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## 2011 Tax Return(s)

**Prepared for** FEED OUR VETERANS  
CLIENT CODE: 20294

**Account Number** 757994  
**Release Number** 2011.04010

**Prepared by** FRANK & COMPANY, P.C.  
1360 BEVERLY ROAD, SUITE 300  
MCLEAN, VA  
22101  
  
703-821-0702

**Processing** Date: 10/01/2012  
Time: 11:24:22

**Special  
Instructions**

**Messages**

## Return Information

### INFORMATIONAL

Form: 990-4 Sheet: 1 Box: 38

- Form 990. Page 3, Part IV, Line 11a. The question on line 11a has calculated an answer of "Yes" based on the corresponding data on line 10 of the balance sheet. If this is not correct make an entry of "N" on Interview Form 990-4, Box 38. (35932)

Form: 990 Page 5

- Form 990. Page 5, Part V, line 1c. An amount is present on line 1a for the total number of forms (1098, 1099, W2-G, etc.,) reported on Form 1096. The corresponding back-up withholding question on line 1c has been left blank. If back-up withholding rules applied to the organization the question on line 1c must be answered accordingly. This should be reviewed and corrected, if applicable. (36289)

Form: Form 4562 Entity: 1

- Depreciation. Federal Form 4562 related to Form 990 Page 10, was not printed because there are no current year MACRS acquisitions, listed property assets or amortizable assets. Note that Form 4562 is never required to be filed for Form 990. However, if desired Form 4562 may be forced to print by making an entry on Interview Form DP-8, Box 37. (30144)



REMEMBER TO ATTACH THE AUDITED FINANCIAL STATEMENTS & A COPY OF  
FORM 990 TO THE NY CHAR500.

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MFRANK - 09/08/12 12:32PM INTERVIEW FORM 990-14

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BOOKS/SUBSCRIPTIONS	220.00
PRINTING	547.00
SUPPLIES	1,682.00
TELEPHONE	2,126.00
BANK CHARGES	24.00
EQUIPMENT RENTAL	1,000.00
	<hr/>
	5,599.00
	<hr/>

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MFRANK - 09/08/12 12:37PM INTERVIEW FORM 990-14

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PROGRAM SERVICES	13,499.00
FOOD DISTRIBUTION	41,521.00
	<hr/>
	55,020.00
	<hr/>

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MFRANK - 09/08/12 12:37PM INTERVIEW FORM 990-14

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PRINTING/COPYING	1,162.00
SUPPLIES	561.00
TELEPHONE	709.00
BANK CHARGES	8.00
	<hr/>
	2,440.00
	<hr/>

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MFRANK - 09/08/12 12:41PM INTERVIEW FORM 990-14

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SUPPLIES	560.00
TELEPHONE	709.00
BANK CHARGES	7.00
BUSINESS REGISTRATIONS	60.00
STATE REGISTRATIONS	689.00
	<hr/>
	2,025.00
	<hr/>

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MFRANK - 09/08/12 12:43PM INTERVIEW FORM 990-14

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CAGING	8,687.00
OUTSIDE SERVICES	50,391.00
AGENT FEES	2,898.00
	<hr/>
	61,976.00
	<hr/>

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MFRANK - 09/08/12 12:45PM INTERVIEW FORM 990-14

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CAGING	18,459.00
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List

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18,459.00

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MFRANK - 09/08/12 12:46PM INTERVIEW FORM 990-14

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OUTSIDE SERVICES 21,596.00

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21,596.00

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MFRANK - 09/08/12 12:53PM INTERVIEW FORM 990-14

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CONSULTING 9,000.00

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9,000.00

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MFRANK - 09/08/12 12:54PM INTERVIEW FORM 990-14

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TRAVEL-ENTERTAINMENT 1,399.00

TRAVEL 546.00

TRAVEL AUTO 10,218.00

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12,163.00

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MFRANK - 09/20/12 02:42PM INTERVIEW FORM 990-14

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232.00

28,412.00

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28,644.00

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MFRANK - 09/20/12 02:57PM INTERVIEW FORM 990-14

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OUTSIDE SERVICES 71,987.00

AGENT FEES 6,762.00

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78,749.00

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MFRANK - 09/07/12 04:10PM INTERVIEW FORM 990-11

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GIK 119,902.00

LESS: DONATED RENT -72,000.00

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47,902.00

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List

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MFRANK - 09/07/12 04:20PM INTERVIEW FORM 990-11

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704,601.00  
60,779.00  
7.00  

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765,387.00  

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MFRANK - 09/20/12 02:40PM INTERVIEW FORM 990I-3

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PROGRAM SERVICES 55,020.00  
LESS: GIFT CARDS -330.00  

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54,690.00  

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MMM - 09/21/12 02:15PM INTERVIEW FORM 990G-1

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604,247.00  
-146,000.00  

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458,247.00  

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List

## 2011 Return Summary

FEED OUR VETERANS

26-3108361

FORM 990:

TOTAL REVENUE	813,300.
TOTAL EXPENSES	1,129,353.
EXCESS <DEFICIT>	-316,053.
BEGINNING NET ASSETS	-139,842.
CHANGES IN NET ASSETS	5,599.
ENDING NET ASSETS (1)	-450,296.

### BALANCE SHEET ANALYSIS

ENDING TOTAL ASSETS	345,282.
ENDING TOTAL LIABILITIES	795,578.
ENDING TOTAL NET ASSETS OR FUND BALANCES (2)	-450,296.

ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS	0.
ENDING NET ASSETS DIFFERENCE BETWEEN ITEMS (1) AND (2)	0.



