROSENBERG<br>7257 W HERON POND DR<br>MEQUON, WI 53092-1964                  | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 94         | DICK ZACHE<br>N106 W15750 ADAMS CT<br>GERMANTOWN, WI 53022                        | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 95         | DRUMSTICK DASH-5K<br>1700 W FOND DU LAC AVE<br>MILWAUKEE, WI 53205                | \$ 6,589.                  | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 96         | DUANE AND DOROTHY BLUEMKE FOUNDATION<br>PO BOX 425<br>STURGEON BAY, WI 54235-0425 | \$ 8,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|---|----------------------------|--|
| 97         | DUDLEY & CONSTANCE GODFREY FOUNDATION,<br>INC.<br><br>PO BOX 510260<br><br>MILWAUKEE, WI 53203-0054 | \$ 7,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 98         | DUNKIN' JOY IN CHILDHOOD FOUNDATION<br><br>130 ROYALL ST<br><br>CANTON, MA 02021-1010               | \$ 15,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 99         | ELAINE BURKE<br><br>W308N6183 SHORE ACRES RD<br><br>HARTLAND, WI 53029                              | \$ 50,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 100        | ELLEN HYNDMAN<br><br>1295 KINWEST PKWY UNIT 413<br><br>IRVING, TX 75063-3589                        | \$ 6,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 101        | EMERGENT HOLDINGS<br><br>18530 BENINGTON DR<br><br>BROOKFIELD, WI 53045                             | \$ 5,415.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 102        | ENTERPRISE HOLDINGS FOUNDATION<br><br>600 CORPORATE PARK DR<br><br>ST. LOUIS, MO 63105              | \$ 35,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |

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|------------|---|----------------------------|--|
| 103        | EPPSTEIN UHEN ARCHITECTS<br>333 E CHICAGO ST STOP 1<br>MILWAUKEE, WI 53202-5881 | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 104        | ERNIE & ANNETTE LABRAKE<br>955 E JOHN ST APT 104<br>APPLETON, WI 54911-5611     | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 105        | FAEW- FOOD DRIVE<br>1700 W FOND DU LAC AVE<br>MILWAUKEE, WI 53205               | \$ 9,076.                  | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 106        | FARMER'S FRIDGE<br>2000 W. FULTON STREET<br>CHICAGO, IL 60612                   | \$ 137,190.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 107        | FEED THE BODY FEED THE SOUL INC<br>2307 OREGON ST<br>OSHKOSH, WI 54902          | \$ 62,804.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 108        | FEEDING AMERICA<br>161 N CLARK ST STE 700<br>CHICAGO, IL 60601                  | \$ 1,979,334.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|---|----------------------------|--|
| 109        | FEEDING AMERICA EASTERN WISCONSIN<br>FOUNDATION<br>C/O GREATER MILWAUKEE FOUNDATION, 101<br>W PLEASANT STREET STE 210<br><br>MILWAUKEE, WI 53212-3963 | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 110        | FEEDING WISCONSIN INC.<br><br>2802 DAIRY DR<br><br>MADISON, WI 53718  | \$ 46,161.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 111        | FERRARA PAN CANDY CO., INC.<br><br>2287 RALPH AVE.<br><br>LOUISVILLE, KY 40214  | \$ 228,060.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 112        | FIDELITY CHARITABLE GIFT FUND<br><br>200 SEAPORT BLVD<br><br>BOSTON, MA 02210-2031  | \$ 36,761.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 113        | FISERV<br><br>2900 WESTSIDE PKWY<br><br>ALPHARETTA, GA 30004  | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 114        | FLORENCECARES INC.<br><br>1300 SCHOOL ST APT 201<br><br>SUN PRAIRIE, WI 53590-4630  | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |

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|------------|---|----------------------------|---|
| 115        | FOND DU LAC AREA FOUNDATION<br>1020 S MAIN ST STE E<br>FOND DU LAC, WI 54935-6139                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 116        | FOOD BANK FOR THE HEARTLAND<br>10525 J STREET<br>OMAHA, NE 68127  | \$ 44,845.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 117        | FOOD BANK OF IOWA<br>2220 E. 17TH STREET<br>DES MOINES, IA 50316  | \$ 130,762.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 118        | FOOD DRIVES - LOCAL FOX VALLEY<br>2911 W EVERGREEN DRIVE<br>APPLETON, WI 54913                                      | \$ 43,037.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 119        | FOREST COUNTY POTAWATOMI FOUNDATION<br>3136 W KILBOURN AVE<br>MILWAUKEE, WI 53208-3416                              | \$ 20,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 120        | FOUR-FOUR FOUNDATION<br>C/O PROVIDENT TRUST COMPANY, N16W23217<br>STONE RIDGE DR STE 310<br>WAUKESHA, WI 53188-1199 | \$ 30,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|--|----------------------------|---|
| 121        | FOX COMMUNITIES CREDIT UNION<br>3401 E CALUMET ST<br>APPLETON, WI 54915-4757         | \$ 9,130.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 122        | FOX VALLEY CHAPTER OF CREDIT UNIONS<br>2755 W WISCONSIN AVE<br>APPLETON, WI 54914    | \$ 60,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 123        | FRANK PRODUCTIONS CONCERTS, LLC<br>29 S LIVINGSTON ST<br>MADISON, WI 53703           | \$ 11,496.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 124        | FRED & KAY AUSTERMANN<br>1605 ALTA VISTA AVE<br>WAUWATOSA, WI 53213-2317             | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 125        | FRESH THYME FARMERS MARKET<br>2650 WARRENVILLE RD STE 700<br>DOWNERS GROVE, IL 60515 | \$ 72,357.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 126        | FRESH THYME FARMERS MARKET<br>2650 WARRENVILLE RD STE 700<br>DOWNERS GROVE, IL 60515 | \$ 43,470.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



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|------------|---|----------------------------|---|
| 127        | FRITZ HAUSMANN<br>12 N BUTLER ST UNIT 607<br>MADISON, WI 53703                | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 128        | GARDEN-FRESH FOODS, INC.<br>726 S. 12TH STREET<br>MILWAUKEE, WI 53204         | \$ 16,689.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 129        | GARY TONIES<br>2211 E HIGHPOND XING<br>APPLETON, WI 54913-7855                | \$ 24,051.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 130        | GAYLE ROSEMAN & PAUL MCELWEE<br>4809 N WOODBURN ST<br>WHITEFISH BAY, WI 53217 | \$ 6,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 131        | GENERAL MILLS<br>4625 S 6TH STREET<br>MILWAUKEE, WI 53221                     | \$ 44,193.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 132        | GENERAL MILLS - NATIONAL<br>161 N. CLARK STREET<br>CHICAGO, IL 60601          | \$ 454,358.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|---|----------------------------|---|
| 133        | GERALD & MARY HEIN<br>425 N LINWOOD AVE APT 304<br>APPLETON, WI 54914-3433                  | \$ 5,600.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 134        | GERALD BRITTAIN<br>3674 S LOGAN AVE<br>MILWAUKEE, WI 53207                                  | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 135        | GOOD KARMA BRANDS<br>720 E CAPITOL DR<br>MILWAUKEE, WI 53212                                | \$ 7,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 136        | GORDON FOOD SERVICE (GFS) MKTPLACE<br>2064 S MILLER PARKWAY<br>WEST MILWAUKEE, WI 53219     | \$ 558,043.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 137        | GREATER GREEN BAY COMMUNITY FOUNDATION, INC.<br>400 S WASHINGTON ST<br>GREEN BAY, WI 54301  | \$ 253,820.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 138        | GREATER MILWAUKEE FOUNDATION, INC.<br>101 W PLEASANT ST STE 210<br>MILWAUKEE, WI 53212-3963 | \$ 116,217.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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| Name of organization<br><b>FEEDING AMERICA EASTERN WISCONSIN, INC.</b> | Employer identification number<br><b>39-1384593</b> |
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| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|--|----------------------------|--|
| 139        | GREEN LAKE COUNTY/RIPON COMMUNITY<br>FOUNDATION<br><br>PO BOX 0034<br><br>GREEN LAKE, WI 54941 | \$ 8,429.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 140        | GREGORY & MARILYN KIPPENHAN<br><br>W7557 HILLVIEW RD<br><br>HORTONVILLE, WI 54944              | \$ 8,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 141        | GULFSTREAM AEROSPACE CORPORATION<br><br>6365 DISCOVERY DR<br><br>APPLETON, WI 54914            | \$ 7,700.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 142        | GUMZ FARMS<br><br>N570 6TH COURT<br><br>ENDEAVOR, WI 53930-9426                                | \$ 79,114.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 143        | HAMMES FAMILY FOUNDATION, INC<br><br>1400 N WATER ST STE 500<br><br>MILWAUKEE, WI 53202-2506   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 144        | HARIBO OF AMERICA INC.<br><br>12488 GOLDBEAR DR.<br><br>PLEASANT PRAIRIE, WI 53158             | \$ 48,060.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |

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|------------|--|----------------------------|---|
| 145        | HARVESTERSCOMMUNITY FOOD NETWORK<br>3801 TOPPING AVENUE<br>KANSAS CITY, MO 64129                             | \$ 214,723.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 146        | HAUSKE FAMILY FOUNDATION, INC.<br>800 N MARSHALL ST<br>MILWAUKEE, WI 53202                                   | \$ 7,250.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 147        | HEARTLAND PRODUCE COMPANY<br>5814 104TH AVE.<br>KENOSHA, WI 53144  | \$ 1,094,586.              | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 148        | HELIOS FOUNDATION<br>C/O SCHAPER, BENZ, & WISE FAMILY<br>WEALTH COUNSEL, PO BOX 628<br>NEENAH, WI 54957-0628 | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 149        | HERB KOHL PHILANTHROPIES<br>825 N JEFFERSON ST STE 350<br>MILWAUKEE, WI 53202-3757                           | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 150        | HYDRITE CHEMICAL COMPANY<br>300 N PATRICK BLVD FL 2<br>BROOKFIELD, WI 53045-5816                             | \$ 23,792.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|--|----------------------------|---|
| 151        | ILLINOIS TOOL WORKS FOUNDATION<br>155 HARLEM AVE<br>GLENVIEW, IL 60025-4075        | \$ 5,975.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 152        | IMS FASTPAK<br>10100 58TH PLACE<br>KENOSHA, WI 53144                               | \$ 193,041.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 153        | INDEPENDENT CHARITABLE GIFT FUND<br>110 W STREETBORO ST STE 2A<br>HUDSON, OH 44236 | \$ 6,600.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 154        | ISABEL BADER<br>2505 E BRADFORD AVE APT 2201<br>MILWAUKEE, WI 53211-4263           | \$ 36,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 155        | J. J. KELLER FOUNDATION, INC.<br>PO BOX 368<br>NEENAH, WI 54957-0368               | \$ 279,500.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 156        | J. RECKNER ASSOCIATES<br>1600 MANOR DR<br>CHALFONT, PA 18914                       | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|--|----------------------------|---|
| 157        | JANE & ARTHUR STANGEL FOUNDATION<br>PO BOX 2303<br>MANITOWOC, WI 54221-2303          | \$ 7,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 158        | JANE KAUFMAN<br>120 OMBRE ROSE DR<br>COMBINED LOCKS, WI 54113-1251                   | \$ 7,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 159        | JEAN & PATRICK DUNKS<br>2091 PENINSULA PL<br>JUNCTION CITY, WI 54443-9230            | \$ 15,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 160        | JEWELERS MUTUAL INSURANCE COMPANY<br>24 JEWELERS PARK DR<br>NEENAH, WI 54956-3703    | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 161        | JEWISH COMMUNITY FOUNDATION<br>1360 N PROSPECT AVE STE 1<br>MILWAUKEE, WI 53202-3056 | \$ 13,520.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 162        | JOANNE & KENNETH NEUSEN<br>6405 S 116TH ST<br>FRANKLIN, WI 53132-1103                | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|---|----------------------------|---|
| 163        | JOE PIETTE<br>3 MARYLAND AVE #10<br>ANNAPOLIS, MD 21401           | \$ 11,200.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 164        | JOHN & KATHY BRISKY<br>654 WILLIAMS DR<br>CEDARBURG, WI 53012     | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 165        | JOHN DEERE FOUNDATION<br>1 JOHN DEERE PL<br>MOLINE, IL 61265-8010 | \$ 26,615.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 166        | JOHN PIERICK<br>S69W15116 CORNELL CIR<br>MUSKEGO, WI 53150-8382   | \$ 17,376.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 167        | JOHN TINDALL<br>3954 S LOGAN AVE<br>MILWAUKEE, WI 53207           | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 168        | JOHNSON BANK<br>555 MAIN ST STE 460<br>RACINE, WI 53403-4615      | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|--|----------------------------|---|
| 169        | JONATHAN & DEBBIE EDER<br>2518 E LAKE BLUFF BLVD<br>SHOREWOOD, WI 53211-1728 | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 170        | JOSH HOPPERT<br>180 W CRYSTAL LAKE AVE UPPER<br>CRYSTAL LAKE, IL 60014       | \$ 5,250.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 171        | JUDITH & RICHARD GALLING<br>1911 E BRISTLECONE DR<br>HARTLAND, WI 53029-8658 | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 172        | JUDITH JENSEN BERO<br>111 LIMEKILN DR<br>NEENAH, WI 54956                    | \$ 8,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 173        | KAREN & JAMES LLOYD<br>1080 CIRCLE DR<br>ELM GROVE, WI 53122-2144            | \$ 25,044.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 174        | KAREN PATRICKUS<br>1569 RIVER PINES DR<br>GREEN BAY, WI 54311-5647           | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



