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				EXTENDED TO MA			1000	Ψ ,						
	Form	990-T	E	xempt Organization Bus			ax Ketur	n	OMB No	1545-0687				
-4 -4-	***			(and proxy tax unde				4	00	140				
٠ _			For cal	endar year 2018 or other tax year beginning JUL 1, 20		, and ending JUN			Zl)18				
Ĺ	Denartm	ent of the Treasury		➤ Go to www.irs.gov/Form990T for in:					Open to Put	olic Inspection for				
		Revenue Service	▶	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).										
1	A 🗀	Check box if		Name of organization (Check box if name cl	hanged	and see instructions.)			loyer identific oloyees' trust	ation number , see				
	.1	address changed						ınstrı	uctions)					
ī	B Exe	mpt under section	Print	FEED THE CHILDREN, INC.					73-6108					
	X	501(c ()3)	_ or	Number, street, and room or suite no. If a P.O. box	k, see in	structions.			lated busines instructions)	ss activity code				
		408(e) 220(e)	Type	333 N. MERIDIAN				╝`						
		408A 530(a)		City or town, state or province, country, and ZIP or	r foreig	n postal code								
	一	529(a)		OKLAHOMA CITY, OK 73107				9000	03					
-		value of all assets		F Group exemption number (See instructions.)	>		_							
	at en	d of year 91,858,	812.	G Check organization type ► X 501(c) corp	oration	501(c) trust	401(a) trust		Other trust				
ī	H Ente	r the number of the	organiza	tion's unrelated trades or businesses.	1	Describe	the only (or first) i	unrelated	l					
	trade	e or business here	► RENT	AL INCOME		. If only one,	complete Parts I-V	/. If more	e than one,					
	desc	ribe the first in the bl	lank spa	ce at the end of the previous sentence, complete Pa	rts I an	d II, complete a Schedule	M for each addition	nal trade	e or					
		ness, then complete I												
Ī				oration a subsidiary in an affiliated group or a paren	ıt-subsı	diary controlled group?	>	Y.	es X	No				
-				ifying number of the parent corporation.		•								
,		books are in care of		CHRISTY THARP		Teleph	one number 🕨	(405)-	-942-022	8				
ſ	Par	Unrelated	Trac	le or Business Income		(A) Income	(B) Expens	es	(C) Net				
	1a (Gross receipts or sale	s											
		ess returns and allow		c Balance ▶	1c									
		Cost of goods sold (S		A. line 7)	2		Richard Control	WORK	13.00	A Field				
		Gross profit. Subtract		·	3									
_		Capital gain net incom		1 \/	4a			MARKET THE	:					
50				art II, line 17) (attach Form 4797)	4b		6448.34K.3	14 X						
202	- c (Capital loss deduction		r -	4c	·	PART TRUE	West &						
rc) s 1			ship or an S corporation (attach statement)	5			F#1000						
2	6 F	Rent income (Schedu	•	(2.00.00.00.00.00.00.00.00.00.00.00.00.00	6									
垄		Inrelated debt-financ		ne (Schedule F)	7									
2				nd rents from a controlled organization (Schedule F)	8	113,724.	3.	4,732.	†	78,992.				
otin oti	•			on 501(c)(7), (9), or (17) organization (Schedule G)	$\overline{}$	· · · · · ·			1					
abla	_	exploited exempt active		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10				1	_				
(Advertising income (S	-	•	11									
-		Other income (See ins		•	12		第 次数据的数据		:					
₹ .		Fotal. Combine lines			13	113,724.	3-	4,732.		78,992.				
	Par			ot Taken Elsewhere (See instructions for										
				utions, deductions must be directly connected			income)							
•	14	Compensation of off	icers, di	rectors, and trustees (Schedule K)				14						
	15	Salaries and wages		RECEI	VEI	7		15						
		Repairs and mainten	ance	KEUEI	۷ ـــ۱	 7()		16						
	17	Bad debts				RS-OSK		17						
		Interest (attach sche	dule) (s	ee instructions)	202	0 121		18						
	19	Taxes and licenses	, (-	[6] """		1 <u>%</u>		19		6,500.				
	20		ons (Se	e instructions for limitation rules)	\1	iT		20		-				
		Depreciation (attach	•	I UGULI	N , C	21	7,370	2 22 2						
		•		n Schedule A and elsewhere on return		22a	7,370]	0.				
	23	Depletion				(23	1					
	24	Contributions to defe	erred co	mpensation plans				24	1					
	2 4 25	Employee benefit pro		portouror prairo				25						
	25 26	Excess exempt expe	-	chedule I)				26	1					
	20 27	Excess readership of						27	1					
_	21 28	Other deductions (at				SEE STATEMEN	NT 1	28	1	1,500.				
5	20 29	Total deductions. A		-			2		 	8,000.				
ž	29 30			ncome before net operating loss deduction. Subtrac	t line 20	9 from line 13	-	30	 	70,992.				
5	ას 31			loss arising in tax years beginning on or after Janua				31	X					
ပ္		•	_	ncome. Subtract line 31 from line 30	.y ,, 2(750 (300 maduuddons)	3		-c-/ 9/(*/)\)	70,992.				
	32			rwork Reduction Act Notice see instructions				<u> </u>	Earm (990-T (2018)				