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1, Sheet #1, Entity 1                   Box Cnt 13

30: "NY",   35: "FEED OUR VETERANS",   37: "33 ROCKPORT ROAD"  
39: "NEW HARTFORD",   40: "NY",   41: "13413",   42: "26-3108361"  
44: "(315) 525-9206",   46: "INFO@FEEDOURVETS.ORG",   47: "WWW.FEEDOURVETS.ORG"  
55: "1",   66: "3",   74: "X"

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2, Sheet #1, Entity 1                   Box Cnt 5

40: "N",   41: "Y",   47: "2",   50: "N",   56: "Y"

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3, Sheet #1, Entity 1                   Box Cnt 2

32: "703-821-0702",   39: "14"

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4, Sheet #1, Entity 1                   Box Cnt 6

30: "1",   31: "Y",   32: "Y",   56: "ROBERT H. FRANK"  
72: "WE HAVE ENCLOSED AN INSPECTION COPY OF THE RETURN. IT MUST BE RETAINED  
AND MADE AVAILABLE FOR PUBLIC INSPECTION FOR THREE YEARS FROM THE DUE DATE OF  
THE RETURN."  
,   ,   73: "1"

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6, Sheet #1, Entity 1                   Box Cnt 1

30: "N"

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7, Sheet #1, Entity 1                   Box Cnt 1

74: "3"

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8, Sheet #1, Entity 1                   Box Cnt 15

30: "AL",   31: "AK",   32: "AZ",   33: "AR",   34: "CA",   35: "CO",   36: "CT"  
37: "DE",   38: "DC",   39: "FL",   40: "GA",   41: "HI",   42: "ID",   43: "IL"  
58: "X"

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8, Sheet #2, Entity 1                   Box Cnt 14

30: "IN",   31: "IA",   32: "KS",   33: "KY",   34: "LA",   35: "ME",   36: "MD"  
37: "MA",   38: "MI",   39: "MN",   40: "MS",   41: "MO",   42: "MT",   43: "NE"

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8, Sheet #3, Entity 1                   Box Cnt 14

30: "NV",   31: "NH",   32: "NJ",   33: "NM",   34: "NY",   35: "NC",   36: "ND"  
37: "OH",   38: "OK",   39: "OR",   40: "PA",   41: "RI",   42: "SC",   43: "SD"

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8, Sheet #4, Entity 1                      Box Cnt 9

30: "TN",    31: "TX",    32: "UT",    33: "VT",    34: "VA",    35: "WA",    36: "WV"  
37: "WI",    38: "WY"

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9, Sheet #1, Entity 1                      Box Cnt 1

72: "FEED OUR VETS"

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10, Sheet #1, Entity 1                     Box Cnt 3

30: " RICHARD SYNEK",    31: "executive director",    40: "X"

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990-1, Sheet #1, Entity 1                  Box Cnt 5

30: "Feed our Vets works to feed our nation's hungry and homeless Veterans and their family members. We are fighting Veteran hunger, state-by-state, town-by-town."  
,    ,    41: "1",    43: "2009",    44: "NY",    47: 50

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990-2, Sheet #1, Entity 1                  Box Cnt 4

30: "Feed our Vets works to feed our nation's hungry and homeless Veterans and their family members. We are fighting Veteran hunger, state-by-state, town-by-town."  
,    ,    51: 89808,    52: 55020  
54: "Veterans' emergency assistance: All expenses to assist veterans and active duty personnel of the United States military with subsistence items for them and their families to include the cost of maintaining and operating a food bank in Utica, New York."  
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990-3, Sheet #1, Entity 1                  Box Cnt 2

31: 330285  
34: "Public awareness of veterans' needs: All expenses related to informing the public of the urgent need to assist many of our veteran and active duty personnel in the United States military with food and other common living subsistence items."  
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990-4, Sheet #1, Entity 1                  Box Cnt 9

38: "C",    39: "C",    40: "C",    41: "C",    42: "C",    43: "X",    44: "X",    51: "X"  
56: "X"

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990-5, Sheet #1, Entity 1                      Box Cnt 5

37: "X", 62: "X", 63: "X"

70: "The Organization MAKES ITS CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATIONS GOVERNING DOCUMENTS may be MADE AVAILABLE UPON REQUEST."

80: "The Organization COMPLIES WITH IRC SECTION 6104 AND MAKES ITS FORM 1023, FORM 990 AND FORM 990-T (IF APPLICABLE) AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST."

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990-6, Sheet #1, Entity 1                      Box Cnt 5

30: 2, 50: "N", 79: "N", 80: "N", 82: "Y"

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990-7, Sheet #1, Entity 1                      Box Cnt 6

50: "X", 51: "X", 52: "X", 53: "X", 54: "X"

70: "THE CONFLICT OF INTEREST POLICY IS REVIEWED AND ACKNOWLEDGED ANNUALLY BY OFFICERS AND DIRECTORS."

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990-8, Sheet #1, Entity 1                      Box Cnt 8

30: 7, 31: 7, 32: "X", 39: "X", 40: "X", 52: "X", 60: "11"

65: "The organization's governing body reviews the form 990 during a board meeting prior to its filing."

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990-8, Sheet #2, Entity 1                      Box Cnt 2

60: "1"

65: "BOARD MEMBERS RICHARD SYNEK AND MICHELE SYNEK ARE MARRIED. BOARD MEMBERS MARK SMITH AND AMY SMITH ARE MARRIED."

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990-9, Sheet #1, Entity 1                      Box Cnt 25

30: "RICHARD SYNEK", 31: "EXECUTIVE DIRECTOR/CHAIRMAN", 32: 20.0

33: "MICHELE SYNEK", 34: "CFO", 35: 5.0, 36: "MARK SMITH"

37: "VICE PRESIDENT", 38: 5.0, 39: "AMY SMITH", 40: "SECRETARY", 41: 5.0

42: "JAMES KERNAN", 43: "President", 44: 5.0, 50: 7000, 64: 2000

170: "X", 172: "X", 183: "X", 185: "X", 196: "X", 198: "X", 209: "X"

222: "X"

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990-9, Sheet #2, Entity 1                      Box Cnt 8

30: "THERESA DECOSTY",    31: "DIRECTOR",    32: 5.0,    33: "SHIRLEY EADLINE"  
34: "DIRECTOR",    35: 5.0,    170: "X",    183: "X"

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990-10, Sheet #1, Entity 1                      Box Cnt 7

115: "NEW MEDIA DEVELOPMENT GROUP, INC.",    116: "FUNDRAISING CONSULTING"  
119: 146000,    150: "445 S. FIGUERO STREET",    151: "LOS ANGELES",    152: "CA"  
153: "90071"

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990-11, Sheet #1, Entity 1                      Box Cnt 5

30: "6",    31: 765387,    32: 47902,    35: "1",    36: 11

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990-13, Sheet #1, Entity 1                      Box Cnt 5

160: 285198,    161: 0,    162: 0,    163: 2170,    164: 287368

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990-14, Sheet #1, Entity 1                      Box Cnt 41

31: 55020,    34: 9000,    59: 1851,    64: 78749,    68: 61976,    69: 21596  
70: 18459,    71: 13060,    72: 4354,    73: 4354,    74: 5599,    75: 2025,    76: 2440  
77: 694,    78: 232,    79: 28644,    86: 12163,    87: 3405,    88: 3406,    92: 50  
95: 410,    96: 136,    97: 136,    101: 9926,    102: 3308,    103: 3308,    107: 3503  
113: "POSTAGE",    115: 79417,    117: 168762,    118: "CREDIT CARD FEES"  
120: 1340,    122: 2848,    123: "ESCROW",    126: 4099,    128: "MAILSHOP & PRINTING"  
130: 157773,    132: 335267,    133: "PREMIUMS",    135: 115,    137: 244

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990-14, Sheet #2, Entity 1                      Box Cnt 9

113: "SERVICE CHARGES",    115: 1983,    117: 4215,    118: "LIST RENTAL"  
120: 7931,    122: 16855,    123: "OTHER",    125: 133,    127: 567

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A-1, Sheet #1, Entity 1                      Box Cnt 1

54: "X"

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A-2, Sheet #1, Entity 1                      Box Cnt 4

32: 10767,    33: 285198,    34: 813300,    58: 4340

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A-3, Sheet #1, Entity 1                      Box Cnt 2

30: "X",    40: 10000.0000%

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990-15, Sheet #1, Entity 1                      Box Cnt 10

50: "X", 51: "X", 52: 815966, 53: 261109, 55: 554857, 60: 30339  
63: 51957, 64: 346141, 65: 428437, 66: -141069

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B-1, Sheet #1, Entity 1                      Box Cnt 11

30: 1, 31: "RICHARD & MICHELE SYNEK", 32: "33 ROCKPORT ROAD"  
70: "NEW HARTFORD ", 71: "NY", 72: "13413", 75: 5506, 76: "11"  
170: "TRAILOR"  
, , 171: 5506, 172: "08/09/11"

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990-16, Sheet #1, Entity 1                      Box Cnt 12

30: 19109, 31: 206109, 34: 0, 35: 24251, 44: 5013, 45: 5013, 46: 0  
47: 0, 48: 39550, 49: 129708, 50: 3541, 51: 19799

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990-17, Sheet #1, Entity 1                      Box Cnt 5

30: 164925, 31: 727848, 42: 35048, 43: 67730  
170: "The Organization accounts for uncertain tax positions under FASB ASC  
740, Income Taxes. FASB ASC 740 clarifies the accounting for uncertainty in  
income taxes recognized in an enterprise's financial statements in accordance  
with FASB ASC 740. FASB ASC 740 prescribes a comprehensive model for  
recognizing, measuring, presenting, and disclosing in financial statements tax  
positions taken or expected to be taken on a tax return, including positions  
that the Organization is exempt from income taxes. The Organization believes  
that it has appropriate support for any tax positions taken and as such, does  
not have any uncertain tax positions that are material to the financial  
statements.

The Organization's federal Return of Organization Exempt from  
Income Tax for 2009, 2010, and 2011 are subject to examination by the Internal  
Revenue Service, generally for three years after they are filed."

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990-18, Sheet #1, Entity 1                      Box Cnt 7

30: "X", 40: -139842, 41: -474547, 42: 0, 43: 24251, 91: "X", 93: "1"

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990-19, Sheet #1, Entity 1                      Box Cnt 6

30: 885300, 32: 72000, 60: 1201353, 61: 72000, 90: "X", 91: "1"

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990-18A, Sheet #1, Entity 1                      Box Cnt 1

37: 5599

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990G-1, Sheet #1, Entity 1                      Box Cnt 16

30: "X", 31: "X", 34: "X", 37: "Y", 38: "X"  
 50: "NEW MEDIA DEVELOPMENT GROUP, INC.", 52: "FUNDRAISING CONSULTING"  
 80: "1", 82: 604247, 83: 146000, 84: 458247, 120: "445 S. FIGUERO STREET"  
 121: "LOS ANGELES", 122: "CA", 123: "90071", 160: "NY"

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990O-1, Sheet #1, Entity 1                      Box Cnt 4

30: "21", 33: "1", 40: "FORM 990, PART XII, LINE 1:"  
 55: "IN PRIOR YEARS THE ORGANIZATION USED THE CASH METHOD OF ACCOUNTING FOR  
 FORM 990."

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990M-1, Sheet #1, Entity 1                      Box Cnt 14

43: 1, 44: 475, 45: "FAIR MARKET VALUE", 83: 41521  
 84: "FAIR MARKET VALUE", 120: "TRAILER", 121: 1, 122: 5506  
 123: "FAIR MARKET VALUE", 124: "refrigerator", 125: 1, 126: 400  
 127: "FAIR MARKET VALUE"  
 180: "The amounts in Column (B) represent the number of contributors."

Contributions of food were received from individuals, ranging from one  
 item per individual to scores of items. The total number of individuals was  
 not documented, but no individual provided more than \$5,000 in non-cash food  
 contributions."

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990I-1, Sheet #1, Entity 1                      Box Cnt 2

30: "X"  
 40: "All assistance is provided directly to individuals registered with the  
 Organization. Gift cards are provided, as well as non-perishable food items.  
 To ensure that assistance is going to Veterans and their families, Veterans  
 must fill out cards prior to qualifying for food aid. They are also required  
 to prove their Veteran status by showing the Organization their DD 214 papers  
 or VA card."

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990I-3, Sheet #1, Entity 1                      Box Cnt 10

30: "Food AID"  
 ,  
 31: "Gift Cards"  
 , , 40: 700, 42: 54690, 44: 5, 46: 330  
 75: " FAIR MARKET VALUE", 77: " FAIR MARKET VALUE"  
 90: " NON-PERISHABLE FOOD ITEMS"  
 ,  
 91: " Gift Cards FOR FOOD"  
 ,

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DP-1, Sheet #1, Entity 1                    Attached to 990 Pg 10 Entity 1    Box Cnt 90

30: 1, 31: "SHELVING - WAREHOUSE", 32: "07/01/10", 33: "SL", 34: 7.0000  
35: 2720, 36: 2, 37: "TRAILER - 10 FOOT", 38: "07/01/10", 39: "SL"  
40: 7.0000, 41: 2100, 42: 3, 43: "TRAILER - 20 FOOT", 44: "07/01/10"  
45: "SL", 46: 7.0000, 47: 6066, 48: 4, 49: "TRUCK - 2010 TOYOTA TUNDRA"  
50: "09/01/10", 51: "SL", 52: 5.0000, 53: 37190, 54: 5  
55: "TRUCK - 2011 TOYOTA TUNDRA", 56: "01/12/11", 57: "SL", 58: 5.0000  
59: 31047, 60: 6, 61: "SHELVING - TRAILER", 62: "04/12/11", 63: "SL"  
64: 5.0000, 65: 1273, 66: 7, 67: "TRAILER - 12 FOOT", 68: "08/09/11"  
69: "SL", 70: 7.0000, 71: 5506, 72: 8, 73: "TRUCK - 2011 TOYOTA 4RUNNER"  
74: "10/28/11", 75: "SL", 76: 5.0000, 77: 42762, 78: 9  
79: "SHELVING - TRAILER", 80: "12/02/11", 81: "SL", 82: 5.0000, 83: 1044  
90: 194, 91: 389, 98: 150, 99: 300, 106: 433, 107: 867, 114: 2479  
115: 7438, 122: 0, 123: 5692, 130: 0, 131: 170, 138: 0, 139: 262  
146: 0, 147: 1425, 154: 0, 155: 0, 171: "F", 172: "1", 184: "T"  
185: "1", 197: "T", 198: "1", 210: "T", 211: "1", 223: "T", 224: "1"  
236: "F", 237: "1", 249: "T", 250: "1", 262: "T", 263: "1", 275: "F"  
276: "1"

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EXT-1, Sheet #1, Entity 1                    Box Cnt 1

30: "1"

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EXT-1, Sheet #2, Entity 2                    Box Cnt 5

30: "1", 32: "X", 37: "CPA"  
60: "THE TAXPAYER IS AWAITING RECEIPT OF ADDITIONAL INFORMATION IN ORDER TO"  
61: "ENSURE A COMPLETE AND ACCURATE FILING."

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NY1, Sheet #1, Entity 1                    Box Cnt 10

30: "1", 31: "3", 32: "41-41-33", 33: "315", 34: "525-9206"  
43: "INFO@FEEDOURVETS.ORG", 44: "MICHELLE SYNEK", 45: "CFO"  
46: "RICHARD SYNEK", 47: "EXECUTIVE DIRECTOR"

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NY2, Sheet #1, Entity 1                    Box Cnt 12

32: "X", 34: "1", 40: "2", 45: "NEW MEDIA DEVELOPMENT GROUP"  
46: "445 S. FIGUERO STREET", 47: "LOS ANGELES, CA 90071", 48: "213-228-8900"  
49: "Fundraising counsel to coordinate and manage fov's web-based programs,  
e-mail communications, direct mail, telephone calls to action and fundraising  
communications."  
50: "A non-refundable monthly management consulting fee equal to the greater  
of: (i) \$5,000 dollars, or (ii) \$0.05 cents for each active donor that is  
procured, directly or indirectly, by New Media in connection with or arising  
from its services hereunder."  
, , 51: 3/ 1/10, 52: 12/31/11, 53: 146000

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NY2, Sheet #2, Entity 1

Box Cnt 10

40: "2", 45: "Convergence Direct Marketing"

46: "4915 st. elmo avenue, suite 204", 47: "bethesda, md 20814"

48: "301-656-5516"

49: "Fundraising counsel to assist FOV in the conduct of a series of discrete campaigns by direct mail to appeal to pre-qualified individuals with a call to action that will help fov reach its mission goals and, at the same time, when appropriate, include an incidental request for financial support."

50: "A non-refundable management consulting fee of \$1,000 dollars per month commencing on April 1, 2011 and for the balance of the term of this agreement and any extension thereof. All other fees and costs shall be as mutually agreed upon by and between the parties hereto."

, , 51: 4/ 1/11

52: 12/31/15, 53: 0



FRANK & COMPANY, PC  
1360 BEVERLY ROAD  
SUITE 300  
MCLEAN, VIRGINIA 22101  
703-821-0702

OCTOBER 1, 2012

FEED OUR VETERANS  
33 ROCKPORT ROAD  
NEW HARTFORD, NY 13413

FEED OUR VETERANS:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2011 EXEMPT  
ORGANIZATION RETURNS, AS FOLLOWS...

2011 FORM 990

2011 NEW YORK ANNUAL FILING FOR CHARITABLE ORGANIZATIONS

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE  
WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED  
FOR YOUR FILES.

WE HAVE ENCLOSED AN INSPECTION COPY OF THE RETURN. IT MUST BE  
RETAINED AND MADE AVAILABLE FOR PUBLIC INSPECTION FOR THREE  
YEARS FROM THE DUE DATE OF THE RETURN.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE  
CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX  
RETURN.

VERY TRULY YOURS,

ROBERT H. FRANK

## Filing Instructions

**Prepared for:**

FEED OUR VETERANS  
33 ROCKPORT ROAD  
NEW HARTFORD, NY 13413

**Prepared by:**

FRANK & COMPANY, P.C.  
1360 BEVERLY ROAD, SUITE 300  
MCLEAN, VA 22101

2011 FORM 990

PLEASE SIGN AND MAIL ON OR BEFORE NOVEMBER 15, 2012.

MAIL TO - DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

2011 NEW YORK ANNUAL FILING FOR CHARITABLE ORGANIZATIONS

NEW YORK FORM CHAR500 MUST BE SIGNED AND DATED BY BOTH OF THE AUTHORIZED INDIVIDUALS. ALSO BE SURE THAT THE ATTACHED COPY OF FEDERAL FORM 990 HAS BEEN PROPERLY SIGNED AND DATED.

PLEASE MAIL AS SOON AS POSSIBLE.

MAIL TO - NEW YORK STATE DEPARTMENT OF LAW  
CHARITIES BUREAU - REGISTRATION SECTION  
120 BROADWAY  
NEW YORK, NY 10271

ENCLOSE A CHECK FOR \$50 MADE PAYABLE TO NYS DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER(S) ON THE REMITTANCE.

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2011 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>FEED OUR VETERANS</b> Doing Business As <b>FEED OUR VETS</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>33 ROCKPORT ROAD</b> City or town, state or country, and ZIP + 4 <b>NEW HARTFORD, NY 13413</b> <b>F Name and address of principal officer: RICHARD SYNEK</b> <b>SAME AS C ABOVE</b>	<b>D Employer identification number</b> <b>26-3108361</b> <b>E Telephone number</b> <b>(315) 525-9206</b> <b>G Gross receipts \$</b> <b>813,300.</b> <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <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 Website:</b> ▶ <b>WWW.FEEDOURVETS.ORG</b>		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> <b>2009</b>
<b>M State of legal domicile:</b> <b>NY</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>FEED OUR VETS WORKS TO FEED OUR NATION'S HUNGRY AND HOMELESS VETERANS AND THEIR FAMILY MEMBERS. WE</b> <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) ..... <b>3</b> <b>7</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>7</b> <b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) ..... <b>5</b> <b>0</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>50</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b> <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <b>0.</b>																									
<b>Revenue</b>		<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;">285,198.</td> <td style="text-align: right;">813,300.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</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;">2,170.</td> <td style="text-align: right;">0.</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;">287,368.</td> <td style="text-align: right;">813,300.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	285,198.	813,300.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	0.	0.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	0.	0.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	2,170.	0.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	287,368.	813,300.						
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**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 <b>RICHARD SYNEK, EXECUTIVE DIRECTOR</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ROBERT H. FRANK</b>	Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN <b>P00943320</b>
	Firm's name ▶ <b>FRANK &amp; COMPANY, P.C.</b> Firm's address ▶ <b>1360 BEVERLY ROAD, SUITE 300</b> <b>MCLEAN, VA 22101</b>	Firm's EIN ▶ <b>54-1156733</b> Phone no. <b>703-821-0702</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 to any question in this Part III

1 Briefly describe the organization's mission: FEED OUR VETS WORKS TO FEED OUR NATION'S HUNGRY AND HOMELESS VETERANS AND THEIR FAMILY MEMBERS. WE ARE FIGHTING VETERAN HUNGER, STATE-BY-STATE, TOWN-BY-TOWN.

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. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 89,808. including grants of \$ 55,020. ) (Revenue \$ ) VETERANS' EMERGENCY ASSISTANCE: ALL EXPENSES TO ASSIST VETERANS AND ACTIVE DUTY PERSONNEL OF THE UNITED STATES MILITARY WITH SUBSISTENCE ITEMS FOR THEM AND THEIR FAMILIES TO INCLUDE THE COST OF MAINTAINING AND OPERATING A FOOD BANK IN UTICA, NEW YORK.

4b (Code: ) (Expenses \$ 330,285. including grants of \$ ) (Revenue \$ ) PUBLIC AWARENESS OF VETERANS' NEEDS: ALL EXPENSES RELATED TO INFORMING THE PUBLIC OF THE URGENT NEED TO ASSIST MANY OF OUR VETERAN AND ACTIVE DUTY PERSONNEL IN THE UNITED STATES MILITARY WITH FOOD AND OTHER COMMON LIVING SUBSISTENCE ITEMS.

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

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

4e Total program service expenses 420,093.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21; 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 temporarily restricted endowments, permanent endowments, or 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, XII, and XIII</i> .....	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII 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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	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> .....		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 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<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>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) 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> .....		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> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	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> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		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> .....		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> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> 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> .....		X
<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> .....		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> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question 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; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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 in Schedule O.

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?; 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?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 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 AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
19 Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization: THE ORGANIZATION - (315) 525-9206 33 ROCKPORT ROAD, NEW HARTFORD, NY 13413



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD SYNEK EXECUTIVE DIRECTOR/CHAIRMAN	20.00	X		X			7,000.	0.	0.	
(2) MICHELE SYNEK CFO	5.00	X		X			0.	0.	0.	
(3) MARK SMITH VICE PRESIDENT	5.00	X		X			2,000.	0.	0.	
(4) AMY SMITH SECRETARY	5.00	X					0.	0.	0.	
(5) JAMES KERNAN PRESIDENT	5.00	X					0.	0.	0.	
(6) THERESA DECOSTY DIRECTOR	5.00	X					0.	0.	0.	
(7) SHIRLEY EADLINE DIRECTOR	5.00	X					0.	0.	0.	



**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	11.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	813,289.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		47,902.				
	<b>h Total.</b> Add lines 1a-1f .....			813,300.			
	<b>Program Service Revenue</b>	<b>2 a</b> _____ Business Code					
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....						
	<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>c</b> Rental income or (loss) .....					
		<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				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events .....					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....				813,300.	0.	0.	

**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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	55,020.	55,020.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,000.	9,000.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	1,851.		1,851.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	78,749.			78,749.
f Investment management fees				
g Other	102,031.	61,976.	21,596.	18,459.
12 Advertising and promotion	21,768.	13,060.	4,354.	4,354.
13 Office expenses	10,064.	5,599.	2,025.	2,440.
14 Information technology	29,570.	694.	232.	28,644.
15 Royalties				
16 Occupancy				
17 Travel	18,974.	12,163.	3,405.	3,406.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	50.	50.		
20 Interest	682.	410.	136.	136.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,542.	9,926.	3,308.	3,308.
23 Insurance	3,503.	3,503.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>MAILSHOP &amp; PRINTING</b>	493,040.	157,773.		335,267.
b <b>POSTAGE</b>	248,179.	79,417.		168,762.
c <b>LIST RENTAL</b>	24,786.	7,931.		16,855.
d <b>SERVICE CHARGES</b>	6,198.	1,983.		4,215.
e All other expenses	9,346.	1,588.	4,099.	3,659.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	1,129,353.	420,093.	41,006.	668,254.
26 <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. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	815,966.	261,109.	0.	554,857.