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|------------|--|----------------------------|---|
| 175        | KATHRYN & MATT KAMM<br>1434 E BROWN DEER RD<br>BAYSIDE, WI 53217           | \$ 12,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 176        | KEEN INC.<br>1700 W FOND DU LAC AVE<br>MILWAUKEE, WI 53205                 | \$ 11,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 177        | KELLOGG - NATIONAL<br>161 N. CLARK STREET<br>CHICAGO, IL 60601             | \$ 134,776.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 178        | KEMPS, LLC<br>W55N155 MCKINLEY BLVD.<br>CEDARBURG, WI 53012                | \$ 266,373.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 179        | KEVIN & JULIA LOOMANS<br>2530 E DOWNS RIDGE<br>APPLETON, WI 54913-7522     | \$ 10,159.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 180        | KEVIN LOUIS & JENNIFER LOUIS<br>27227 DOVER VIEW LN<br>WATERFORD, WI 53185 | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|--|----------------------------|---|
| 181        | KINCAID FARM<br>N2028 HWY 106<br>PALMYRA, WI 53156                           | \$ 54,240.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 182        | KING JUICE<br>851 W GRANGE AVENUE<br>MILWAUKEE, WI 53221                     | \$ 15,592.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 183        | KLEMENTS<br>1036 W. JUNEAU AVE<br>MILWAUKEE, WI 53205                        | \$ 21,612.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 184        | KOHL'S DEPARTMENT STORES, INC.<br>PO BOX 3097<br>MILWAUKEE, WI 53201         | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 185        | KOLAGA FAMILY CHARITABLE TRUST<br>1044 BENDING BRAE DR<br>PEWAUKEE, WI 53072 | \$ 18,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 186        | KRAFT/HEINZ<br>161 N. CLARK STREET<br>CHICAGO, IL 60601                      | \$ 143,795.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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| Name of organization                    | Employer identification number |
| FEEDING AMERICA EASTERN WISCONSIN, INC. | 39-1384593                     |

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|------------|---|----------------------------|--|
| 187        | KRISTINE CHEREK & KIRK LARSEN<br>106 HOLLYHOCK LN<br>PONTE VEDRA BEACH, FL 32082-3914     | \$ 10,910.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 188        | KRISTINE SMITH<br>W3137 HILLY HAVEN DR<br>FREEDOM, WI 54913                               | \$ 7,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 189        | THE KROGER COMPANY<br>9091 88TH AVENUE<br>PLEASANT PRAIRIE, WI 53158                      | \$ 1,871,261.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 190        | KWIK TRIP, INC. - CORPORATE OFFICE<br>PO BOX 2107<br>LA CROSSE, WI 54602-2107             | \$ 2,064,872.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 191        | KYLE & MICHELLE PITZNER<br>N1804 SCHROEDER FARM DR<br>GREENVILLE, WI 54942                | \$ 5,002.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 192        | LADISH COMPANY FOUNDATION<br>13500 WATERTOWN PLANK RD STE 108<br>ELM GROVE, WI 53122-2200 | \$ 30,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

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|------------|---|----------------------------|---|
| 193        | LAND O' LAKES FOUNDATION<br>PO BOX 64101<br>ST PAUL, MN 55164-0150        | \$ 12,500.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 194        | LARRY & KATHY GENTINE<br>N9524 WINNEBAGO PARK RD<br>FOND DU LAC, WI 54937 | \$ 6,250.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 195        | LEE WEINFURTER<br>1700 W FOND DU LAC AVE<br>MILWAUKEE, WI 53205           | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 196        | LINDA JILOT<br>11030 MONTANO RANCH CT<br>RENO, NV 89511-4330              | \$ 6,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 197        | LINDA SELL<br>441 SHERMAN RD<br>COLGATE, WI 53017-9788                    | \$ 6,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 198        | LOIS KALMBACH<br>7435 N BRAEBURN LN<br>GLENDALE, WI 53209-2015            | \$ 6,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|---|----------------------------|---|
| 199        | LUTSEY FAMILY FOUNDATION, INC.<br>6177 KIEHNAU RD<br>EGG HARBOR, WI 54209     | \$ 11,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 200        | LYNNE TETZLAFF<br>8616 WESTLAKE DR<br>GREENDALE, WI 53129-1068                | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 201        | MARC LASRY<br>11 W 42ND ST 9TH FLOOR<br>NEW YORK, NY 10036                    | \$ 7,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 202        | MARIAN HINKELMAN<br>N87W6384 BROOKDALE DR<br>CEDARBURG, WI 53012              | \$ 20,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 203        | MARJORIE L. CHRISTIANSEN FOUNDATION<br>PO BOX 634<br>MILWAUKEE, WI 53201-0634 | \$ 8,263.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 204        | MARK & BUNNY WEINFURTER<br>4803 CANVASBACK CIR<br>APPLETON, WI 54913          | \$ 6,026.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|--|----------------------------|---|
| 205        | MARTHA DAVIDSON<br>DAVID H. PATZER, GODFREY & KAHN, S.C.,<br>833 E MICHIGAN ST STE 1800<br>MILWAUKEE, WI 53202 | \$ 100,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 206        | MARY ANN GEORGE<br>1570 N PROSPECT AVE APT 910<br>MILWAUKEE, WI 53202  | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 207        | MARY ANN NOVASCONE & BARBARA OSTROWSKI<br>204 15TH ST<br>PRAIRIE DU SAC, WI 53578-1369                         | \$ 6,050.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 208        | MARY DUNNWALD<br>723 N 113TH ST<br>WAUWATOSA, WI 53226   | \$ 6,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 209        | MARY FIEGEL<br>10200 W BLUEMOUND RD APT 800<br>WAUWATOSA, WI 53226-4358  | \$ 18,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 210        | MARY JEANNE BOLGER<br>469 W WISE RD<br>SCHAUMBURG, IL 60193-4001   | \$ 9,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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| <b>FEEDING AMERICA EASTERN WISCONSIN, INC.</b> | <b>39-1384593</b>              |

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| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 211        | MARY KESSENICH<br>1149 E BANTA CT<br>APPLETON, WI 54915-2757                   | \$ 8,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 212        | MARY KITZMAN<br>2806 S WENTWORTH AVE<br>MILWAUKEE, WI 53207-2510               | \$ 6,250.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 213        | MARY STRACHOTA<br>130 S WATER ST APT 307<br>MILWAUKEE, WI 53204                | \$ 10,709.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 214        | MASON & JULIE ROSS<br>4600 N LAKE DRIVE<br>MILWAUKEE, WI 53211                 | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 215        | MASTERS GALLERY FOODS, INC.<br>P.O. BOX 170 HWY. PP<br>PLYMOUTH, WI 53073-0170 | \$ 31,417.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 216        | MATRIX FOUNDATION<br>PO BOX 975<br>SISTER BAY, WI 54234                        | \$ 15,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|--|----------------------------|--|
| 217        | <u>MAYFIELD TRANSFER</u><br><u>4825 S. 10TH STREET</u><br><u>MILWAUKEE, WI 53221</u>         | \$ <u>13,642.</u>          | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 218        | <u>MCCAIN FOODS/ANCHOR FOODS</u><br><u>555 HICKORY FARM LN.</u><br><u>APPLETON, WI 54914</u> | \$ <u>102,157.</u>         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 219        | <u>MCLANE GLOBAL-MHS</u><br><u>1902 CYPRESS STATION DR.</u><br><u>HOUSTON, TX 77090</u>      | \$ <u>24,899.</u>          | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 220        | <u>MEIJER, INC.</u><br><u>2350 3 MILE RD NW</u><br><u>GRAND RAPIDS, MI 49544-1305</u>        | \$ <u>3,074,609.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 221        | <u>METAL-ERA INC.</u><br><u>1600 AIRPORT RD</u><br><u>WAUKESHA, WI 53188-2460</u>            | \$ <u>10,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 222        | <u>MEURER BROTHERS BAKERY</u><br><u>88 FOREST AVE.</u><br><u>FOND DU LAC, WI 54935</u>       | \$ <u>7,044.</u>           | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



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|------------|---|----------------------------|---|
| 223        | MGIC<br>270 E. KILBOURN AVE.<br>MILWAUKEE, WI 53202                               | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 224        | MICHAEL T. RIORDAN FAMILY FOUNDATION<br>W3563 MEREDITH LN<br>GREEN LAKE, WI 54941 | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 225        | MIDWEST REFRIGERATED SERVICES<br>11225 W. COUNTY LINE ROAD<br>MILWAUKEE, WI 53224 | \$ 34,305.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 226        | MIKE & PAULA HAMILTON<br>3109 E FALLCREEK LN<br>APPLETON, WI 54913                | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 227        | MIKE & SUSAN MURRAY<br>2525 SCHEIBE DR<br>BROOKFIELD, WI 53005-5239               | \$ 7,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 228        | MIKE CARTER<br>720 E WISCONSIN AVE<br>MILWAUKEE, WI 53202-4703                    | \$ 5,250.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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| FEEDING AMERICA EASTERN WISCONSIN, INC. | 39-1384593                     |

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| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 229        | MILWAUKEE BREWERS BASEBALL CLUB<br>MILLER PARK - ONE BREWERS WAY<br>MILWAUKEE, WI 53214 | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 230        | MILWAUKEE BUCKS<br>1543 N 2ND ST<br>MILWAUKEE, WI 53212                                 | \$ 12,500.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 231        | MIRON CONSTRUCTION CO., INC.<br>1471 MCMAHON DR<br>NEENAH, WI 54956                     | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 232        | MOWRY SMITH III<br>376 LAKE RD<br>MENASHA, WI 54952-3417                                | \$ 20,006.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 233        | NANCY ROSS<br>N2386 S TAMMY TRL<br>WAUPACA, WI 54981-9729                               | \$ 5,502.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 234        | NANCY ZOELK<br>285 W HIGHLAND PARK AVE APT 639<br>APPLETON, WI 54911                    | \$ 10,158.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|--|----------------------------|---|
| 235        | NANNETTE GARDETTO<br>9715 N COLUMBIA DR<br>MEQUON, WI 53092-5644                           | \$ 5,250.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 236        | NATIONAL PHILANTHROPIC TRUST<br>165 TOWNSHIP LINE RD STE 1200<br>JENKINTOWN, PA 19046-3594 | \$ 96,061.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 237        | NAVITUS HEALTH SOLUTIONS, LLC.<br>361 INTEGRITY DR<br>MADISON, WI 53717                    | \$ 14,493.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 238        | NESTLE PIZZA<br>401 W. NORTH AVE.<br>LITTLE CHUTE, WI 54140                                | \$ 1,023,769.              | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 239        | NESTLE PIZZA - APPLETON<br>3900 N FREEDOM RD.<br>APPLETON, WI 54913                        | \$ 275,954.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 240        | NIAGARA BOTTLING, LLC<br>11031 88TH AVE<br>PLEASANT PRAIRIE, WI 53158                      | \$ 248,709.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|---|----------------------------|---|
| 241        | NICOLET HIGH SCHOOL<br>6701 N. JEAN NICOLET RD.<br>GLENDALE, WI 53217             | \$ 39,863.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 242        | NKC FAMILY FOUNDATION<br>501 W STATE ST STE 201<br>GENEVA, IL 60134               | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 243        | NORTHERN ILLINOIS FOOD BANK<br>273 DEARBORN CT.<br>GENEVA, IL 60134               | \$ 77,518.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 244        | NORTHWESTERN MUTUAL FOUNDATION<br>720 E WISCONSIN AVE<br>MILWAUKEE, WI 53202-4703 | \$ 146,256.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 245        | NUNA BABY ESSENTIALS<br>70 THOUSAND OAKS BLVD<br>MORGANTOWN, PA 19543-8878        | \$ 15,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 246        | OLD FASHIONED FOODS, INC.<br>331 S. MAIN STREET<br>MAYVILLE, WI 53050             | \$ 165,272.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|--|----------------------------|---|
| 247        | OLDS PRODUCTS COMPANY<br>10700 88TH AVENUE<br>PLEASANT PRAIRIE, WI 53158-8041      | \$ 1,994,563.              | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 248        | ONCE UPON A FARM<br>2880 N 112TH ST<br>WAUWATOSA, WI 53222                         | \$ 6,359.                  | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 249        | ONEIDA NATION<br>PO BOX 365<br>ONEIDA, WI 54155                                    | \$ 5,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 250        | OSHKOSH AREA COMMUNITY FOUNDATION<br>230 OHIO ST STE 100<br>OSHKOSH, WI 54902-5894 | \$ 38,568.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 251        | OSHKOSH CORPORATION, INC.<br>PO BOX 2566<br>OSHKOSH, WI 54903-2566                 | \$ 14,500.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 252        | OSHKOSH DEFENSE<br>339 W 20TH AVE<br>OSHKOSH, WI 54902                             | \$ 15,264.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|--|----------------------------|---|
| 253        | OSI GROUP LLC<br>1200 INDUSTRIAL DRIVE<br>FORT ATKINSON, WI 53538    | \$ 21,335.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 254        | OTTO BREMER TRUST<br>30 E 7TH ST STE 2900<br>ST. PAUL, MN 55101-2988 | \$ 150,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 255        | OUTAGAMIE COUNTY<br>320 S WALNUT ST<br>APPLETON, WI 54911            | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 256        | PACIFIC COAST PRODUCERS<br>161 N. CLARK STREET<br>CHICAGO, IL 60601  | \$ 62,734.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 257        | PALERMO'S<br>3301 W. CANAL<br>MILWAUKEE, WI 53208                    | \$ 165,992.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 258        | PAN-O-GOLD BAKING CO<br>251 E LARSEN DRIVE<br>FOND DU LAC, WI 54937  | \$ 54,906.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|--|----------------------------|---|
| 259        | PAN-O-GOLD: COUNTRY/VILLIAGE HEARTH<br>1000 WILBURN ROAD<br>SUN PRAIRIE, WI 53590                      | \$ 12,806.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 260        | PARTNERSHIP FOR A HEALTHIER AMERICA<br>1875 K ST NW FL 4<br>WASHINGTON, DC 20006-1293                  | \$ 56,250.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 261        | PATRICIA MACHO<br>1015 BAYSHORE DR<br>OSHKOSH, WI 54901  | \$ 15,223.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 262        | PATRICK CUDAHY, INC.<br>1 SWEET APPLE-WOOD WAY<br>CUDAHY, WI 53110                                     | \$ 29,096.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 263        | PATRICK D. AND ANNA M. CUDAHY FUND<br>70 E LAKE ST STE 1120<br>CHICAGO, IL 60601-5950                  | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 264        | PATRICK J. AND JANET L. THOMPSON<br>FAMILY FOUNDATION, INC.<br>9 N KURT AVE<br>APPLETON, WI 54913-9715 | \$ 57,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|--|----------------------------|---|
| 265        | PAT'S FOODS<br>1000 CENTRAL AVE.<br>FLORENCE, WI 54121                         | \$ 8,145.                  | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 266        | PAUL ERICKSON<br>1700 W FOND DU LAC AVE<br>MILWAUKEE, WI 53205-1261            | \$ 20,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 267        | PAUL JOHNSEN FARM<br>8702 2 MILE ROAD<br>FRANKSVILLE, WI 53126                 | \$ 31,390.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 268        | PB&J CHALLENGE<br>1700 W. FOND DU LAC AVENUE<br>MILWAUKEE, WI 53205            | \$ 6,403.                  | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 269        | PENZEYS SPICES<br>12001 W CAPITOL DR<br>WAUWATOSA, WI 53226                    | \$ 29,739.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 270        | PERFORMANCE FOOD GROUP INC.<br>245 N. CASTLE HEIGHTS AVE.<br>LEBANON, WI 37087 | \$ 90,564.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |



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|------------|--|----------------------------|---|
| 271        | PETER & LORI JO AUXIER<br>3444 N CRAMER ST<br>MILWAUKEE, WI 53211                  | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 272        | PETER HITLER<br>12483 N ROYAL LN<br>MEQUON, WI 53092-8554                          | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 273        | PHILIP & JILL PANNIER<br>162 PRAIRIE CT<br>APPLETON, WI 54915                      | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 274        | PIGGLY WIGGLY - 093<br>1300 BROWN STREET<br>OCONOMOWOC, WI 53066                   | \$ 70,560.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 275        | PJ HEDEEN AND CHILDREN FOUNDATION<br>4716 MARTIN RD<br>STURGEON BAY, WI 54235-8151 | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 276        | PORK KING GOOD<br>3113 E. LAYTON AVE<br>CUDAHY, WI 53110                           | \$ 5,528.                  | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|--|----------------------------|---|
| 277        | POST CONSUMER BRANDS<br>161 N. CLARK STREET<br>CHICAGO, IL 61510                       | \$ 40,257.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 278        | POTAWATOMI HOTEL & CASINO<br>1721 WEST CANAL STREET<br>MILWAUKEE, WI 53233             | \$ 20,400.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 279        | POWER ENGINEERS INC<br>1820 POST RD STE 2<br>PLOVER, WI 54467-2883                     | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 280        | PROCTOR & GAMBLE<br>161 N. CLARK STREET<br>CHICAGO, IL 60601                           | \$ 96,526.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 281        | QUAKER BAKERY BRANDS<br>1207 N. MASON ST.<br>APPLETON, WI 54914                        | \$ 107,380.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 282        | RACINE COMMUNITY FOUNDATION, INC.<br>1135 WARWICK WAY STE 200<br>RACINE, WI 53406-5610 | \$ 10,275.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|--|----------------------------|---|
| 283        | RANDY & JANET PETERSON<br>5671 S KURTZ RD<br>HALES CORNERS, WI 53130-1740                                | \$ 6,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 284        | RAY & KAY ECKSTEIN CHARITABLE TRUST<br>PO BOX 7606, 4965 VILLAGE SQUARE DR<br>STE A<br>PADUCAH, KY 42002 | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 285        | RCK-KROGER<br>5500 52ND STREET<br>KENOSHA, WI 53144  | \$ 7,025.                  | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 286        | RENAISSANCE CHARITABLE FOUNDATION INC.<br>8910 PURDUE RD STE 555<br>INDIANAPOLIS, IN 46268-6117          | \$ 7,716.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 287        | RICHARD KESSLER<br>W343N5214 GEITZEN RD<br>OKAUCHEE, WI 53069  | \$ 6,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 288        | RICHARD KRUEGER<br>10292 N RANGE LINE CT<br>MEQUON, WI 53092   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|---|----------------------------|---|
| 289        | ROBERT HAGGE, JR.<br><br>PO BOX 220<br><br>HAZELHURST, WI 54531-0220                    | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 290        | ROBERT LANGLITZ<br><br>1641 MARICOPA DR<br><br>OSHKOSH, WI 54904                        | \$ 6,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 291        | ROUNDY'S CORPORATE<br><br>875 E. WISCONSIN AVE<br><br>MILWAUKEE, WI 53202               | \$ 2,979,926.              | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 292        | RYAN & DEANNE HAINES<br><br>W200 N12554 MEADOW BROOK CT<br><br>RICHFIELD, WI 53076      | \$ 20,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 293        | S & S SALES CORPORATION<br><br>12100 W SILVER SPRING RD<br><br>MILWAUKEE, WI 53225-2912 | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 294        | SALLY & SCOTT PIEFER<br><br>454 S STOCKS RD<br><br>OCONOMOWOC, WI 53066-8404            | \$ 6,119.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|---|----------------------------|---|
| 295        | SALM PARTNERS, LLC<br>590 WOODROW STREET<br>DENMARK, WI 54208                 | \$ 77,117.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 296        | SAMMIS & JEAN WHITE<br>2682 N SUMMIT AVE<br>MILWAUKEE, WI 53211-3849          | \$ 8,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 297        | SAM'S CLUB - FOOD DRIVE<br>600 N. SPRINGDALE RD<br>WAUKESHA, WI 53186         | \$ 4,772,231.              | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 298        | SARAH RITTER<br>1904 WEBSTER ST<br>MERRILL, WI 54452-3281                     | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 299        | SC JOHNSON<br>1525 HOWE ST MS HP2S1<br>RACINE, WI 53403-2237                  | \$ 42,500.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 300        | SC JOHNSON & SON, INC. - NATIONAL<br>161 N. CLARK STREET<br>CHICAGO, IL 60601 | \$ 78,647.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|--|----------------------------|---|
| 301        | SCHNEIDER NATIONAL FOUNDATION<br>3101 S PACKERLAND DR<br>GREEN BAY, WI 54306 | \$ 20,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 302        | SCHREIBER FOODS INC.<br>425 PINE ST LOWR<br>GREEN BAY, WI 54301-5179         | \$ 75,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 303        | SCHWAB CHARITABLE FUND<br>211 MAIN ST<br>SAN FRANCISCO, CA 94105-1905        | \$ 70,250.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 304        | SCHWAN'S FOOD SERVICE INC.<br>W6470 QUALITY DRIVE<br>GREENVILLE, WI 54942    | \$ 8,586.                  | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 305        | SCOTT & JENNIFER KOLSKY<br>3330 W BURGUNDY CT<br>MEQUON, WI 53092            | \$ 5,880.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 306        | SCRIPPS HOWARD FOUNDATION<br>PO BOX 5380<br>CINCINNATI, OH 45201             | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|---|----------------------------|---|
| 307        | SECOND HARVEST FB OF SOUTHERN WI<br>2802 DAIRY DRIVE<br>MADISON, WI 53718 | \$ 190,138.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 308        | SENDIK'S FOOD MARKET<br>7225 W MARCIA RD<br>MILWAUKEE, WI 53223-3361      | \$ 682,211.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 309        | SENECA - CAMBRIA<br>437 WILLIAMS STREET<br>CAMBRIA, WI 53923              | \$ 194,287.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 310        | SENTRY - ALBRECHT'S<br>3255 GOLF ROAD<br>DELAFIELD, WI 53018              | \$ 19,482.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 311        | SENTRY - METCALFE<br>6700 STATE STREET<br>WAUWATOSA, WI 53213             | \$ 80,460.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 312        | SIEBERT LUTHERAN FOUNDATION<br>758 N 27TH ST<br>MILWAUKEE, WI 53208       | \$ 178,491.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|---|----------------------------|---|
| 313        | SMITHFIELD PACKING<br>161 N. CLARK STREET<br>CHICAGO, IL 60601-2200   | \$ 76,740.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 314        | SNYDER'S OF HANOVER<br>4410 N. 132ND STREET<br>BUTLER, WI 53007   | \$ 52,003.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 315        | SPEAKER FAMILY FOUNDATION OF 2004<br>4529 COLUMBIA RD<br>CEDARBURG, WI 53012-9185                           | \$ 40,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 316        | SPECIALTY RETAIL SHOPS SETTLEMENT FUND<br>C/O ATTICUS ADMINISTRATION, PO BOX<br>64053<br>ST. PAUL, MN 55164 | \$ 39,999.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 317        | SPRINGDALE FARM<br>W7065 SILVER SPRING LN<br>PLYMOUTH, WI 53073   | \$ 17,674.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 318        | STANDARD PROCESS<br>PO BOX 904<br>PALMYRA, WI 53156-0904  | \$ 45,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



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|------------|--|----------------------------|---|
| 319        | STATE OF WISCONSIN DEPARTMENT OF REVENUE<br>2135 RIMROCK RD, PO BOX 8933<br>MADISON, WI 53708-8933               | \$ 195,240.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 320        | STELLA H. JONES FOUNDATION<br>C/O MICHAEL BEST & FRIEDRICH LLP,<br>ATTN: J. LEWIS PERLSON<br>MILWAUKEE, WI 53202 | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 321        | STREICH FAMILY FOUNDATION<br>11255 N CEDARBURG RD APT 302<br>MEQUON, WI 53092-1917                               | \$ 6,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 322        | SUPERIOR FRESH<br>W15506 SUPERIOR FRESH DR<br>HIXTON, WI 54635   | \$ 10,840.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 323        | SUSAN ANDREWS<br>W269S3510 MERRILL HILLS RD<br>WAUKESHA, WI 53189-6205   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 324        | SUZY'S CREAM CHEESECAKES<br>9911 S. HOWELL AVE.<br>OAK CREEK, WI 53154   | \$ 81,291.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|--|----------------------------|---|
| 325        | SYSKO FOOD SERVICES OF EASTERN WI<br>1 SYSKO DRIVE<br>JACKSON, WI 53037                | \$ 302,920.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 326        | TARA ZIELINSKI<br>10935 N SHERWOOD DR<br>MEQUON, WI 53092                              | \$ 5,147.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 327        | TARGET CORPORATION<br>1000 NICOLLET MALL<br>MINNEAPOLIS, MN 55403                      | \$ 3,517,079.              | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 328        | TED & MARY KELLNER<br>5112 W HIGHLAND RD<br>MEQUON, WI 53092-1137                      | \$ 35,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 329        | TERRI & VERNE HOLOUBEK FAMILY FOUNDATION<br>6545 DONEGAL RD<br>HARTFORD, WI 53027-8829 | \$ 100,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 330        | THE KROGER CO. FOUNDATION<br>1014 VINE ST<br>CINCINNATI, OH 45202-1100                 | \$ 20,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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| Name of organization                    | Employer identification number |
| FEEDING AMERICA EASTERN WISCONSIN, INC. | 39-1384593                     |

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|------------|--|----------------------------|---|
| 331        | THE T. ROWE PRICE PROGRAM<br>PO BOX 17115<br>BALTIMORE, MD 21297-1115  | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 332        | THE ALBERTA S. KIMBALL-MARY L. ANHALTZER FOUNDATION, INC.<br>4851 TAMiami TRAIL N<br>NAPLES, FL 34103                      | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 333        | THE CHICAGO COMMUNITY FOUNDATION<br>225 N MICHIGAN AVE STE 2200<br>CHICAGO, IL 60601-7672                                  | \$ 50,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 334        | THE FASCITELLI FAMILY FOUNDATION<br>C/O KRISTINE CIABURRI, 9 CHELTENHAM PL<br>SAYREVILLE, NJ 08872                         | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 335        | THE FRANCIE LUKE SILVERMAN FOUNDATION FIDUCIARY PARTNERS TRUST COMPANY, 300 N CORPORATE DR STE 175<br>BROOKFIELD, WI 53045 | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 336        | THE FRIEDA & WILLIAM HUNT MEMORIAL TRUST<br>4543 S ZARAHEMLA DR<br>SALT LAKE CITY, UT 84124                                | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|---|----------------------------|---|
| 337        | THE GARDNER FOUNDATION<br>322 E MICHIGAN ST STE 250<br>MILWAUKEE, WI 53202-5010                     | \$ 9,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 338        | THE JENNIFER FRIEDMAN HILLIS FOUNDATION<br>951 E WYE LN<br>MILWAUKEE, WI 53217                      | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 339        | THE ROS FOUNDATION<br>4811 S 76TH ST STE 211<br>GREENFIELD, WI 53220-4352                           | \$ 100,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 340        | THOMAS & MARY SCHMIDT<br>W2528 BROOKHAVEN DR<br>APPLETON, WI 54915-9415                             | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 341        | THOMAS & MARY WISNIEWSKI<br>20920 W WINDSOR DR<br>NEW BERLIN, WI 53146-4844                         | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 342        | THRIVENT CHARITABLE IMPACT & INVESTING<br>600 PORTLAND AVE S STE 5100<br>MINNEAPOLIS, MN 55415-1665 | \$ 10,383.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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|------------|---|----------------------------|---|
| 343        | THRIVENT FINANCIAL<br>4321 N BALLARD RD<br>APPLETON, WI 54919   | \$ 47,354.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 344        | THRIVENT FINANCIAL FOR LUTHERANS FOUNDATION<br>4321 N BALLARD RD<br>APPLETON, WI 54919-0001             | \$ 26,104.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 345        | TOM HECKER<br>2300 60TH STREET<br>KENOSHA, WI 53140   | \$ 7,692.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 346        | TOYOTA MOTOR NORTH AMERICA, INC.<br>C/O CYBERGRANTS, 300 BRICKSTONE SQ.<br>STE 601<br>ANDOVER, MA 01810 | \$ 7,608.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 347        | TRADER JOE'S<br>5600 N. PORT WASHINGTON ROAD<br>GLENDALE, WI 53217                                      | \$ 28,785.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 348        | TRAVIS BROOKS<br>W202N11873 MERKEL DR<br>GERMANTOWN, WI 53022-2330                                      | \$ 6,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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| Name of organization<br><b>FEEDING AMERICA EASTERN WISCONSIN, INC.</b> | Employer identification number<br><b>39-1384593</b> |
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 349        | TREEHOUSE FOODS<br>P.O. BOX 19057<br>GREEN BAY, WI 54307-9057                       | \$ 52,740.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 350        | TRI CITY NATIONAL BANK<br>6400 S 27TH ST<br>OAK CREEK, WI 53154-1097                | \$ 10,610.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 351        | TRIG'S<br>232 COURTNEY ST.<br>RHINELANDER, WI 54501                                 | \$ 115,388.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 352        | TRUCK REFUSAL<br>1700 W. FOND DU LAC AVENUE<br>MILWAUKEE, WI 53205                  | \$ 645,245.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 353        | TRUE SENSE<br>155 COMMERCE DR<br>FREEDOM, PA 15042                                  | \$ 5,010.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 354        | U.S. VENTURE/SCHMIDT FAMILY FOUNDATION<br>425 BETTER WAY<br>APPLETON, WI 54915-6192 | \$ 150,681.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 355        | UNCLE BEN'S<br>161 N. CLARK STREET<br>CHICAGO, IL 60601  | \$ 68,592.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 356        | UNFI & UNFI DC#3931100-STURTEVANT<br>3138 HIGHWAY H<br>STURTEVANT, WI 53177                    | \$ 1,189,006.              | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 357        | UNFI DC#34311- STEVENS POINT<br>2828 WAYNE ST<br>STEVENS POINT, WI 54481                       | \$ 251,912.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 358        | UNILEVER<br>161 N. CLARK STREET<br>CHICAGO, IL 60601   | \$ 66,294.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 359        | UNITED COOPERATIVE<br>N7160 RACEWAY RD<br>BEAVER DAM, WI 53916                                 | \$ 10,500.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 360        | UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY<br>225 W VINE ST<br>MILWAUKEE, WI 53212-3935 | \$ 9,219.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|--|----------------------------|--|
| 361        | US FOODSERVICE<br>W137 N9245 HWY 145<br>MENOMONEE FALLS, WI 53051-9001                 | \$ 379,016.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 362        | VANGUARD CHARITABLE<br>PO BOX 9509<br>WARWICK, RI 02889-9509                           | \$ 6,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 363        | VICTOR AND CHRISTINE ANTHONY FAMILY FOUNDATION<br>PO BOX 385<br>WAUPACA, WI 54981-0385 | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 364        | VISION EVENT MANAGEMENT<br>17401 TILLER CT STE A<br>WESTFIELD, IN 46074                | \$ 10,403.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 365        | WALMART FOUNDATION<br>702 S.W. 8TH ST.<br>BENTONVILLE, AR 72716                        | \$ 8,259,045.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 366        | WE ENERGIES FOUNDATION<br>231 W MICHIGAN ST RM P423<br>MILWAUKEE, WI 53203-2918        | \$ 26,250.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|---|----------------------------|--|
| 367        | WEBSTER BANK<br>WEBSTER CORPORATE HEADQUARTERS, 145<br>BANK STREET SO120<br><br>WATERBURY, CT 06702 | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 368        | WEST BEND MUTUAL INSURANCE COMPANY<br><br>1900 S 18TH AVE<br><br>WEST BEND, WI 53095-9791           | \$ 9,953.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 369        | WEYCO GROUP<br><br>333 W ESTABROOK BLVD STOP 1<br><br>GLENDALE, WI 53212-1067                       | \$ 13,190.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 370        | WHOLE FOODS MARKET<br><br>2305 N. PROSPECT AVE.<br><br>MILWAUKEE, WI 53211                          | \$ 131,914.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 371        | WILLIAM & KAREN SHULL<br><br>8490 S GOLDEN LAKE WAY<br><br>FRANKLIN, WI 53132-8180                  | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 372        | WINNOA FOODS<br><br>1552 LINEVILLE RD.<br><br>GREEN BAY, WI 54313                                   | \$ 27,373.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |

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| Name of organization<br><br><b>FEEDING AMERICA EASTERN WISCONSIN, INC.</b> | Employer identification number<br><br><b>39-1384593</b> |
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 373        | WOODMAN'S - OAK CREEK<br><br>8131 S. HOWELL AVENUE<br><br>OAK CREEK, WI 53154                               | \$ 10,343.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 374        | WOOLSEY FAMILY TRUST<br>MORGAN STANLEY GIFT FUND, 2000<br>WESTCHESTER AVE FLOOR 2<br><br>PURCHASE, NY 10577 | \$ 15,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 375        | Z.T. WHOLESALE<br><br>5441 S 9TH STREET<br><br>MILWAUKEE, WI 53221  | \$ 99,408.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 376        | ZILBER FAMILY FOUNDATION<br><br>710 N PLANKINTON AVE STE 1200<br><br>MILWAUKEE, WI 53203-2418               | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| _____      | _____<br><br>_____<br><br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____<br><br>_____<br><br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

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| Name of organization<br><br><b>FEEDING AMERICA EASTERN WISCONSIN, INC.</b> | Employer identification number<br><br><b>39-1384593</b> |
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
| <u>6</u>                     | FOOD<br>_____<br>_____<br>_____              | \$ <u>7,768.</u>                                | <u>06/30/22</u>      |
| <u>7</u>                     | FOOD<br>_____<br>_____<br>_____              | \$ <u>1,242,505.</u>                            | <u>06/30/22</u>      |
| <u>10</u>                    | FOOD<br>_____<br>_____<br>_____              | \$ <u>7,733,384.</u>                            | <u>06/30/22</u>      |
| <u>14</u>                    | FOOD<br>_____<br>_____<br>_____              | \$ <u>14,730.</u>                               | <u>06/30/22</u>      |
| <u>18</u>                    | FOOD<br>_____<br>_____<br>_____              | \$ <u>383,228.</u>                              | <u>06/30/22</u>      |
| <u>25</u>                    | FOOD<br>_____<br>_____<br>_____              | \$ <u>692,602.</u>                              | <u>06/30/22</u>      |

Name of organization

Employer identification number

**FEEDING AMERICA EASTERN WISCONSIN, INC.****39-1384593****Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
| 26                           | FOOD<br>_____<br>_____<br>_____              | \$ 7,655.                                       | 06/30/22             |
| 31                           | FOOD<br>_____<br>_____<br>_____              | \$ 150,165.                                     | 06/30/22             |
| 38                           | FOOD<br>_____<br>_____<br>_____              | \$ 67,812.                                      | 06/30/22             |
| 42                           | FOOD<br>_____<br>_____<br>_____              | \$ 99,717.                                      | 06/30/22             |
| 45                           | FOOD<br>_____<br>_____<br>_____              | \$ 40,990.                                      | 06/30/22             |
| 48                           | FOOD<br>_____<br>_____<br>_____              | \$ 152,957.                                     | 06/30/22             |

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| Name of organization<br><br><b>FEEDING AMERICA EASTERN WISCONSIN, INC.</b> | Employer identification number<br><br><b>39-1384593</b> |
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
| 49                           | FOOD<br>_____<br>_____<br>_____              | \$ <u>212,160.</u>                              | <u>06/30/22</u>      |
| 50                           | FOOD<br>_____<br>_____<br>_____              | \$ <u>133,079.</u>                              | <u>06/30/22</u>      |
| 51                           | FOOD<br>_____<br>_____<br>_____              | \$ <u>31,175.</u>                               | <u>06/30/22</u>      |
| 56                           | FOOD<br>_____<br>_____<br>_____              | \$ <u>31,075.</u>                               | <u>06/30/22</u>      |
| 57                           | FOOD<br>_____<br>_____<br>_____              | \$ <u>28,222.</u>                               | <u>06/30/22</u>      |
| 62                           | FOOD<br>_____<br>_____<br>_____              | \$ <u>21,850.</u>                               | <u>06/30/22</u>      |

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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
| 63                           | FOOD<br>_____<br>_____<br>_____              | \$ <u>29,965.</u>                               | <u>06/30/22</u>      |
| 64                           | FOOD<br>_____<br>_____<br>_____              | \$ <u>83,395.</u>                               | <u>06/30/22</u>      |
| 66                           | FOOD<br>_____<br>_____<br>_____              | \$ <u>148,572.</u>                              | <u>06/30/22</u>      |
| 69                           | FOOD<br>_____<br>_____<br>_____              | \$ <u>669,143.</u>                              | <u>06/30/22</u>      |
| 70                           | FOOD<br>_____<br>_____<br>_____              | \$ <u>22,827.</u>                               | <u>06/30/22</u>      |
| 71                           | FOOD<br>_____<br>_____<br>_____              | \$ <u>34,666.</u>                               | <u>06/30/22</u>      |

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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
| <u>72</u>                    | FOOD<br>_____<br>_____<br>_____              | \$ <u>1,571,662.</u>                            | <u>06/30/22</u>      |
| <u>74</u>                    | FOOD<br>_____<br>_____<br>_____              | \$ <u>14,964.</u>                               | <u>06/30/22</u>      |
| <u>87</u>                    | FOOD<br>_____<br>_____<br>_____              | \$ <u>433,897.</u>                              | <u>06/30/22</u>      |
| <u>95</u>                    | FOOD<br>_____<br>_____<br>_____              | \$ <u>6,589.</u>                                | <u>06/30/22</u>      |
| <u>105</u>                   | FOOD<br>_____<br>_____<br>_____              | \$ <u>9,076.</u>                                | <u>06/30/22</u>      |
| <u>106</u>                   | FOOD<br>_____<br>_____<br>_____              | \$ <u>137,190.</u>                              | <u>06/30/22</u>      |

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|--|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
| 108                          | FOOD<br>_____<br>_____<br>_____              | \$ 912,257.                                     | 06/30/22             |
| 111                          | FOOD<br>_____<br>_____<br>_____              | \$ 228,060.                                     | 06/30/22             |
| 116                          | FOOD<br>_____<br>_____<br>_____              | \$ 44,845.                                      | 06/30/22             |
| 117                          | FOOD<br>_____<br>_____<br>_____              | \$ 130,762.                                     | 06/30/22             |
| 118                          | FOOD<br>_____<br>_____<br>_____              | \$ 43,037.                                      | 06/30/22             |
| 125                          | FOOD<br>_____<br>_____<br>_____              | \$ 72,357.                                      | 06/30/22             |



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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
| 128                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>16,689.</u>                               | <u>06/30/22</u>      |
| 131                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>44,193.</u>                               | <u>06/30/22</u>      |
| 132                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>454,358.</u>                              | <u>06/30/22</u>      |
| 136                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>558,043.</u>                              | <u>06/30/22</u>      |
| 142                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>79,114.</u>                               | <u>06/30/22</u>      |
| 144                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>48,060.</u>                               | <u>06/30/22</u>      |

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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
| 145                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>214,723.</u>                              | <u>06/30/22</u>      |
| 147                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>1,094,586.</u>                            | <u>06/30/22</u>      |
| 152                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>193,041.</u>                              | <u>06/30/22</u>      |
| 177                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>134,776.</u>                              | <u>06/30/22</u>      |
| 178                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>266,373.</u>                              | <u>06/30/22</u>      |
| 181                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>54,240.</u>                               | <u>06/30/22</u>      |

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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
| 182                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>15,592.</u>                               | <u>06/30/22</u>      |
| 183                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>21,612.</u>                               | <u>06/30/22</u>      |
| 186                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>143,795.</u>                              | <u>06/30/22</u>      |
| 189                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>1,863,761.</u>                            | <u>06/30/22</u>      |
| 190                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>2,024,087.</u>                            | <u>06/30/22</u>      |
| 215                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>31,417.</u>                               | <u>06/30/22</u>      |

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|--|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
| 217                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>13,642.</u>                               | <u>06/30/22</u>      |
| 218                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>102,157.</u>                              | <u>06/30/22</u>      |
| 219                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>24,899.</u>                               | <u>06/30/22</u>      |
| 220                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>3,049,609.</u>                            | <u>06/30/22</u>      |
| 222                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>7,044.</u>                                | <u>06/30/22</u>      |
| 225                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>34,305.</u>                               | <u>06/30/22</u>      |

|  |   |
|--|---|
| Name of organization<br><br><b>FEEDING AMERICA EASTERN WISCONSIN, INC.</b> | Employer identification number<br><br><b>39-1384593</b> |
|--|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
| 238                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>1,023,769.</u>                            | <u>06/30/22</u>      |
| 239                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>275,954.</u>                              | <u>06/30/22</u>      |
| 240                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>248,709.</u>                              | <u>06/30/22</u>      |
| 241                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>39,863.</u>                               | <u>06/30/22</u>      |
| 243                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>77,518.</u>                               | <u>06/30/22</u>      |
| 246                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>165,272.</u>                              | <u>06/30/22</u>      |

|  |   |
|--|---|
| Name of organization<br><br><b>FEEDING AMERICA EASTERN WISCONSIN, INC.</b> | Employer identification number<br><br><b>39-1384593</b> |
|--|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
| 247                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>1,994,563.</u>                            | <u>06/30/22</u>      |
| 248                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>6,359.</u>                                | <u>06/30/22</u>      |
| 253                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>21,335.</u>                               | <u>06/30/22</u>      |
| 256                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>62,734.</u>                               | <u>06/30/22</u>      |
| 257                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>165,992.</u>                              | <u>06/30/22</u>      |
| 258                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>54,906.</u>                               | <u>06/30/22</u>      |

|  |   |
|--|---|
| Name of organization<br><br><b>FEEDING AMERICA EASTERN WISCONSIN, INC.</b> | Employer identification number<br><br><b>39-1384593</b> |
|--|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
| 259                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>12,806.</u>                               | <u>06/30/22</u>      |
| 262                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>29,096.</u>                               | <u>06/30/22</u>      |
| 265                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>8,145.</u>                                | <u>06/30/22</u>      |
| 267                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>31,390.</u>                               | <u>06/30/22</u>      |
| 268                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>6,403.</u>                                | <u>06/30/22</u>      |
| 269                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>29,739.</u>                               | <u>06/30/22</u>      |

|  |   |
|--|---|
| Name of organization<br><br><b>FEEDING AMERICA EASTERN WISCONSIN, INC.</b> | Employer identification number<br><br><b>39-1384593</b> |
|--|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
| 270                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>90,564.</u>                               | <u>06/30/22</u>      |
| 274                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>70,560.</u>                               | <u>06/30/22</u>      |
| 276                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>5,528.</u>                                | <u>06/30/22</u>      |
| 277                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>40,257.</u>                               | <u>06/30/22</u>      |
| 278                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>20,400.</u>                               | <u>06/30/22</u>      |
| 280                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>96,526.</u>                               | <u>06/30/22</u>      |



|  |   |
|--|---|
| Name of organization<br><br><b>FEEDING AMERICA EASTERN WISCONSIN, INC.</b> | Employer identification number<br><br><b>39-1384593</b> |
|--|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
| 281                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>107,380.</u>                              | <u>06/30/22</u>      |
| 285                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>7,025.</u>                                | <u>06/30/22</u>      |
| 291                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>2,979,926.</u>                            | <u>06/30/22</u>      |
| 295                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>77,117.</u>                               | <u>06/30/22</u>      |
| 297                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>4,772,231.</u>                            | <u>06/30/22</u>      |
| 300                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>78,647.</u>                               | <u>06/30/22</u>      |

|  |   |
|--|---|
| Name of organization<br><br><b>FEEDING AMERICA EASTERN WISCONSIN, INC.</b> | Employer identification number<br><br><b>39-1384593</b> |
|--|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
| 304                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>8,586.</u>                                | <u>06/30/22</u>      |
| 307                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>190,138.</u>                              | <u>06/30/22</u>      |
| 308                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>682,211.</u>                              | <u>06/30/22</u>      |
| 309                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>194,287.</u>                              | <u>06/30/22</u>      |
| 310                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>19,482.</u>                               | <u>06/30/22</u>      |
| 311                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>80,460.</u>                               | <u>06/30/22</u>      |

|  |   |
|--|---|
| Name of organization<br><br><b>FEEDING AMERICA EASTERN WISCONSIN, INC.</b> | Employer identification number<br><br><b>39-1384593</b> |
|--|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
| 313                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>76,740.</u>                               | <u>06/30/22</u>      |
| 314                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>52,003.</u>                               | <u>06/30/22</u>      |
| 317                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>17,674.</u>                               | <u>06/30/22</u>      |
| 322                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>10,840.</u>                               | <u>06/30/22</u>      |
| 324                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>81,291.</u>                               | <u>06/30/22</u>      |
| 325                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>302,920.</u>                              | <u>06/30/22</u>      |

|  |   |
|--|---|
| Name of organization<br><br><b>FEEDING AMERICA EASTERN WISCONSIN, INC.</b> | Employer identification number<br><br><b>39-1384593</b> |
|--|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
| 327                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>3,517,079.</u>                            | <u>06/30/22</u>      |
| 347                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>28,785.</u>                               | <u>06/30/22</u>      |
| 349                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>52,740.</u>                               | <u>06/30/22</u>      |
| 351                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>115,388.</u>                              | <u>06/30/22</u>      |
| 352                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>645,245.</u>                              | <u>06/30/22</u>      |
| 355                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>68,592.</u>                               | <u>06/30/22</u>      |

|  |   |
|--|---|
| Name of organization<br><br><b>FEEDING AMERICA EASTERN WISCONSIN, INC.</b> | Employer identification number<br><br><b>39-1384593</b> |
|--|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
| 356                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>1,189,006.</u>                            | <u>06/30/22</u>      |
| 357                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>251,912.</u>                              | <u>06/30/22</u>      |
| 358                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>66,294.</u>                               | <u>06/30/22</u>      |
| 361                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>379,016.</u>                              | <u>06/30/22</u>      |
| 365                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>8,253,105.</u>                            | <u>06/30/22</u>      |
| 370                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>131,914.</u>                              | <u>06/30/22</u>      |

|  |   |
|--|---|
| Name of organization<br><br><b>FEEDING AMERICA EASTERN WISCONSIN, INC.</b> | Employer identification number<br><br><b>39-1384593</b> |
|--|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
| 372                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>27,373.</u>                               | <u>06/30/22</u>      |
| 373                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>10,343.</u>                               | <u>06/30/22</u>      |
| 375                          | FOOD<br>_____<br>_____<br>_____              | \$ <u>99,408.</u>                               | <u>06/30/22</u>      |
| _____                        | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____  | _____                |

|  |   |
|--|---|
| Name of organization<br><b>FEEDING AMERICA EASTERN WISCONSIN, INC.</b> | Employer identification number<br><b>39-1384593</b> |
|--|---|

**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

2021

Open to Public Inspection

Name of the organization FEEDING AMERICA EASTERN WISCONSIN, INC. Employer identification number 39-1384593

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

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

Form with multiple sections: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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. (Includes sub-table for 2a-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.

Form with sections: 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. 1b 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.



**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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance                            |                  |                |                    |                      |                     |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  \_\_\_\_\_ %
  - b** Permanent endowment  \_\_\_\_\_ %
  - c** Term endowment  \_\_\_\_\_ %
- 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 |
|--|---------------|----|
| <b>(i)</b> Unrelated organizations   | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <b>3b</b>     |    |
- 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 |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land   |                                      | 399,373.                        |                              | 399,373.       |
| <b>b</b> Buildings   |                                      | 13,711,969.                     | 5,578,616.                   | 8,133,353.     |
| <b>c</b> Leasehold improvements  |                                      |                                 |                              |                |
| <b>d</b> Equipment   |                                      | 2,339,331.                      | 1,459,227.                   | 880,104.       |
| <b>e</b> Other   |                                      | 903,587.                        | 603,286.                     | 300,301.       |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 9,713,131.     |

**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)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) |                |   |

**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)   |                |   |
| <b>Total.</b> (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) MILWAUKEE FOUNDATION - INVESTMENTS                                    | 4,744,196.     |
| (2) FEEDING AMERICA EASTERN WISCONSIN FOUNDATION -                        |                |
| (3) INVESTMENTS   | 2,819,791.     |
| (4) INVENTORY - DONATED PRODUCT   | 1,117,150.     |
| (5) PREPAID PURCHASED PRODUCT   | 103,288.       |
| (6) INVENTORY - UNITED STATES DEPARTMENT OF AGRICULTURE                   |                |
| (7) (USDA)  | 20,706.        |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 8,805,131.     |

**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) FINANCE LEASE PAYABLE - LONG TERM                                     | 888,009.       |
| (3) OPERATING LEASE PAYABLE   | 23,442.        |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 911,451.       |

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.

|          |  |           |             |
|----------|--|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  | 72,366,925. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |             |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> |             |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> |             |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> | -1,019,692. |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> | -1,019,692. |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  | 73,386,617. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> | 0.          |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 73,386,617. |

**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.

|          |   |           |             |
|----------|---|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  | 74,731,469. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |             |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> |             |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |             |
| <b>c</b> | Other losses  | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> | 113,980.    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> | 113,980.    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  | 74,617,489. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> | 0.          |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 74,617,489. |

**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 X, LINE 2:**

THE ORGANIZATION HAS QUALIFIED FOR EXEMPTION FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. DONATIONS TO THE ORGANIZATION QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A). ADDITIONALLY, THE ORGANIZATION IS CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2). NONE OF THE ORGANIZATION'S CURRENT ACTIVITIES ARE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

SPECIAL EVENTS EXPENSE 113,980.  
 CHANGE IN FAIR VALUE - FEEDING AMERICA EASTERN WISCONSIN

**Part XIII** Supplemental Information (continued)

FOUNDATION, INC. -248,254.

CHANGE IN FAIR VALUE - GREATER MILWAUKEE FOUNDATION -885,418.

TOTAL TO SCHEDULE D, PART XI, LINE 2D -1,019,692.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE 113,980.

Multiple horizontal lines for additional entries under Part XII, Line 2D - Other Adjustments.

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

**FEEDING AMERICA EASTERN WISCONSIN, INC.**

Employer identification number

**39-1384593**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity          | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|------------------------|--|----|-----------------------------------|---|---|
|   |                        | Yes  | No |                                   |   |   |
| TRUE SENSE MARKETING - 155<br>COMMERCE DRIVE, FREEDOM, PA | DIRECT MAIL CONSULTANT |  | X  | 2,083,518.                        | 438,820.  | 1,644,698.  |
|   |                        |  |    |                                   |   |   |
|   |                        |  |    |                                   |   |   |
|   |                        |  |    |                                   |   |   |
|   |                        |  |    |                                   |   |   |
|   |                        |  |    |                                   |   |   |
|   |                        |  |    |                                   |   |   |
|   |                        |  |    |                                   |   |   |
|   |                        |  |    |                                   |   |   |
|   |                        |  |    |                                   |   |   |
|   |                        |  |    |                                   |   |   |
|   |                        |  |    |                                   |   |   |
|   |                        |  |    |                                   |   |   |
|   |                        |  |    |                                   |   |   |
|   |                        |  |    |                                   |   |   |
|   |                        |  |    |                                   |   |   |
|   |                        |  |    |                                   |   |   |
| <b>Total</b>  |                        |  |    | 2,083,518.                        | 438,820.  | 1,644,698.  |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO  
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |  | (a) Event #1  | (b) Event #2                   | (c) Other events    | (d) Total events                |          |
|-----------------|--|---|--------------------------------|---------------------|---------------------------------|----------|
|                 |  | FEED YOUR SOUL<br>(event type)                              | GRATEFUL PLATE<br>(event type) | 1<br>(total number) | (add col. (a) through col. (c)) |          |
| Revenue         | 1  | Gross receipts  | 104,458.                       | 269,074.            | 179,448.                        | 552,980. |
|                 | 2  | Less: Contributions   | 82,162.                        | 155,182.            | 165,410.                        | 402,754. |
|                 | 3  | Gross income (line 1 minus line 2)                          | 22,296.                        | 113,892.            | 14,038.                         | 150,226. |
| Direct Expenses | 4  | Cash prizes   |                                |                     |                                 |          |
|                 | 5  | Noncash prizes  |                                |                     |                                 |          |
|                 | 6  | Rent/facility costs   | 4,022.                         |                     |                                 | 4,022.   |
|                 | 7  | Food and beverages  | 4,990.                         | 22,194.             | 24,954.                         | 52,138.  |
|                 | 8  | Entertainment   |                                |                     |                                 |          |
|                 | 9  | Other direct expenses                                       | 19,687.                        | 31,674.             | 6,459.                          | 57,820.  |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) |                                |                     |                                 | 113,980. |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) |   |                                |                     | 36,246.                         |          |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |  | (a) Bingo   | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|--|---|---|---|--|
|                 |  |   |   |   |  |
| Revenue         | 1  | Gross revenue   |   |   |  |
|                 | 2  | Cash prizes   |   |   |  |
| Direct Expenses | 3  | Noncash prizes  |   |   |  |
|                 | 4  | Rent/facility costs   |   |   |  |
|                 | 5  | Other direct expenses   |   |   |  |
| 6               | Volunteer labor  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |  |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d)        |   |   |   |  |
| 8               | Net gaming income summary. Subtract line 7 from line 1, column (d) |   |   |   |  |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

|                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: TRUE SENSE MARKETING

(I) ADDRESS OF FUNDRAISER: 155 COMMERCE DRIVE, FREEDOM, PA 15042





**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

**FEEDING AMERICA EASTERN WISCONSIN, INC.**

Employer identification number  
**39-1384593**

**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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| OSHKOSH AREA COMMUNITY PANTRY<br>2551 JACKSON STREET<br>OSHKOSH, WI 54901                                   | 26-3714702 | 501(C)(3)                       | 129,514.                 | 0.                               |   |                                       | FOOD                               |
| SAUKVILLE COMMUNITY FOOD PANTRY<br>166 W. DKORA STREET<br>SAUKVILLE, WI 53080                               | 45-3248143 | 501(C)(3)                       | 62,521.                  | 0.                               |   |                                       | FOOD                               |
| EBENEZER/FOOD PANTRY & FRESH FOOD RECOVERY PROGRAM (STONE INDUSTRIES) - PO BOX 341591 - MILWAUKEE, WI 53234 | 81-2895091 | 501(C)(3)                       | 62,311.                  | 0.                               |   |                                       | FOOD                               |
| ADORATION ABODE<br>740 N. CHURCH STREET<br>WATERTOWN, WI 53094  | 33-0200897 | 501(C)(3)                       | 58,422.                  | 0.                               |   |                                       | FOOD                               |
| WALWORTH COUNTY FOOD PANTRY INC.<br>205 E. COMMERCE COURT<br>ELKHORN, WI 53121                              | 36-3641124 | 501(C)(3)                       | 54,807.                  | 0.                               |   |                                       | FOOD                               |
| COMMUNITY SUPPORT CENTER DBA BREAD BASKET - 415 S. 8TH STREET - WATERTOWN, WI 53094                         |            | 501(C)(3)                       | 50,031.                  | 0.                               |   |                                       | FOOD                               |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **56.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2021

**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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| SENIOR NUTR. PROGRAM / GREATER GALILEE - 2432 N. TEUTONIA AVENUE - MILWAUKEE, WI 53206 |            | 501(C)(3)                     | 40,562.                  | 0.                                |   |  | FOOD                               |
| VIVENT HEALTH TOTAL 648 N. PLANKINTON AVENUE SUITE 200 MILWAUKEE, WI 53203             | 39-1534049 | 501(C)(3)                     | 32,538.                  | 0.                                |   |  | FOOD                               |
| LAMB OF GOD MISSIONARY BAPTIST CHURCH - 8415 W. BRADLEY RD - MILWAUKEE, WI 53224       |            | 501(C)(3)                     | 32,114.                  | 0.                                |   |  | FOOD                               |
| GROW IT FORWARD PANTRY 1501 MARSHALL ST. MANITOWOC, WI 54220                           | 47-1932867 | 501(C)(3)                     | 26,059.                  | 0.                                |   |  | FOOD                               |
| SAXEVILLE COMMUNITY CHURCH W4616 S. HWY A SAXEVILLE, WI 54976                          | 26-1161750 | 501(C)(3)                     | 25,369.                  | 0.                                |   |  | FOOD                               |
| SHAWANO AREA FOOD PANTRY PO BOX 570 SHAWANO, WI 54166                                  | 35-2178295 | 501(C)(3)                     | 25,271.                  | 0.                                |   |  | FOOD                               |
| RHINELANDER AREA FOOD PANTRY 627 COON STREET RHINELANDER, WI 54501                     | 33-1141966 | 501(C)(3)                     | 25,119.                  | 0.                                |   |  | FOOD                               |
| THE NEIGHBORS PLACE INC 745 SCOTT STREET WAUSAU, WI 54403                              | 39-1640241 | 501(C)(3)                     | 24,157.                  | 0.                                |   |  | FOOD                               |
| MILWAUKEE ISLAMIC DAWA 5135 N TEUTONIA AVENUE MILWAUKEE, WI 53209                      | 39-1846617 | 501(C)(3)                     | 23,857.                  | 0.                                |   |  | FOOD                               |

| <b>Part II</b> 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 |
| JUST ONE MORE MINISTRY<br>4180 N. LYDELL AVE<br>GLENDALE, WI 53212  | 46-1176899 | 501(C)(3)                     | 23,352.                  | 0.                                |   |  | FOOD                               |
| SVDP FLORENCE<br>400 CENTRAL AVE<br>FLORENCE, WI 54121  | 39-0806406 | 501(C)(3)                     | 21,958.                  | 0.                                |   |  | FOOD                               |
| INTERCHANGE FOOD PANTRY<br>1105 N. WAVERLY PLACE<br>MILWAUKEE, WI 53202   | 23-7175702 | 501(C)(3)                     | 21,348.                  | 0.                                |   |  | FOOD                               |
| ADRC OF MARQUETTE COUNTY<br>428 UNDERWOOD AVE<br>MONTELLO, WI 53949   |            | 501(C)(3)                     | 21,171.                  | 0.                                |   |  | FOOD                               |
| WAUSHARA COUNTY FOOD PANTRY<br>220 N. OAKRIDGE CT<br>WAUTOMA, WI 54982  | 39-1138893 | 501(C)(3)                     | 16,364.                  | 0.                                |   |  | FOOD                               |
| SHERMAN PARK COMMUNITY MINISTRIES<br>3302 N. SHERMAN BLVD<br>MILWAUKEE, WI 53210  |            | 501(C)(3)                     | 14,714.                  | 0.                                |   |  | FOOD                               |
| JOSEPH HOPE FP<br>612 E. NORTH STREET<br>PLAINFIELD, WI 54966   |            | 501(C)(3)                     | 14,000.                  | 0.                                |   |  | FOOD                               |
| CROSS LUTHERAN CHURCH PANTRY<br>1821 N. 16TH. ST.<br>MILWAUKEE, WI 53205  |            | 501(C)(3)                     | 13,161.                  | 0.                                |   |  | FOOD                               |
| NEWCAP INC<br>1201 MAIN STREET<br>OCONTO, WI 54153  | 39-1050492 | 501(C)(3)                     | 13,006.                  | 0.                                |   |  | FOOD                               |

**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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| MIDWEST INDIAN MISSION<br>601 N. SUMMIT AVE.<br>CRANDON, WI 54520                               | 23-7042266 | 501(C)(3)                     | 12,969.                  | 0.                                |   |  | FOOD                               |
| EAGLES NEST CHURCH<br>14485 W. HAMPTON ROAD<br>BROOKFIELD, WI 53005                             | 39-1563067 | 501(C)(3)                     | 12,630.                  | 0.                                |   |  | FOOD                               |
| LAKELAND PANTRY / HOWARD YOUNG<br>FOUNDATION - 1707 HIGHWAY 51 NORTH<br>- ARBOR VITAE, WI 54568 | 39-1563067 | 501(C)(3)                     | 12,521.                  | 0.                                |   |  | FOOD                               |
| BAKERS SUPPLY CO., INC.<br>PO BOX 437<br>GREENVILLE, WI 54942                                   |            | 501(C)(3)                     | 12,487.                  | 0.                                |   |  | FOOD                               |
| FAITH SANTA FE LUTHERAN CHURCH<br>PANTRY - 1000 S. LAYTON BLVD. -<br>MILWAUKEE, WI 53215        | 41-1568278 | 501(C)(3)                     | 11,708.                  | 0.                                |   |  | FOOD                               |
| KINGDOM COME FOOD PANTRY<br>520 N. LOCUST ST.<br>OCONTO FALLS, WI 54153                         |            | 501(C)(3)                     | 17,077.                  | 0.                                |   |  | FOOD                               |
| SHEPARDS WATCH COMMUNITY<br>507 STONE AVE<br>MATTOON, WI 54450                                  |            | 501(C)(3)                     | 11,238.                  | 0.                                |   |  | FOOD                               |
| THE BREAD BARN<br>8095 BETHEL RD<br>ARPIN, WI 54410   |            | 501(C)(3)                     | 11,041.                  | 0.                                |   |  | FOOD                               |
| RESURRECTION LUTHERAN FOOD PANTRY<br>1024 SHAWANO AVE<br>GREEN BAY, WI 54303                    | 41-1568278 | 501(C)(3)                     | 10,989.                  | 0.                                |   |  | FOOD                               |

**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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| COA YOUTH & FAMILY CENTERS<br>990 E. NORTH AVENUE<br>MILWAUKEE, WI 53212               |            | 501(C)(3)                     | 9,214.                   | 0.                                |   |  | FOOD                               |
| UNITED MIGRANT OPPORTUNITY SERVICES INC. - 2701 S. CHASE AVE.<br>- MILWAUKEE, WI 53207 | 39-1047172 | 501(C)(3)                     | 9,169.                   | 0.                                |   |  | FOOD                               |
| THE FAMILY CENTER<br>500 25TH ST. N<br>WISCONSIN RAPIDS, WI 54494                      |            | 501(C)(3)                     | 8,983.                   | 0.                                |   |  | FOOD                               |
| SALVATION ARMY - SHEBOYGAN<br>710 PENNSYLVANIA AVE.<br>SHEBOYGAN, WI 53081             | 36-2167910 | 501(C)(3)                     | 8,430.                   | 0.                                |   |  | FOOD                               |
| SALVATION ARMY - OSHKOSH<br>417 ALGOMA STREET<br>OSHKOSH, WI 54901                     | 36-2167910 | 501(C)(3)                     | 8,430.                   | 0.                                |   |  | FOOD                               |
| SVDP - HELPING HANDS FOOD PANTRY<br>1724 MADISON ST<br>NEW HOLSTEIN, WI 53061          |            | 501(C)(3)                     | 8,011.                   | 0.                                |   |  | FOOD                               |
| GREEN LAKE COUNTY FOOD PANTRY<br>500 LAKE STEEL ST.<br>GREEN LAKE, WI 54941            | 39-1598292 | 501(C)(3)                     | 7,308.                   | 0.                                |   |  | FOOD                               |
| AMANI COMMUNITY FOOD PANTRY<br>2480 W. LOCUST STREET<br>MILWAUKEE, WI 53206            | 81-3210627 | 501(C)(3)                     | 6,970.                   | 0.                                |   |  | FOOD                               |
| ST. PETER IMMANUEL LUTHERAN CHURCH<br>7801 WEST ACACIA STREET<br>MILWAUKEE, WI 53223   |            | 501(C)(3)                     | 6,792.                   | 0.                                |   |  | FOOD                               |

**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 |
|---|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| GREATER NEW BIRTH M.B. CHURCH<br>8237 WEST SILVER SPRING DRIVE<br>MILWAUKEE, WI 53218 |         | 501(C)(3)                     | 6,655.                   | 0.                                |   |  | FOOD                               |
| SALVATION ARMY - RACINE<br>1901 WASHINGTON AVENUE<br>RACINE, WI 53403                 |         | 501(C)(3)                     | 6,601.                   | 0.                                |   |  | FOOD                               |
| FAITHWORKS FOOD PANTRY<br>2915 WRIGHT AVENUE<br>RACINE, WI 53405                      |         | 501(C)(3)                     | 6,473.                   | 0.                                |   |  | FOOD                               |
| B&B TRAILERS<br>1054 WEST SUMNER STREET<br>HARTFORD, WI 53027                         |         | 501(C)(3)                     | 6,120.                   | 0.                                |   |  | FOOD                               |
| CITY OF FAITH<br>6420 W. MITCHELL<br>WEST ALLIS, WI 53214                             |         | 501(C)(3)                     | 6,109.                   | 0.                                |   |  | FOOD                               |
| OPERATION BOOTSTRAP<br>5000 HEFFRON ST.<br>STEVENS POINT, WI 54481                    |         | 501(C)(3)                     | 5,920.                   | 0.                                |   |  | FOOD                               |
| THE GOOD WILL PLACE<br>501 HOWE ST<br>GREEN BAY, WI 54301                             |         | 501(C)(3)                     | 5,860.                   | 0.                                |   |  | FOOD                               |
| NORTHCOTT NEIGHBORHOOD HOUSE<br>2460 N. 6TH STREET<br>MILWAUKEE, WI 53212             |         | 501(C)(3)                     | 5,763.                   | 0.                                |   |  | FOOD                               |
| MISSION OF CHRIST LUTHERAN PANTRY<br>912 W. CENTER STREET<br>MILWAUKEE, WI 53206      |         | 501(C)(3)                     | 5,719.                   | 0.                                |   |  | FOOD                               |

**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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| FREEDOM CENTER FOOD PANTRY<br>1110 SOUTH ONIEDA ST.<br>APPLETON, WI 54915  | 47-0935218 | 501(C)(3)                     | 5,694.                   | 0.                                |   |  | FOOD                               |
| STEWARDS OF GRACE MINISTRIES<br>10821 STAGE RD<br>BRUSSELS, WI 54204   |            | 501(C)(3)                     | 5,534.                   | 0.                                |   |  | FOOD                               |
| BETHANY LUTHERAN CHURCH<br>2031 N. 38TH STREET<br>MILWAUKEE, WI 53208  |            | 501(C)(3)                     | 5,475.                   | 0.                                |   |  | FOOD                               |
| SE WI EMERGENCY SUPPORT GROUP<br>713 N. GRANDVIEW BLVD<br>WAUKESHA, WI 53188                                     | 85-1044086 | 501(C)(3)                     | 58,205.                  | 0.                                |   |  | FOOD                               |
| JOURNEY DISASTER RESPONSE TEAM -<br>FOOD DISTRIBUTION (JOURNEY CHURCH)<br>- 10700 75TH ST - KENOSHA, WI<br>53142 |            | 501(C)(3)                     | 51,187.                  | 0.                                |   |  | FOOD                               |
|  |            |                               |                          |                                   |   |  |                                    |
|  |            |                               |                          |                                   |   |  |                                    |
|  |            |                               |                          |                                   |   |  |                                    |
|  |            |                               |                          |                                   |   |  |                                    |

**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   |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---|
| FOOD                            | 483                      | 0.                       | 61,569,494.                       | AVERAGE VALUE PER POUND                               | FOOD DISTRIBUTED AT REDUCED OR NO COST TO QUALIFIED ORGANIZATIONS WHO DISTRIBUTE TO INDIVIDUALS |
| FOOD                            | 483                      | 0.                       | 1,260,982.                        | COST  | FOOD DISTRIBUTED AT REDUCED OR NO COST TO QUALIFIED ORGANIZATIONS WHO DISTRIBUTE TO INDIVIDUALS |
|                                 |                          |                          |                                   |   |   |
|                                 |                          |                          |                                   |   |   |
|                                 |                          |                          |                                   |   |   |

**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:

ALL PROGRAMS WHO RECEIVE GRANTS ARE MEMBER AGENCIES OF FEEDING AMERICA & ARE SUBJECT TO REQUIREMENTS DETERMINED BY FEEDING AMERICA NATIONAL, INCLUDING RECORD KEEPING AND SITE VISITS.

SCHEDULE I, PART III, COLUMN (E)

THIS ESTIMATE IS BASED ON THE HUNGER STUDY, WHICH IS CONDUCTED BY AN INDEPENDENT RESEARCH FIRM. IT IS A REPORT BASED ON A MAIL SURVEY OF

846 ACTIVE PROGRAMS OPERATING FOOD PANTRIES, SOUP KITCHENS, AND





**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

**FEEDING AMERICA EASTERN WISCONSIN, INC.**

Employer identification number

**39-1384593**

**Part I Questions Regarding Compensation**

|  | Yes       | No       |
|--|-----------|----------|
| <b>1a</b> 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.<br><input type="checkbox"/> First-class or charter travel<br><input type="checkbox"/> Travel for companions<br><input type="checkbox"/> Tax indemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account<br><input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |           |          |
| <b>b</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 .....  | <b>1b</b> |          |
| <b>2</b> 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? .....  | <b>2</b>  |          |
| <b>3</b> 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.<br><input type="checkbox"/> Compensation committee<br><input type="checkbox"/> Independent compensation consultant<br><input type="checkbox"/> Form 990 of other organizations<br><input checked="" type="checkbox"/> Written employment contract<br><input checked="" type="checkbox"/> Compensation survey or study<br><input checked="" type="checkbox"/> Approval by the board or compensation committee   |           |          |
| <b>4</b> 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:<br><b>a</b> Receive a severance payment or change-of-control payment? .....  | <b>4a</b> | <b>X</b> |
| <b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....   | <b>4b</b> | <b>X</b> |
| <b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....  | <b>4c</b> | <b>X</b> |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  |           |          |
| <b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>  |           |          |
| <b>5</b> 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:<br><b>a</b> The organization? .....  | <b>5a</b> | <b>X</b> |
| <b>b</b> Any related organization? .....   | <b>5b</b> | <b>X</b> |
| If "Yes" on line 5a or 5b, describe in Part III.   |           |          |
| <b>6</b> 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:<br><b>a</b> The organization? .....  | <b>6a</b> | <b>X</b> |
| <b>b</b> Any related organization? .....   | <b>6b</b> | <b>X</b> |
| If "Yes" on line 6a or 6b, describe in Part III.   |           |          |
| <b>7</b> 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 .....   | <b>7</b>  | <b>X</b> |
| <b>8</b> 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 .....   | <b>8</b>  | <b>X</b> |
| <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....  | <b>9</b>  |          |

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

Schedule J (Form 990) 2021



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **FEEDING AMERICA EASTERN WISCONSIN, INC.** Employer identification number **39-1384593**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>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                               |                            |   |  |   |
| 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                          | 606   | 59,625,475.  | FAIR MARKET VALUE   |
| 20 Drugs and medical supplies                                |                            |   |  |   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ( )   |                            |   |  |   |
| 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** **0**

|   | 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) 2021



**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

FEEDING AMERICA EASTERN WISCONSIN, INC.

Employer identification number

39-1384593

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

THE CEO AND MEMBERS OF THE FINANCE COMMITTEE REVIEW FORM 990. THE BOARD IS PROVIDED A COPY OF THE RETURN BEFORE FILING.

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

BOARD MEMBERS & KEY EMPLOYEES MUST REGULARLY STATE IF THEY ARE ENGAGED OR INTEND TO ENGAGE WITH ANY ENTITIES THAT WILL CREATE A CONFLICT OF INTEREST.

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

EXECUTIVE BOARD REVIEWS PERFORMANCE AND APPROVES SALARY OF TOP OFFICIALS.

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

ORGANIZATION MAKES ALL INFORMATION AVAILABLE TO THE PUBLIC VIA THEIR OWN WEBSITE AND UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

|   |             |
|---|-------------|
| CHANGE IN FAIR VALUE - FEEDING AMERICA EASTERN WISCONSIN FOUNDATION, INC. | -248,254.   |
| CHANGE IN FAIR VALUE - GREATER MILWAUKEE FOUNDATION                       | -885,418.   |
| TOTAL TO FORM 990, PART XI, LINE 9  | -1,133,672. |

FORM 990, PART XII, LINE 2C

NO CHANGES HAVE BEEN MADE FROM THE PRIOR YEAR.

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

Name of the organization

FEEDING AMERICA EASTERN WISCONSIN, INC.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Employer identification number  
39-1384593

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
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|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity                                       | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|---|---|---|-------------------------------|---|-------------------------------------|--|----|
|   |   |   |                               |   |                                     | Yes  | No |
| FEEDING AMERICA EASTERN WISCONSIN FOUNDATION<br>- 39-1808502, 1700 W. FOND DU LAC AVE,<br>MILWAUKEE, WI 53205 | RAISE FUNDS FOR FEEDING<br>AMERICA EASTERN WISCONSIN,<br>INC. | WISCONSIN   | 501(C)(3)                     | LINE 12C,<br>III-FI<br>N/A                                |                                     |  | X  |
|   |   |   |                               |   |                                     |  |    |
|   |   |   |                               |   |                                     |  |    |
|   |   |   |                               |   |                                     |  |    |
|   |   |   |                               |   |                                     |  |    |
|   |   |   |                               |   |                                     |  |    |
|   |   |   |                               |   |                                     |  |    |
|   |   |   |                               |   |                                     |  |    |
|   |   |   |                               |   |                                     |  |    |
|   |   |   |                               |   |                                     |  |    |
|   |   |   |                               |   |                                     |  |    |



**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? | (k)<br>Percentage ownership |
|--|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|-----------------------------|
|  |                         |  |                                  |  |                              |                                    | Yes                                  | No |  |                                     |                             |
|  |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |                             |
|  |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |                             |
|  |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |                             |
|  |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |                             |
|  |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |                             |
|  |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |                             |
|  |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |                             |
|  |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |                             |
|  |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |                             |
|  |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |                             |
|  |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |                             |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|  |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
|  |                         |  |                                  |  |                              |                                    |                             |  |    |
|  |                         |  |                                  |  |                              |                                    |                             |  |    |
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**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|  | Yes | No |
|--|-----|----|
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ..... |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....                                 |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....                               |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....                                      |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....   |     | X  |
| <b>f</b> Dividends from related organization(s) .....  |     | X  |
| <b>g</b> Sale of assets to related organization(s) .....   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) .....   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) .....   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....                      |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....                    |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....  |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....   |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....   |     | X  |
| <b>o</b> Sharing of paid employees with related organization(s) .....  |     | X  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....                                      |     | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....                                      |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) .....                                   |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) .....                                 |     | X  |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization                          | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| FEEDING AMERICA OF EASTERN WISCONSIN<br>(1) FOUNDATION, INC. | S                             | 10,000                 | CASH DONATION                                |
| (2)  |                               |                        |  |
| (3)  |                               |                        |  |
| (4)  |                               |                        |  |
| (5)  |                               |                        |  |
| (6)  |                               |                        |  |

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN<br>of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (e)<br>Are all<br>partners sec.<br>501(c)(3)<br>orgs.? |    | (f)<br>Share of<br>total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Dispropor-<br>tionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|---|--|----|------------------------------------|--|--|----|---|---|----|--------------------------------|
|  |                         |  |   | Yes  | No |                                    |  | Yes  | No |   | Yes                                       | No |                                |
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# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  |  |   |
|--|--|---|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>FEEDING AMERICA EASTERN WISCONSIN, INC.</b>        | Taxpayer identification number (TIN)<br><b>39-1384593</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>1700 W. FOND DU LAC AVENUE</b>            |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>MILWAUKEE, WI 53205</b> |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |
| Form 990-T (corporation)                 | 07          |                                   |             |

**MARK KRAVCHUK**

• The books are in the care of ▶ **1700 W. FOND DU LAC AVE. - MILWAUKEE, WI 53205**

Telephone No. ▶ **414-831-6306** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

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