Part I	Total Unrelated Business Taxable Income									
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instruction	ons)	33	70,992.						
34	Amounts paid for disallowed fringes		34							
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35								
36	otal of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of									
	lines 33 and 34		_ 36	70,992.						
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	39	37	1,000.						
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	<i>7</i> €								
00	enter the smaller of zero or line 36	30	1 38	69,992.						
Pärt l			11 1							
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	4/	39 1	14,698.						
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38	from:		·						
70	Tax rate schedule or Schedule D (Form 1041)		40							
41	Proxy tax. See instructions		41							
42	Alternative minimum tax (trusts only)		42							
42	Tax on Noncompliant Facility Income. See instructions		43							
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	U<	$\langle \frac{1}{3a} $	14,698.						
Part.\			/ 77 							
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		17/3/8							
	Other credits (see instructions)									
	General business credit. Attach Form 3800									
C										
			45e							
	Total credits. Add lines 45a through 45d		46	14,698.						
46	Subtract line 45e from line 44 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Other (attach schedule)								
47		(eluberiscristria) 15[1]C	a 77	14,698.						
48	Total tax. Add lines 46 and 47 (see instructions)	Ч		0.						
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 Payments: A 2017 overoayment credited to 2018	9,614	खरीह <u>।</u>							
	2W. 1	6,386	- 3000-66							
	2018 estimated tax payments	8,500	ا يوني نزا							
	Tax deposited with Form 8868	0,300								
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d									
	Backup withholding (see instructions) 50e									
	Credit for small employer health insurance premiums (attach Form 8941)		-							
9										
	Form 4136 Other Total ▶ 500		- 12 m	24,500.						
51	Total payments. Add lines 50a through 50g		51							
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	_	53							
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	íK	< 33 - ≤ 34 -	9,802.						
6/054	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want; Credited to 2019 estimated tax 9,802.	Defineded 5	v П — —	0.						
′ኃ V <u>/</u> 55 Part\\		Refunded >	· \$ 5							
				Voc. No.						
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other at			Yes No						
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have									
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign co	unitry	`	X CORE						
				— " x						
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to	, a foreign trust?		18 00 10 10						
	If "Yes," see instructions for other forms the organization may have to file.									
58_	Enter the amount of tax-exempt interest received or accrued during the tax year \$\)\$	to the best of my know	ledge and heli							
Sign	Under penalties of perury, I declare the Thave examined this return, including accompanying schedules and statements, an correct, and complete Declaration of preparer (other) than taxpayer) is based on all information of which preparer has any known as a correct, and complete Declaration of which preparer has any known as a correct, and complete Declaration of which preparer has any known as a correct, and complete Declaration of which preparer has any known as a correct to the correct property of the cor	wledge	leage and bein	ei, it is a do,						
Here	1 1/2/1/20 1 000	Γ	•	iscuss this return with						
11010	Signature of officer Date Title			hown below (see						
			instructions)?	X Yes No						
	Print/Type preparer's name Preparer's signature Date	Check	if PTIN							
Paid	W. Lyndel Kackey	self- employe		224200						
Prepa	arer W. LYNDEL LACKEY W. LYNDEL LACKEY 03/04/20			234298						
Use (Only Firm's name HOGANTAYLOR LLP	Firm's EIN	- 13	3-1413977						
	1225 N BROADWAY AVENUE, SUITE 200	Diameter	40E 040	2020						
	Firm's address OKLAHOMA CITY, OK 73103	Phone no.	405-848-	-2020						