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	19,109.	1	206,109.		
	<b>2</b> Savings and temporary cash investments .....		2			
	<b>3</b> Pledges and grants receivable, net .....	0.	3	24,251.		
	<b>4</b> Accounts receivable, net .....		4			
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5			
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		6			
	<b>7</b> Notes and loans receivable, net .....		7			
	<b>8</b> Inventories for sale or use .....	5,013.	8	5,013.		
	<b>9</b> Prepaid expenses and deferred charges .....	0.	9	0.		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a	129,708.			
	<b>b</b> Less: accumulated depreciation .....	10b	19,799.	10c	109,909.	
	<b>11</b> Investments - publicly traded securities .....		11			
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		12			
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13			
	<b>14</b> Intangible assets .....		14			
	<b>15</b> Other assets. See Part IV, line 11 .....		15			
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....		60,131.	16	345,282.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	164,925.	17	727,848.		
	<b>18</b> Grants payable .....		18			
	<b>19</b> Deferred revenue .....		19			
	<b>20</b> Tax-exempt bond liabilities .....		20			
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21			
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22			
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	35,048.	23	67,730.		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24			
	<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 .....		25			
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....		199,973.	26	795,578.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b> Unrestricted net assets .....	-139,842.	27	-474,547.		
	<b>28</b> Temporarily restricted net assets .....	0.	28	24,251.		
	<b>29</b> Permanently restricted net assets .....		29			
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	<b>30</b> Capital stock or trust principal, or current funds .....		30			
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31			
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32			
<b>33</b> Total net assets or fund balances .....	-139,842.	33	-450,296.			
<b>34</b> Total liabilities and net assets/fund balances .....	60,131.	34	345,282.			

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	813,300.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,129,353.
3	Revenue less expenses. Subtract line 2 from line 1	3	-316,053.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-139,842.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	5,599.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-450,296.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

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

Form 990 (2011)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization **FEED OUR VETERANS** Employer identification number **26-3108361**

**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 11, 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.)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five 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 2011 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2011.</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 - 2010.</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 - 2011.</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 IV 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 - 2010.</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 IV 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 9 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....			10,767.	285,198.	813,300.	1109265.
<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 .....				4,340.		4,340.
<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 .....			10,767.	289,538.	813,300.	1113605.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<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 .....						0.
<b>8 Public support</b> (Subtract line 7c from line 6.)						1113605.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 .....			10,767.	289,538.	813,300.	1113605.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<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 .....						
<b>11</b> Net income from unrelated business activities not included in 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 IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)			10,767.	289,538.	813,300.	1113605.

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

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

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** 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 - 2010.** 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

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2011**

Name of the organization

FEED OUR VETERANS

Employer identification number

26-3108361

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

<b>Name of organization</b>  <b>FEED OUR VETERANS</b>	<b>Employer identification number</b>  <b>26-3108361</b>
-------------------------------------------------------------	----------------------------------------------------------------

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>RICHARD &amp; MICHELE SYNEK</u>  <u>33 ROCKPORT ROAD</u>  <u>NEW HARTFORD , NY 13413</u>	\$ <u>5,506.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>FEED OUR VETERANS</b>	Employer identification number <b>26-3108361</b>
--------------------------------------------------	-----------------------------------------------------

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	TRAILOR _____ _____ _____	\$ 5,506.	08/09/11
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <b>FEED OUR VETERANS</b>	Employer identification number <b>26-3108361</b>
--------------------------------------------------	-----------------------------------------------------

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information 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
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

**FEED OUR VETERANS**

Employer identification number

**26-3108361**

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, 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)? .....

Yes  No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (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) Revenues included in 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 SFAS 116 (ASC 958) relating to these items:

a Revenues included in 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 are a 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 programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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" to 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 XIV and complete the following table:

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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 Temporarily restricted endowment  \_\_\_\_\_ %

The percentages in 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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		124,671.	19,046.	105,625.
e Other		5,037.	753.	4,284.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				109,909.

**Part VII Investments - Other Securities.** 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) .....		
(I) .....		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
(10) .....		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
(11) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	813,300.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,129,353.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-316,053.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	5,599.
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	5,599.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-310,454.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	885,300.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	72,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	72,000.
3	Subtract line 2e from line 1	3	813,300.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	813,300.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	1,201,353.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	72,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	72,000.
3	Subtract line 2e from line 1	3	1,129,353.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,129,353.

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: THE ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS**

UNDER FASB ASC 740, INCOME TAXES. FASB ASC 740 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS IN ACCORDANCE WITH FASB ASC 740. FASB ASC 740 PRESCRIBES A COMPREHENSIVE MODEL FOR RECOGNIZING, MEASURING, PRESENTING, AND DISCLOSING IN FINANCIAL STATEMENTS TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN, INCLUDING POSITIONS THAT THE ORGANIZATION IS EXEMPT FROM INCOME TAXES. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT

**Part XIV** Supplemental Information (continued)

FOR ANY TAX POSITIONS TAKEN AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

THE ORGANIZATION'S FEDERAL RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX FOR 2009, 2010, AND 2011 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED.

Multiple horizontal lines for supplemental information.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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 (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....				
	<b>2</b> Less: Charitable contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				

**Part III Gaming.** Complete if the organization answered "Yes" to 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))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 .....					

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate 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 operate 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 operated in:
 

<b>13a</b>		%
<b>13b</b>		%

  - a The organization's facility
  - b An outside facility
- 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.** Complete this part to 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 complete this part to provide any additional information (see instructions).

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

(I) NAME OF FUNDRAISER: NEW MEDIA DEVELOPMENT GROUP, INC.

(I) ADDRESS OF FUNDRAISER: 445 S. FIGUERO STREET, LOS ANGELES, CA 90071

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

**FEED OUR VETERANS**

Employer identification number

**26-3108361**

**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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed  ▶

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance

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

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

Schedule I (Form 990) (2011)

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance
FOOD AID	700	0.	54,690.	FAIR MARKET VALUE	NON-PERISHABLE FOOD ITEMS
GIFT CARDS	5	0.	330.	FAIR MARKET VALUE	GIFT CARDS FOR FOOD

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: ALL ASSISTANCE IS PROVIDED DIRECTLY TO INDIVIDUALS REGISTERED WITH THE ORGANIZATION. GIFT CARDS ARE PROVIDED, AS WELL AS NON-PERISHABLE FOOD ITEMS. TO ENSURE THAT ASSISTANCE IS GOING TO VETERANS AND THEIR FAMILIES, VETERANS MUST FILL OUT CARDS PRIOR TO QUALIFYING FOR FOOD AID. THEY ARE ALSO REQUIRED TO PROVE THEIR VETERAN STATUS BY SHOWING THE ORGANIZATION THEIR DD 214 PAPERS OR VA CARD.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2011**

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.**

Name of the organization **FEED OUR VETERANS** Employer identification number **26-3108361**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....	X	1	475.	FAIR MARKET VALUE
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		41,521.	FAIR MARKET VALUE
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( TRAILER ) .....	X	1	5,506.	FAIR MARKET VALUE
26 Other ▶ ( REFRIGERATOR ) .....	X	1	400.	FAIR MARKET VALUE
27 Other ▶ ( ) .....				
28 Other ▶ ( ) .....				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not 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 non-standard 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 did not 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) (2011)



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

SCHEDULE M, PART I, COLUMN (B): THE AMOUNTS IN COLUMN (B) REPRESENT THE NUMBER OF CONTRIBUTORS.

CONTRIBUTIONS OF FOOD WERE RECEIVED FROM INDIVIDUALS, RANGING FROM ONE ITEM PER INDIVIDUAL TO SCORES OF ITEMS. THE TOTAL NUMBER OF INDIVIDUALS WAS NOT DOCUMENTED, BUT NO INDIVIDUAL PROVIDED MORE THAN \$5,000 IN NON-CASH FOOD CONTRIBUTIONS.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

FEED OUR VETERANS

Employer identification number

26-3108361

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

ARE FIGHTING VETERAN HUNGER, STATE-BY-STATE, TOWN-BY-TOWN.

FORM 990, PART VI, SECTION A, LINE 2: BOARD MEMBERS RICHARD SYNEK AND

MICHELE SYNEK ARE MARRIED. BOARD MEMBERS MARK SMITH AND AMY SMITH ARE

MARRIED.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S GOVERNING BODY

REVIEWS THE FORM 990 DURING A BOARD MEETING PRIOR TO ITS FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS

REVIEWED AND ACKNOWLEDGED ANNUALLY BY OFFICERS AND DIRECTORS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, CT, DE, DC, 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

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION COMPLIES WITH IRC

SECTION 6104 AND MAKES ITS FORM 1023, FORM 990 AND FORM 990-T (IF

APPLICABLE) AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS CONFLICT

OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON

REQUEST. THE ORGANIZATIONS GOVERNING DOCUMENTS MAY BE MADE AVAILABLE UPON

REQUEST.

Name of the organization

FEED OUR VETERANS

Employer identification number

26-3108361

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

PRIOR PERIOD ADJUSTMENTS:

5,599.

FORM 990, PART XII, LINE 1:

IN PRIOR YEARS THE ORGANIZATION USED THE CASH METHOD OF ACCOUNTING FOR FORM 990.

2011 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FURNITURE & FIXTURES											
	SHELVING - WAREHOUSE	070110	SL	7.00	16	2,720.			2,720.	194.		389.
6	SHELVING - TRAILER	041211	SL	5.00	16	1,273.			1,273.			170.
9	SHELVING - TRAILER	120211	SL	5.00	16	1,044.			1,044.			0.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES					5,037.		0.	5,037.	194.	0.	559.
	TRANSPORTATION EQUIPMENT											
2	TRAILER - 10 FOOT	070110	SL	7.00	16	2,100.			2,100.	150.		300.
3	TRAILER - 20 FOOT	070110	SL	7.00	16	6,066.			6,066.	433.		867.
4	TRUCK - 2010 TOYOTA TUNDRA	090110	SL	5.00	16	37,190.			37,190.	2,479.		7,438.
5	TRUCK - 2011 TOYOTA TUNDRA	011211	SL	5.00	16	31,047.			31,047.			5,692.
7	TRAILER - 12 FOOT	080911	SL	7.00	16	5,506.			5,506.			262.
8	TRUCK - 2011 TOYOTA RUNNER	102811	SL	5.00	16	42,762.			42,762.			1,425.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQU					124,671.		0.	124,671.	3,062.	0.	15,984.
	* GRAND TOTAL 990 PAGE 10 DEPR					129,708.		0.	129,708.	3,256.	0.	16,543.

# Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

*Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

**Electronic filing (e-file)** - You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (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. <b>FEED OUR VETERANS</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>26-3108361</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. <b>33 ROCKPORT ROAD</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW HARTFORD, NY 13413</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	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

**THE ORGANIZATION**

- The books are in the care of ▶ **33 ROCKPORT ROAD - NEW HARTFORD, NY 13413**  
 Telephone No. ▶ **(315) 525-9206** 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 EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2011** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**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 Form 990-BL, 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 Form 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 fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions <b>FEED OUR VETERANS</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> 26-3108361
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>33 ROCKPORT ROAD</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW HARTFORD, NY 13413</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) ..... **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**THE ORGANIZATION**

• The books are in the care of  **33 ROCKPORT ROAD - NEW HARTFORD, NY 13413**  
Telephone No.  **(315) 525-9206** 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 EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2012.**

5 For calendar year **2011**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**THE TAXPAYER IS AWAITING RECEIPT OF ADDITIONAL INFORMATION IN ORDER TO ENSURE A COMPLETE AND ACCURATE FILING.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Form 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 and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  **CPA** Date

FEED OUR VETERANS  
33 ROCKPORT ROAD  
NEW HARTFORD, NY 13413

NEW YORK STATE DEPARTMENT OF LAW  
CHARITIES BUREAU - REGISTRATION SECTION  
120 BROADWAY  
NEW YORK, NY 10271

FORM CHAR500

126340  
05-01-11

1.1

11231001 757994 20294

2011.04010 FEED OUR VETERANS

20294\_\_1

Form <b>CHAR500</b>	<b>Annual Filing for Charitable Organizations</b> New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 <a href="http://www.charitiesnys.com">http://www.charitiesnys.com</a>	<b>2011</b>
This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)		<b>Open to Public Inspection</b>

<b>1. General Information</b>			
a. For the fiscal year beginning (mm/dd/yyyy) <b>01/01/2011</b> and ending (mm/dd/yyyy) <b>12/31/2011</b>			
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization <b>FEED OUR VETERANS</b>		d. Fed. employer ID no. (EIN) <b>26-3108361</b>
	e. NY State registration no. <b>41-41-33</b>		
	Number and street (or P.O. box if mail not delivered to street address) <b>33 ROCKPORT ROAD</b>	Room/suite	f. Telephone number <b>315 525-9206</b>
	City or town, state or country and ZIP + 4 <b>NEW HARTFORD, NY 13413</b>		g. Email <b>INFO@FEEDOURVETS.ORG</b>

<b>2. Certification - Two Signatures Required</b>			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer	<b>RICHARD SYNEK</b>	<b>EXECUTIVE DIRECTOR</b>	
	Signature Printed Name	Title	Date
b. Chief Financial Officer or Treas.	<b>MICHELLE SYNEK</b>	<b>CFO</b>	
	Signature Printed Name	Title	Date

<b>3. Annual Report Exemption Information</b>	
a. <b>Article 7-A</b> annual report exemption (Article 7-A registrants and dual registrants) Check <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 <b>and</b> the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.  <b>NOTE:</b> An organization may claim this exemption if no PFR or FRC was used <b>and</b> either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal <b>and</b> contributions from other sources did not exceed \$25,000 <b>or</b> 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.	
b. <b>EPTL</b> annual report exemption (EPTL registrants and dual registrants) Check <input type="checkbox"/> if gross receipts did not exceed \$25,000 <b>and</b> assets (market value) did not exceed \$25,000 at any time during this fiscal year.	
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. <i>Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.</i>	

<b>4. Article 7-A Schedules</b>	
If you did <b>not</b> check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ... <input checked="" type="checkbox"/> <b>Yes*</b> <input type="checkbox"/> <b>No</b> * If "Yes", complete Schedule 4a.	
b. Did the organization receive government contributions (grants)? ..... <input type="checkbox"/> <b>Yes*</b> <input checked="" type="checkbox"/> <b>No</b> * If "Yes", complete Schedule 4b.	

<b>5. Fee Submitted:</b> See last page for <b>summary of fee requirements.</b>	
Indicate the filing fee(s) you are submitting along with this form:	
a. Article 7-A filing fee ..... \$ <u>25.</u>	<b>Submit only one check or money order for the total fee, payable to "NYS Department of Law"</b>
b. EPTL filing fee ..... \$ <u>25.</u>	
c. <b>Total fee</b> ..... \$ <u>50.</u>	

<b>6. Attachments</b> - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments <b>▶▶▶</b>
-------------------------------------------------------------------------------------------------------------------------------------------------------------



FEED OUR VETERANS

**Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)**

If you checked the box in question 4.a. on page 1, complete the following schedule for each PFR, FRC or CCV that the organization engaged for fund raising activity in NY State:

1. Type of fund raising professional (FRP):
- Professional fund raiser .....
- Fund raising counsel .....
- Commercial co-venturer .....

2. Name of FRP:

**NEW MEDIA DEVELOPMENT GROUP**

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Number and street (or P.O. box if mail is not delivered to street address):

**445 S. FIGUERO STREET**

---

City or town, state or country and ZIP + 4:

**LOS ANGELES, CA 90071**

3. FRP telephone number:

**213-228-8900**

4. Services provided by FRP (provide description):

**FUNDRAISING COUNSEL TO COORDINATE AND MANAGE FOV'S WEB-BASED PROGRAMS, E-MAIL COMMUNICATIONS, DIRECT MAIL, TELEPHONE CALLS TO ACTION AND FUNDRAISING COMMUNICATIONS.**

5. Compensation arrangement with FRP (provide description):

**SEE STATEMENT 1**

6. Dates of contract ..... 03/01/2010 through 12/31/2011  
(mm/dd/yyyy) (mm/dd/yyyy)

7. Amount paid to FRP ..... \$ 146,000.

8. If services were provided by a CCV, did the CCV provide the charitable organization with the interim report(s) required by §§ 173-a. 3 of the Executive Law?

FEED OUR VETERANS

**Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)**

If you checked the box in question 4.a. on page 1, complete the following schedule for each PFR, FRC or CCV that the organization engaged for fund raising activity in NY State:

1. Type of fund raising professional (FRP):
- Professional fund raiser .....
- Fund raising counsel .....
- Commercial co-venturer .....

2. Name of FRP:

**CONVERGENCE DIRECT MARKETING**

Number and street (or P.O. box if mail is not delivered to street address):

**4915 ST. ELMO AVENUE, SUITE 204**

City or town, state or country and ZIP + 4:

**BETHESDA, MD 20814**

3. FRP telephone number:

**301-656-5516**

4. Services provided by FRP (provide description):

**SEE STATEMENT 2**

5. Compensation arrangement with FRP (provide description):

**SEE STATEMENT 3**

6. Dates of contract ..... 04/01/2011 through 12/31/2015

(mm/dd/yyyy) (mm/dd/yyyy)

7. Amount paid to FRP ..... \$ 0.

8. If services were provided by a CCV, did the CCV provide the charitable organization with the interim report(s) required by §§ 173-a. 3 of the Executive Law?



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SCH 2 (PFR)

STATEMENT 1

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A NON-REFUNDABLE MONTHLY MANAGEMENT CONSULTING FEE EQUAL TO THE GREATER OF:  
(I) \$5,000 DOLLARS, OR (II) \$0.05 CENTS FOR EACH ACTIVE DONOR THAT IS  
PROCURED, DIRECTLY OR INDIRECTLY, BY NEW MEDIA IN CONNECTION WITH OR ARISING  
FROM ITS SERVICES HEREUNDER.

SCH 2 (PFR)

STATEMENT 2

FUNDRAISING COUNSEL TO ASSIST FOV IN THE CONDUCT OF A SERIES OF DISCRETE CAMPAIGNS BY DIRECT MAIL TO APPEAL TO PRE-QUALIFIED INDIVIDUALS WITH A CALL TO ACTION THAT WILL HELP FOV REACH ITS MISSION GOALS AND, AT THE SAME TIME, WHEN APPROPRIATE, INCLUDE AN INCIDENTAL REQUEST FOR FINANCIAL SUPPORT.

SCH 2 (PFR)

STATEMENT 3

A NON-REFUNDABLE MANAGEMENT CONSULTING FEE OF \$1,000 DOLLARS PER MONTH COMMENCING ON APRIL 1, 2011 AND FOR THE BALANCE OF THE TERM OF THIS AGREEMENT AND ANY EXTENSION THEREOF. ALL OTHER FEES AND COSTS SHALL BE AS MUTUALLY AGREED UPON BY AND BETWEEN THE PARTIES HERETO.