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A					
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6		
2 Purchases	2		7	Cost of goods sold. Su	ıbtract l	ine 6			
3 Cost of labor	3		1	from line 5. Enter here	and in I	Part I,			
4a Additional section 263A costs			7	line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b_	_		property produced or a	cquired	for resale) apply to			Τ. Ι
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	i Per	sonal Property L	ease	d With Real Prop	erty)		
1. Description of property									
(1)									
(2)									
(3)				-					
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	3 e	3(a) Deductions directly columns 2(a) an	connect d 2(b) (a	ed with the income i ttech schedule)	n
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>		<u> </u>	0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Det	ot-Financed	income (see	ınstru	ctions)	1				
			2	. Gross income from		Deductions directly conr to debt-financ			
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1)	·						\top		
(2)			1						
(3)	. ,					<u></u> -			
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	edjusted basis allocable to nced property h schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(0	8. Allocable deductions 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%			T		
(3)			1	%			1		
(4)				%			1		
			•			nter here and on page 1, Part I, line 7, column (A).		nter here and on pag Part I, line 7, column	
Totals				▶		0	.		٥.
Total dividends-received deductions in	ncluded in column	n 8		- '			\top		0.

Schedule F - Interest, A	4iiiuiue	S, NOYAI	lies, ari		Controlled O			LIOIIS	see ins	truction	IS)
1. Name of controlled organizat	lion	2. Em identifi num	cation	3. Net unr	related income a instructions)	4 . To	otal of specified ments made	ınclud	t of column 4 ed in the contration's gross i	rolling	6. Deductions directly connected with income in column 5
(1) FTC TRANSPORTATION,	INC.	73-128	9620								
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income		unrelated incom see instructions		9. Total	of specified payr made	nents	10. Part of colur in the controlli gross	nn 9 tha ng organ i income	ızatıon's	witi	eductions directly connected in income in column 10
(1)	 			<u> </u>	11	3,724.	<u> </u>	1	13,724.		34,732.
(2)											
(3)											
	 			 							
(4)	1			L							
							Add colum Enter here and line 8, c		1, Part I,		dd columns 6 and 11 nere and on page 1, Part I, Ilne 8, column (B)
Totals						▶		1	13,724.		34,732.
Schedule G - Investme		ne of a S	Section	501(c)(7	7), (9), or (17) Org	ganization				
(see instr	ructions)				2. Amount of	ıncome	3. Deduction directly conne	ns cted	4. Set-	asides	5. Total deductions and set-asides
	Tiption of mod				Z. Allocate of		(attach sched		(attach s	chedule)	(col 3 plus col 4)
(1)		_					·				
(2)							ļ <u>. </u>				<u> </u>
(3)									_		
(4)											
Totals					Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited	Exempt	Activity	Income	, Other	Than Adv		ng Income	. MARKET.	<u>, 1989 1989 </u>	<u>.e. ******</u>	<u> </u>
(see instru	ictions)				T:						
1. Description of exploited activity	unrelated incom	Gross I business ne from business	directly o with pro of un	penses onnected oduction elated s income	4. Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity the is not unrelate business inco	hat ed	6. Exp attributa colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)											
Totals	page	re and on I, Part I, col (A)		e and on , Part I, col (B)							Enter here and on page 1, Part II, line 26
Schedule J - Advertisir	na Incor		nstruction		Last " " A. R	(D/H - 1/4/28/	MART / THUS X T - MESS.	ts: ,X;},i •		* * 75. ' . ' . ' . ' . ' . ' . ' . ' . ' . '	<u> </u>
Part I Income From I					solidated	Basis					
<u></u>											
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, comput		ion	6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						(\$) Z	¥ <u> </u>				
(2)							où.				
(3)											
(4)						HI.					
Totals (carry to Part II, line (5))	•		0.	C).			ļ			0.
											Form 990-T (2018)

Form 990-T (2018) FEED THE CHILDREN, INC. Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)			<u> </u>	-			
(3)							
(4)							
Totals from Part I	•	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.		Median Control	"种理"是 多之	0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	-
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<u> </u>	0.

Form 990-T (2018)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		1,500.
TOTAL TO FORM 990-T, PAGE	1, LINE 28	1,500.

FORM 990-T NAME OF FOREIGN COUNTRY IN WHICH STATEMENT 2
ORGANIZATION HAS FINANCIAL INTEREST

NAME OF COUNTRY

NICARAGUA MALAWI GUATEMALA TANZANIA HONDURAS UGANDA KENYA

FORM 990-T SCHEDULE F - DEDUCTIONS OF CONTROLLED ORGANIZATIONS STATEMENT 3
DIRECTLY CONNECTED WITH COLUMN 10 INCOME

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION REPAIRS & MAINTENANCE PROPERTY TAXES INSURANCE		7,370. 8,399. 9,338. 9,625.	
- SUBTOTAL	_ 1		34,732.
TOTAL OF FORM 990-T, SCHEDULE F, COLUMN	11	- =	34,732.

2018 DEPRECIATION AND AMORTIZATION REPORT

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed