

COPY OF FORM 990

(TO BE USED, OR COPIED, FOR)

****PUBLIC INSPECTION ONLY****

NOTE

Under Internal Revenue Regulations, tax-exempt charitable organizations generally must provide requesters with COPIES of:

- Its approved exemption applications, all required attachments and any related correspondence with the IRS, and
- Its three most recent annual information returns (Form 990), including all schedules and attachments (but not the names and addresses of contributors).

In-person requests: *A member of the public may request to inspect the documents at any principal office of the organization. The entity must provide the information requested that same day. However, if the request places an “unreasonable burden” on the organization, the staff must provide copies of the requested information no later than the next business day after the unusual circumstances cease to exist (limited to a maximum of five business days after the request).*

Written requests: *Written requests made by fax, mail, email, or overnight service, which include the requester’s address, must be honored within 30 days of receipt.*

Website alternative: *Instead of providing copies, an organization may make the documents available on either its own or another organization's website. If it uses this option, it has to: (1) provide an exact replica of the document as was filed with the IRS; (2) advise requesters how to access the forms on the web; (3) the site should charge no access fee and require no special software or hardware to download. Organizations that post this information on the Internet still must honor in-person requests to view the applicable documents.*

Permissible charges: *Tax-exempt organizations may charge a reasonable copying fee, up to \$1 for the first page and 15 cents for each additional page, plus actual postage costs.*

Penalties: *An organization that fails to comply with the new disclosure requirements may be subject to the following penalties:*

- Annual Information Return – Form 990 - \$20 per day for as long as the failure continues, up to a maximum of \$10,000 for each failure to provide an annual return.
- Exemption Application - \$20 per day with no maximum.
- An organization that willfully fails to comply with these public inspection rules can be subject to an additional \$5,000 penalty.

Private foundation exempt: *The new disclosure rules don't yet apply to private foundations. They must still make a copy of their annual return available for public inspection at their principal office for a period of 180 days after publishing a notice of availability.*

Donor Information: *Please note that donor information is not open to public inspection and has been excluded from this copy.*

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

A For the **2022** calendar year, or tax year beginning **APR 1, 2022** and ending **MAR 31, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Children's Hunger Fund Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 13931 Balboa Blvd. City or town, state or province, country, and ZIP or foreign postal code Sylmar, CA 91342 F Name and address of principal officer: David Phillips same as C above	D Employer identification number 95-4335462 E Telephone number 818-979-7100 G Gross receipts \$ 178,410,888. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: childrenshungerfund.org		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
L Year of formation: 1991		M State of legal domicile: CA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Delivering hope to suffering children by equipping churches for gospel-centered mercy ministry.</u>			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	12	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11	
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	111	
	6	Total number of volunteers (estimate if necessary)	6	22000	
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b		Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
		Prior Year	Current Year		
8		Contributions and grants (Part VIII, line 1h)	124,824,829.	176,452,542.	
9		Program service revenue (Part VIII, line 2g)	107,473.	293,121.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-87,806.	75,907.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-548,261.	-506,583.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	124,296,235.	176,314,987.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	108,090,287.	161,826,130.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,681,409.	8,053,645.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
	b	Total fundraising expenses (Part IX, column (D), line 25)	757,030.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,339,448.	3,966,859.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	119,111,144.	173,846,634.	
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	5,185,091.	2,468,353.	
			Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	33,515,301.	36,810,834.	
	21	Total liabilities (Part X, line 26)	5,110,874.	5,908,346.	
22	Net assets or fund balances. Subtract line 21 from line 20	28,404,427.	30,902,488.		

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <u>David Phillips</u> David Phillips, President Type or print name and title	Date 08/24/2023
Paid Preparer Use Only	Print/Type preparer's name Ashley Peabody	Preparer's signature <u>Ashley R. Peabody</u>
	Firm's name Capin Crouse LLP	Date 8/24/2023
	Firm's address 3200 Guasti Road, Suite 230 Ontario, CA 91761	Check if self-employed <input type="checkbox"/> PTIN P01385870 Firm's EIN 36-3990892 Phone no. 505-502-2746

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

Our mission is to deliver hope to suffering children by equipping
local churches for Gospel-centered mercy ministry.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

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

4a (Code:) (Expenses \$ 170,996,611. including grants of \$ 161,826,130.) (Revenue \$ 304,621.)

Children's Hunger Fund distributed more than \$161,000,000 in food,
clothing, and other relief supplies to children in need across the
United States and selected developing countries worldwide. By
providing for physical needs, Children's Hunger Fund programs
facilitate relationships and provide lasting impact in the lives of
those in need.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 170,996,611.

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 111		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
If "Yes," complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	12			
b Enter the number of voting members included on line 1a, above, who are independent		11		
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?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b 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?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b 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?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed See Schedule O

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
Roger Bayramian - 818-979-7100
13931 Balboa Blvd., Sylmar, CA 91342

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) David Phillips President	40.00 2.00	X		X				219,328.	0.	60,426.
(2) Michael Richards Senior Vice President	40.00 1.00					X		155,428.	0.	41,318.
(3) Jason Hartung Vice President of Finance (CFO)	40.00 1.00			X				146,222.	0.	46,501.
(4) Morgan Owen (part year) Exec. Dir. Relationship Development	40.00					X		144,611.	0.	20,104.
(5) Buddy Brewer Executive Director Operations	40.00					X		113,117.	0.	30,882.
(6) Timothy Hackett Regional Director, West	40.00					X		106,364.	0.	34,055.
(7) Roger Bayramian Controller	40.00					X		108,130.	0.	23,643.
(8) Dana Scannell Chairman	2.00	X		X				0.	0.	0.
(9) Steve McCormick Vice Chair	1.00 1.00	X		X				0.	0.	0.
(10) Len Harral Treasurer	2.00	X		X				0.	0.	0.
(11) Jim Wicker Secretary	1.00	X		X				0.	0.	0.
(12) Glenn Carpenter Director	1.00	X						0.	0.	0.
(13) Mark Tatlock Chaplain	2.00	X						0.	0.	0.
(14) Leonce Crump Director	1.00	X						0.	0.	0.
(15) Dick Griffith Director	1.00 1.00	X						0.	0.	0.
(16) Scott Olson Director	1.00	X						0.	0.	0.
(17) Michael Trujillo Director	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Lori Young Director	1.00	X						0.	0.	0.
1b Subtotal								993,200.	0.	256,929.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								993,200.	0.	256,929.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

8

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	65,266.				
	b	Membership dues	1b					
	c	Fundraising events	1c	2,849,824.				
	d	Related organizations	1d	3,155,000.				
	e	Government grants (contributions)	1e	2,750,000.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	167,632,452.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 156,280,184.				
	h	Total. Add lines 1a-1f		176,452,542.				
Program Service Revenue	2 a	Relief services	Business Code	624200	293,121.	293,121.		
	b						
	c						
	d						
	e						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		293,121.				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		163,658.			163,658.
4		Income from investment of tax-exempt bond proceeds						
5		Royalties						
6 a		Gross rents	(i) Real	(ii) Personal				
b		Less: rental expenses						
c		Rental income or (loss)						
d		Net rental income or (loss)						
7 a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b		Less: cost or other basis and sales expenses						
c		Gain or (loss)						
d		Net gain or (loss)			-87,751.		-87,751.	
8 a		Gross income from fundraising events (not including \$ 2,849,824. of contributions reported on line 1c). See Part IV, line 18		0.				
b		Less: direct expenses		518,083.				
c		Net income or (loss) from fundraising events		-518,083.				
9 a		Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses							
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances		32,285.					
b	Less: cost of goods sold		20,785.					
c	Net income or (loss) from sales of inventory		11,500.					11,500.
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d	All other revenue						
	e	Total. Add lines 11a-11d						
	12	Total revenue. See instructions		176,314,987.	304,621.	0.	-442,176.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	154,910,130.	154,910,130.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	6,916,000.	6,916,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	481,687.	317,913.	120,422.	43,352.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,545,669.	4,366,379.	867,125.	312,165.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	108,087.	71,337.	27,022.	9,728.
9 Other employee benefits	1,460,861.	963,937.	365,478.	131,446.
10 Payroll taxes	457,341.	301,845.	114,335.	41,161.
11 Fees for services (nonemployees):				
a Management				
b Legal	7,535.		7,535.	
c Accounting	41,195.		41,195.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	5,796.		5,796.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	130,510.	9,691.	119,498.	1,321.
12 Advertising and promotion	63,780.			63,780.
13 Office expenses	830,716.	628,936.	151,027.	50,753.
14 Information technology	339,753.	224,237.	84,938.	30,578.
15 Royalties				
16 Occupancy	813,939.	708,575.	81,074.	24,290.
17 Travel	480,471.	418,921.	32,660.	28,890.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	126,462.	118,874.	6,323.	1,265.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	809,025.	760,484.	40,451.	8,090.
23 Insurance	259,177.	220,852.	28,114.	10,211.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Volunteers/Training	58,500.	58,500.		
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	173,846,634.	170,996,611.	2,092,993.	757,030.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,550,842.	1	2,840,571.
	2 Savings and temporary cash investments	13,553,543.	2	2,067,642.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	492,353.	4	783,826.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,354,705.	8	3,030,309.
	9 Prepaid expenses and deferred charges	579,227.	9	786,039.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	18,791,440.		
	b Less: accumulated depreciation	5,140,023.		
		13,911,991.	10c	13,651,417.
	11 Investments - publicly traded securities	965,815.	11	12,914,113.
	12 Investments - other securities. See Part IV, line 11		12	64,263.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	106,825.	15	672,654.
	16 Total assets. Add lines 1 through 15 (must equal line 33)	33,515,301.	16	36,810,834.
Liabilities	17 Accounts payable and accrued expenses	707,457.	17	1,006,262.
	18 Grants payable		18	
	19 Deferred revenue	47,294.	19	52,766.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	4,356,123.	23	4,256,146.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	593,172.
	26 Total liabilities. Add lines 17 through 25	5,110,874.	26	5,908,346.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	23,472,662.	27	27,749,025.
	28 Net assets with donor restrictions	4,931,765.	28	3,153,463.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	28,404,427.	32	30,902,488.
	33 Total liabilities and net assets/fund balances	33,515,301.	33	36,810,834.

Form **990** (2022)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	176,314,987.
2	Total expenses (must equal Part IX, column (A), line 25)	2	173,846,634.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,468,353.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	28,404,427.
5	Net unrealized gains (losses) on investments	5	29,708.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	30,902,488.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	<input checked="" type="checkbox"/>
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	<input checked="" type="checkbox"/>
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form **990** (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

Children's Hunger Fund

Employer identification number

95-4335462

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,687,425.	65,611,102.	123,548,394.	124,824,829.	176,452,542.	500,124,292.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	9,687,425.	65,611,102.	123,548,394.	124,824,829.	176,452,542.	500,124,292.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						76,650,813.
6 Public support. Subtract line 5 from line 4.						423,473,479.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	9,687,425.	65,611,102.	123,548,394.	124,824,829.	176,452,542.	500,124,292.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,754.	28,262.	33,964.	30,322.	163,658.	257,960.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			85,306.			85,306.
11 Total support. Add lines 7 through 10						500,467,558.
12 Gross receipts from related activities, etc. (see instructions)					12	732,976.

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	84.62 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	88.07 %

16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒**b 33 1/3% support test - 2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐**17a 10% -facts-and-circumstances test - 2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐**b 10% -facts-and-circumstances test - 2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15		%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17		%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2022 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Part VI

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

Schedule A, Part II, Line 10, Explanation for Other Income:

Ins. claim proceeds

2020 Amount: \$ 85,306.

Schedule A, Part II, Columns (a) - (e):

Per the instructions public support is measured using a 5-year

computation period that includes the current and four prior tax years

(including short years). The organization had a short year in 2019.

The below chart clarifies the information represented in Schedule A,

Part II:

Column (a) - 3 month period ending 3/31/19

Column (b) - Fiscal year ending 3/31/20

Column (c) - Fiscal year ending 3/31/21

Column (d) - Fiscal year ending 3/31/22

Column (e) - Fiscal year ending 3/31/23

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

Children's Hunger Fund

Employer identification number

95-4335462

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

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

Special Rules

- ☒
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of
- (1)**
- \$5,000; or
- (2)**
- 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization	Employer identification number
Children's Hunger Fund	95-4335462

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		\$ 50,750,601.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 34,120,324.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 11,116,853.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 9,867,940.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 7,952,794.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 6,203,654.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
Children's Hunger Fund	95-4335462

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 4,893,087.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 4,550,052.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
Children's Hunger Fund	95-4335462

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	Food	\$ 50,750,601.	03/29/23
2	Food	\$ 34,120,324.	03/24/23
3	Food, Drinks	\$ 11,116,853.	03/24/23
4	Food, Household Goods	\$ 9,867,940.	03/30/23
5	Food, Household Goods	\$ 7,952,794.	03/30/23
6	Food	\$ 6,203,654.	02/28/23

Name of organization	Employer identification number
Children's Hunger Fund	95-4335462

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
7	Toys	\$ 4,893,087.	01/27/23
8	Food, Household Goods	\$ 4,550,052.	03/23/23
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization	Employer identification number
Children's Hunger Fund	95-4335462

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

Children's Hunger Fund

Employer identification number

95-4335462

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 July 25, 2006, 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, handling of violations, and enforcing conservation easements during the year

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

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

☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange program
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
(ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,500,000.		4,500,000.
b Buildings		9,821,118.	2,145,408.	7,675,710.
c Leasehold improvements				
d Equipment		1,733,185.	1,252,759.	480,426.
e Other		2,737,137.	1,741,856.	995,281.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				13,651,417.

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Operating lease liabilities	593,172.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	593,172.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... ☐

**SCHEDULE F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

2022Open to Public
Inspection

Name of the organization

Children's Hunger Fund

Employer identification number

95-4335462

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Sub-Saharan Africa	0	0	Grants to Recipients Located in Region		1,987,241.
Central America and the Caribbean	0	0	Grants to Recipients Located in Region		1,141,628.
South America	0	0	Grants to Recipients Located in Region		989,660.
East Asia and the Pacific	0	0	Grants to Recipients Located in Region		736,283.
Europe	0	0	Grants to Recipients Located in Region		519,427.
Russia and Neighboring States	0	0	Grants to Recipients Located in Region		1,290,361.
South Asia	0	0	Grants to Recipients Located in Region		135,500.
Middle East and North Africa	0	0	Grants to Recipients Located in Region		82,200.
3 a Subtotal	0	0			6,882,300.
b Total from continuation sheets to Part I	0	0			268,759.
c Totals (add lines 3a and 3b)	0	0			7,151,059.

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

Schedule F (Form 990) 2022

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America	0	0	Grants to Recipients Located in Region		33,701.
Central America and the Caribbean	0	0	Program Services	Shipping	65,848.
South America	0	0	Program Services	Shipping	96,009.
Europe	0	0	Program Services	Shipping	46,201.
East Asia and the Pacific	0	0	Program Services	Shipping	27,000.
Totals					268,759.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	Relief	108,250.	Wire Transfer	0.		
		East Asia and the Pacific	Relief	24,000.	Wire Transfer	0.		
		East Asia and the Pacific	Relief	6,000.	Wire Transfer	0.		
		East Asia and the Pacific	Relief	11,514.	Wire Transfer	0.		
		East Asia and the Pacific	Relief	189,390.	Wire Transfer	0.		
		East Asia and the Pacific	Relief	5,000.	Wire Transfer	176,508.	Food	Wholesale FMV
		East Asia and the Pacific	Relief	16,319.	Wire Transfer	196,302.	Food, Food Paks	Wholesale FMV
		South Asia	Relief	135,500.	Wire Transfer	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

47

3 Enter total number of other organizations or entities

0

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Relief	105,284.	Wire Transfer	0.		
		Central America and the Caribbean	Relief	12,500.	Wire Transfer	0.		
		Central America and the Caribbean	Relief	59,513.	Wire Transfer	0.		
		Central America and the Caribbean	Relief	0.	Wire Transfer	326,472.	Food Paks, Household Goods, Hygiene, Toys	Wholesale FMV
		Central America and the Caribbean	Relief	2,500.	Wire Transfer	72,431.	Food, Food Paks, Household Goods, Books	Wholesale FMV
		Central America and the Caribbean	Relief	7,000.	Wire Transfer	551,929.	Food, Food Paks, Household Goods, Hygiene, Toys	Wholesale FMV
		Europe	Relief	61,669.	Wire Transfer	107,228.	Food, Food Paks, Household Goods, Clothes, Toys	Wholesale FMV
		Europe	Relief	50,000.	Wire Transfer	0.		
		Europe	Relief	80,000.	Wire Transfer	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Relief	7,000.	Wire Transfer	0.		
		Europe	Relief	213,530.	Wire Transfer	0.		
		Russia and Neighboring States	Relief	230,000.	Wire Transfer	442,905.	Food, Food Paks, Household Goods, Clothes, Toys	Wholesale FMV
		Russia and Neighboring States	Relief	125,000.	Wire Transfer	87,156.	Food, Food Paks, Household Goods, Clothes, Hygiene	Wholesale FMV
		Russia and Neighboring States	Relief	25,000.	Wire Transfer	0.		
		Russia and Neighboring States	Relief	24,000.	Wire Transfer	0.		
		Russia and Neighboring States	Relief	12,500.	Wire Transfer	0.		
		Russia and Neighboring States	Relief	343,800.	Wire Transfer	0.		
		Middle East	Relief	70,200.	Wire Transfer	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East	Relief	12,000.	Wire Transfer	0.		
		South America	Relief	64,547.	Wire Transfer	0.		
		South America	Relief	43,875.	Wire Transfer	0.		
		South America	Relief	2,500.	Wire Transfer	45,918.	Food, Food Paks	Wholesale FMV
		South America	Relief	83,300.	Wire Transfer	0.		
		South America	Relief	72,258.	Wire Transfer	63,618.	Food, Food Paks	Wholesale FMV
		South America	Relief	75,240.	Wire Transfer	0.		
		South America	Relief	109,422.	Wire Transfer	355,649.	Food Paks, Clothes, Toys	Wholesale FMV
		South America	Relief	63,332.	Wire Transfer	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Relief	320,171.	Wire Transfer	0.		
		Sub-Saharan Africa	Relief	149,200.	Wire Transfer	0.		
		Sub-Saharan Africa	Relief	51,800.	Wire Transfer	0.		
		Sub-Saharan Africa	Relief	71,400.	Wire Transfer	423,274.	Food, Food Paks	Wholesale FMV
		Sub-Saharan Africa	Relief	37,900.	Wire Transfer	0.		
		Sub-Saharan Africa	Relief	596,597.	Wire Transfer	0.		
		Sub-Saharan Africa	Relief	16,000.	Wire Transfer	0.		
		Sub-Saharan Africa	Relief	143,900.	Wire Transfer	0.		
		Sub-Saharan Africa	Relief	177,000.	Wire Transfer	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America (including Canada and Mexico, but not the United	Relief	0.		16,480.	Food, Toys	Wholesale FMV
		North America (including Canada and Mexico, but not the United	Relief	0.		9,764.	Food, Toys	Wholesale FMV
		North America (including Canada and Mexico, but not the United	Relief	0.		7,457.	Food, Toys	Wholesale FMV

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Part I, Line 2:

Onsite visits normally occur annually, but there were limited visits due
to travel restrictions. On a monthly basis, virtual meetings took place
with partners in order to monitor the use of grant funds. Financial
reports were received and reviewed quarterly. Photos, shipping documents
and receipts were provided by recipients for review on a periodic basis.

Part I, line 3:

Expenditures are accounted for using the accrual method of accounting.

Department of the Treasury
Internal Revenue Service

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

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

2022

Open to Public Inspection

Children's Hunger Fund

95-4335462

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

- d** ☐ In-person solicitations

- ☐
- No**

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

[illegible]

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Golf Tournament (event type)	President's Retreat (event type)	4 (total number)	
Revenue	1 Gross receipts	1,715,224.	1,062,725.	71,875.	2,849,824.
	2 Less: Contributions	1,715,224.	1,062,725.	71,875.	2,849,824.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	93,363.	151,131.	7,841.	252,335.
	7 Food and beverages	56,056.	47,762.	9,020.	112,838.
	8 Entertainment	61,396.	44,278.		105,674.
	9 Other direct expenses	6,500.	25,010.	15,726.	47,236.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				518,083.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-518,083.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 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	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

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

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

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

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

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

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

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

[illegible]

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization Children's Hunger Fund Employer identification number 95-4335462

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A Child's Hope International (CHI) 2430 E Kemper Rd Cincinnati, OH 45241-5805	75-2571395	501(c)(3)	0.	123,203.	Wholesale FMV	Food	Relief
Abundant Living Family Church 10900 Civic Center Dr Rancho Cucamonga, CA 91730-7699	83-2758743	501(c)(3)	0.	22,452.	Wholesale FMV	Food	Relief
Adonai Lord of the Heaven 983 Center St Riverside, CA 92507-1411	33-1044549	501(c)(3)	0.	21,500.	Wholesale FMV	Food	Relief
Agape All Nations Church 1501 N Country Club Rd Garland, TX 75040-5323	74-2545236	501(c)(3)	0.	6,215.	Wholesale FMV	Food	Relief
Anchored by Hope Christian Ministry - 1307 W Theo Ave - San Antonio, TX 78225-1855	45-3730079	501(c)(3)	0.	9,087.	Wholesale FMV	Food	Relief
Arise Church Ventura 831 N Olive St. #442 Ventura, CA 93003-6183	25-1915952	501(c)(3)	0.	17,771.	Wholesale FMV	Food	Relief

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 220.
- 3** Enter total number of other organizations listed in the line 1 table 2.

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

Schedule I (Form 990) 2022

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Aydelotte Baptist Church 10201 N Harrison Shawnee, OK 74804-7510	75-2231694	501(c)(3)	0.	5,246.	Wholesale FMV	Food	Relief
Because We Believe Ministries 3243 Marine Ave. Unit 1 Gardena, CA 90249	85-3038417	501(c)(3)	0.	13,306.	Wholesale FMV	Food	Relief
Bethel Church RGV 410 Hooks Ave Donna, TX 78537-3388	74-2863470	501(c)(3)	0.	5,104.	Wholesale FMV	Food	Relief
Bethel Covenant Assembly of God 6812 Bandera Rd Ste 126 San Antonio, TX 78238-1368	41-2269686	501(c)(3)	0.	6,695.	Wholesale FMV	Food	Relief
Bethesda Church of God 527 Menefee Blvd San Antonio, TX 78207-7835	74-2845930	501(c)(3)	0.	14,923.	Wholesale FMV	Food	Relief
Brownsville Teen Center 3545 E 14th St Ste H Brownsville, TX 78521-3251	75-2870806	501(c)(3)	0.	253,137.	Wholesale FMV	Food	Relief
Buckner Children and Family Services - 5405 Shoe Dr - Mesquite, TX 75149-1041	85-3086233	501(c)(3)	0.	132,386.	Wholesale FMV	Food	Relief
Calvary Baptist Church/Camino al Cielo - 913 N Nursery Rd - Irving, TX 75061-7741	90-0890536	501(c)(3)	0.	5,203.	Wholesale FMV	Food	Relief
Casa de Dios Centro de Avivamiento 3402 Ayers St Corpus Christi, TX 78415-4610	47-5520346	501(c)(3)	0.	182,394.	Wholesale FMV	Food	Relief

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Catalyst Church 6815 Washita Way San Antonio, TX 78256-2304	32-0007852	501(c)(3)	0.	8,256.	Wholesale FMV	Food	Relief
Cathedral of Faith 1349 Stonewall St San Antonio, TX 78211-1555	82-4143845	501(c)(3)	0.	8,550.	Wholesale FMV	Food	Relief
Centro Cristiano Agape 320 W 130th St Los Angeles, CA 90061-1102	74-2948084	501(c)(3)	0.	23,863.	Wholesale FMV	Food	Relief
Centro Cristiano de Restauracion Familiar - PO Box 73 - Mission, TX 78573-0001	47-0871675	501(c)(3)	0.	18,656.	Wholesale FMV	Food	Relief
Centro Cristiano Elohim 7811 Alberto Rd Edinburg, TX 78542-4330	20-0672113	501(c)(3)	0.	5,936.	Wholesale FMV	Food	Relief
Centro de Comunidad Cristiana Asamblea de Dios - 3215 S Montevideo Ave - Edinburg, TX 78539-6619	74-2948084	501(c)(3)	0.	9,260.	Wholesale FMV	Food	Relief
Centro de Oracion y Restauracion PO Box 1920 Three Rivers, TX 78071-1920	95-1534943	501(c)(3)	0.	11,355.	Wholesale FMV	Food	Relief
Centro Familiar Nueva Esperanza 4680 Alamo St Simi Valley, CA 93063-1836	94-1347058	501(c)(3)	0.	19,557.	Wholesale FMV	Food	Relief
Chapel of the Cross 10000 Sepulveda Blvd Mission Hills, CA 91345-2918	20-3861219	501(c)(3)	0.	17,366.	Wholesale FMV	Food	Relief

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Child Evangelism Fellowship of San Fernando Valley - 8932 Reseda Blvd Ste 200 - Northridge, CA 91324-5827	46-2799135	501(c)(3)	0.	14,171.	Wholesale FMV	Food	Relief
Children's Hunger Fund Legacy Foundation - PO Box 8181 - Mission Hills, CA 91346	91-1851417	501(c)(3)	155,000.	0.			Support
Christ the King Ministries International Inc. - 4507 Santa Anita Loop - Laredo, TX 78046-8309	26-3577817	501(c)(3)	0.	16,864.	Wholesale FMV	Food	Relief
Christian Appalachian Project 6550 US 321 South Hagerhill, KY 41222	74-2950447	501(c)(3)	0.	15,450,722.	Wholesale FMV	Food	Relief
Christian Community Action 200 S Mill St Lewisville, TX 75057-3944	81-0714276	501(c)(3)	0.	280,829.	Wholesale FMV	Food	Relief
Church of Glad Tidings 4444 Live Oak Blvd Yuba City, CA 95953	90-0589448	501(c)(3)	0.	318,020.	Wholesale FMV	Food	Relief
Comforter Christian Center 2307 Oak Ln Ste 119 Grand Prairie, TX 75051-4885	45-4837546	501(c)(3)	0.	35,310.	Wholesale FMV	Food	Relief
Communities in Schools 1616 E Commerce St Bldg 1 San Antonio, TX 78205-3348	45-2810447	501(c)(3)	0.	7,317.	Wholesale FMV	Food	Relief
Community Enrichment Center 6250 Ne Loop 820 North Richland Hills, TX 76180-7842	74-1985927	501(c)(3)	0.	1,169,058.	Wholesale FMV	Food	Relief

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Comunidad Cristiana 22103 Vanowen St. Canoga Park, CA 91303	90-0546767	501(c)(3)	0.	16,160.	Wholesale FMV	Food	Relief
Comunidad Cristiana High Desert Church - 13600 Pawnee Rd - Apple Valley, CA 92308-5759	90-0918579	501(c)(3)	0.	28,741.	Wholesale FMV	Food	Relief
Comunidad Cristiana IPE 5260 Lincoln Ave Los Angeles, CA 90042-2348	95-3804345	501(c)(3)	0.	11,338.	Wholesale FMV	Food	Relief
Comunidad Gracia Sublime 2914 Stites Rd Donna, TX 78537-4522	47-4768020	501(c)(3)	0.	5,516.	Wholesale FMV	Food	Relief
Convoy of Hope 1 Convoy Rd Springfield, MO 65803	95-4575842	501(c)(3)	0.	289,168.	Wholesale FMV	Food	Relief
Cornerstone Baptist Church PO Box 152551 Dallas, TX 75315-2551	26-1982130	501(c)(3)	0.	678,872.	Wholesale FMV	Food	Relief
Corona de Vida 914 SW 37th St San Antonio, TX 78237-3317	82-1147038	501(c)(3)	0.	7,851.	Wholesale FMV	Food	Relief
Crossroads United Methodist Church 10030 Scarsdale Blvd Houston, TX 77089-5034	81-5018335	501(c)(3)	0.	6,789.	Wholesale FMV	Food	Relief
Daily Bread Ministries 3559 Belgium Ln San Antonio, TX 78219-2503	27-2170467	501(c)(3)	0.	2,899,316.	Wholesale FMV	Food	Relief

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Davenport Church of Christ PO Box 583 Davenport, OK 74026-0583	61-1851443	501(c)(3)	0.	5,246.	Wholesale FMV	Food	Relief
Dream Center/Food Bank 2301 Bellevue Ave Los Angeles, CA 90026-4017	36-2167730	501(c)(3)	0.	26,378.	Wholesale FMV	Food	Relief
El Encino Covenant Church 10801 Fairford Ave. Downey, CA 90241	27-0170361	501(c)(3)	0.	7,579.	Wholesale FMV	Food	Relief
Emanuel Community Church 2908 Mission Rd San Antonio, TX 78214-2257	13-5563018	501(c)(3)	0.	9,189.	Wholesale FMV	Food	Relief
Faith and Victory Church PO Box 10353 Corpus Christi, TX 78460-0353	81-5284964	501(c)(3)	0.	5,392.	Wholesale FMV	Food	Relief
Family Christian Assembly - English - 18027 Date Palm Dr - Penitas, TX 78576-8611	27-3498131	501(c)(3)	0.	6,752.	Wholesale FMV	Food	Relief
First Latin Assembly of God 806 N Camp St Seguin, TX 78155-4254	46-5050313	501(c)(3)	0.	7,463.	Wholesale FMV	Food	Relief
First Mexican Baptist Church PO Box 472 Hondo, TX 78861-0472	47-1001801	501(c)(3)	0.	6,083.	Wholesale FMV	Food	Relief
First Southern Baptist Church of Sylmar - 13261 Glenoaks Blvd - Sylmar, CA 91342-3930	61-1559641	501(c)(3)	0.	195,684.	Wholesale FMV	Food	Relief

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Food Forward 7412 Fulton Ave #3 North Hollywood, CA 91605	45-4673237	501(c)(3)	0.	156,186.	Wholesale FMV	Food	Relief
Forest Meadow Baptist Church 9150 Church Rd Dallas, TX 75231-4852	47-4978469	501(c)(3)	0.	5,115.	Wholesale FMV	Food	Relief
Fountain of Hope, Inc 1400 Veteran Memorial Hwy Mableton, GA 30126	30-0997331	501(c)(3)	0.	16,985.	Wholesale FMV	Food	Relief
Foursquare Disaster Relief 1132 Glendale Blvd. Los Angeles, CA 90026	75-6044885	501(c)(3)	0.	134,280.	Wholesale FMV	Food	Relief
Fraternidad Cristiana de Montebello - 809 W. Beverly Blvd. - Montebello, CA 90640	37-1537473	501(c)(3)	0.	11,249.	Wholesale FMV	Food	Relief
Freedom Center Church 811 S Abram Rd Palmview, TX 78572-2299	74-2585510	501(c)(3)	0.	5,292.	Wholesale FMV	Food	Relief
Frisco Bible Church 8000 Sanctuary Dr Frisco, TX 75033-2790	83-2121367	501(c)(3)	0.	5,855.	Wholesale FMV	Food	Relief
Fuente De Vida Church 2483 W Southcross Blvd San Antonio, TX 78211-1868	74-2886682	501(c)(3)	0.	9,047.	Wholesale FMV	Food	Relief
Gateway Church (Dallas) 12123 Hillcrest Rd Dallas, TX 75230-2330	45-0563387	501(c)(3)	0.	17,947.	Wholesale FMV	Food	Relief

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Gleanings for the Hungry 43029 Road 104 Dinuba, CA 93618-9366	20-8293987	501(c)(3)	0.	310,553.	Wholesale FMV	Food	Relief
Grace and Peace Church 1856 N LeClaire Ave Chicago, IL 60639	30-0683437	501(c)(3)	0.	339,200.	Wholesale FMV	Food	Relief
Grace Assembly 8606 Wiley Post Ave Los Angeles, CA 90045-4217	74-2733709	501(c)(3)	0.	21,428.	Wholesale FMV	Food	Relief
Grunt Style Foundation 900 Broadway Street San Antonio, TX 78215	46-2918813	501(c)(3)	0.	42,491.	Wholesale FMV	Food	Relief
Help the Children 333 S. 4th Street Montebello, CA 90640	46-0547600	501(c)(3)	0.	8,560.	Wholesale FMV	Food	Relief
Helping Hands Society of Los Angeles - 2360 E 51st Street - Vernon, CA 90058	74-2694029	501(c)(3)	0.	5,587,774.	Wholesale FMV	Food	Relief
Iglesia Agua Viva 2738 MacArthur Vw San Antonio, TX 78217-4503	95-3316239	501(c)(3)	0.	9,378.	Wholesale FMV	Food	Relief
Iglesia Bautista Betania 5334 Los Arboles Ave Brownsville, TX 78520-3880	81-2586177	501(c)(3)	0.	5,840.	Wholesale FMV	Food	Relief
Iglesia Bautista Capernaum 6480 FM 1732 Brownsville, TX 78520-9666	81-3373130	501(c)(3)	0.	7,457.	Wholesale FMV	Food	Relief

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Iglesia Bautista El Buen Pastor 260 McKenzie Rd Brownsville, TX 78521-4137	33-0606879	501(c)(3)	0.	23,440.	Wholesale FMV	Food	Relief
Iglesia Bautista El Shaddai 10925 Columbus Ave Mission Hills, CA 91345-1511	46-2613665	501(c)(3)	0.	10,940.	Wholesale FMV	Food	Relief
Iglesia Bautista Fe y Esperanza 17003 Gledhill St Northridge, CA 91325-2523	74-1464209	501(c)(3)	0.	14,780.	Wholesale FMV	Food	Relief
Iglesia Bautista Horeb 309 N Vermillion Ave Brownsville, TX 78521-6862	26-0072438	501(c)(3)	0.	11,412.	Wholesale FMV	Food	Relief
Iglesia Bautista Jerico 3000 Central Blvd Ste 1 Brownsville, TX 78520-8959	90-0453373	501(c)(3)	0.	8,740.	Wholesale FMV	Food	Relief
Iglesia Bautista Jerusalem 925 W Saint Charles St Brownsville, TX 78520-6403	74-2952983	501(c)(3)	0.	6,880.	Wholesale FMV	Food	Relief
Iglesia Bautista Jesucristo es el Camino - 1966 7th St. - San Fernando, CA 91340	27-5170958	501(c)(3)	0.	14,492.	Wholesale FMV	Food	Relief
Iglesia Bautista La Resurreccin 1400 S Eastern Ave Commerce, CA 90040-5613	47-0871675	501(c)(3)	0.	20,627.	Wholesale FMV	Food	Relief
Iglesia Bautista la Tierra Prometida - 4001 Darwin St - Houston, TX 77093-3701	20-0672113	501(c)(3)	0.	7,119.	Wholesale FMV	Food	Relief

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Iglesia Bautista Nazaret 925 W Saint Charles St Brownsville, TX 78520-6403	81-5172028	501(c)(3)	0.	5,510.	Wholesale FMV	Food	Relief
Iglesia Bautista Peniel 10131 Emnora Ln Houston, TX 77080-5001	20-8319839	501(c)(3)	0.	7,646.	Wholesale FMV	Food	Relief
Iglesia Bautista Vida en Cristo 15700 Space Center Blvd Houston, TX 77062-4602	46-2845781	501(c)(3)	0.	7,119.	Wholesale FMV	Food	Relief
Iglesia Bautista West Brownsville 925 W Saint Charles St Brownsville, TX 78520-6403	87-1750910	501(c)(3)	0.	9,156.	Wholesale FMV	Food	Relief
Iglesia Bethel Los Angeles 16546 Rinaldi St. Granada Hills, CA 91344-3761	45-4070551	501(c)(3)	0.	15,654.	Wholesale FMV	Food	Relief
Iglesia Biblica Bautista Pacer 2606 Lafferty Rd Pasadena, TX 77502-5129	87-0985379	501(c)(3)	0.	15,340.	Wholesale FMV	Food	Relief
Iglesia Biblica Berea 12020 Strathern St. North Hollywood, CA 90032	95-2225757	501(c)(3)	0.	9,761.	Wholesale FMV	Food	Relief
Iglesia Biblica El Buen Pastor 9601 Hayvenhurst Ave. North Hills, CA 91342	46-4405001	501(c)(3)	0.	7,068.	Wholesale FMV	Food	Relief
Iglesia Casa de Fe 13820 Studebaker Rd. Norwalk, CA 90650	74-2385204	501(c)(3)	0.	25,456.	Wholesale FMV	Food	Relief

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Iglesia Casa de Oracion Sylmar 1998 Terrabella St. Apt. 101 Sylmar, CA 91342	74-2790845	501(c)(3)	0.	14,102.	Wholesale FMV	Food	Relief
Iglesia Casa de Oracion y Camino de Santidad - 2718 Kimsey Dr - Dallas, TX 75235-6612	31-1590732	501(c)(3)	0.	5,016.	Wholesale FMV	Food	Relief
Iglesia Ciudad de Avivamiento 14717 Spinning Ave Gardena, CA 90249-3707	16-1782999	501(c)(3)	0.	17,001.	Wholesale FMV	Food	Relief
Iglesia Confraternidad Cristiana 777 E Alosta Ave Azusa, CA 91702-3102	95-4520654	501(c)(3)	0.	22,273.	Wholesale FMV	Food	Relief
Iglesia Cristiana Altar de Dios 18933 Knapp St. Northridge, CA 91324	82-4161696	501(c)(3)	0.	19,247.	Wholesale FMV	Food	Relief
Iglesia Cristiana El Camino 505 State St Des Plaines, IL 60016-2267	95-1684062	501(c)(3)	0.	9,089.	Wholesale FMV	Food	Relief
Iglesia Cristiana Emmanuel 2315 Big Valley Cir Edinburg, TX 78541-6415	77-0170546	501(c)(3)	0.	6,071.	Wholesale FMV	Food	Relief
Iglesia Cristiana Misericordia 4519 E Del Mar Blvd Laredo, TX 78041-6535	61-1610450	501(c)(3)	0.	7,704.	Wholesale FMV	Food	Relief
Iglesia Cristiana Palabra Viva 139 Fredericksburg Rd San Antonio, TX 78201-6422	81-4635846	501(c)(3)	0.	7,110.	Wholesale FMV	Food	Relief

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Iglesia Cristiana Resplandece 1005 Wither Rd Edinburg, TX 78541-5143	82-1225038	501(c)(3)	0.	5,292.	Wholesale FMV	Food	Relief
Iglesia Cristiana Tierra Prometida Inc. - 2718 Frontier Dr - San Antonio, TX 78227-4069	55-0808840	501(c)(3)	0.	8,516.	Wholesale FMV	Food	Relief
Iglesia Cuadrangular Nuevo Amanecer - 38658 22nd St E - Palmdale, CA 93550-4062	95-4039927	501(c)(3)	0.	24,086.	Wholesale FMV	Food	Relief
Iglesia de Cristo El Roi 25440 Via Gracioso Santa Clarita, CA 91355	86-2762782	501(c)(3)	0.	11,276.	Wholesale FMV	Food	Relief
Iglesia de Dios Camino de Santidad Highland Park - PO Box 4131 - Covina, CA 91722	27-1560429	501(c)(3)	0.	11,774.	Wholesale FMV	Food	Relief
Iglesia de Dios Charlotte PO Box 582 Charlotte, TX 78011-0582	58-1437002	501(c)(3)	0.	9,462.	Wholesale FMV	Food	Relief
Iglesia de Dios Esperanza de Vida 10720 Braes Bend Dr Houston, TX 77071-1140	95-4584021	501(c)(3)	0.	11,663.	Wholesale FMV	Food	Relief
Iglesia de Dios La Casa del Mejor Amigo - 5615 Cahuenga Blvd - North Hollywood, CA 91601-2104	95-3419526	501(c)(3)	0.	17,301.	Wholesale FMV	Food	Relief
Iglesia de Dios Manantial de Vida Lancaster - 654 E Avenue G - Lancaster, CA 93535-5901	84-1702695	501(c)(3)	0.	17,966.	Wholesale FMV	Food	Relief

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Iglesia de Dios Rios de Agua Viva 4739 Rittiman Rd San Antonio, TX 78218-4631	14-1908430	501(c)(3)	0.	7,403.	Wholesale FMV	Food	Relief
Iglesia de Restauracion La Senda Antigua - 127 W. Norberry St. - Lancaster, CA 93534	48-0699199	501(c)(3)	0.	10,508.	Wholesale FMV	Food	Relief
Iglesia El Camino Downey 15879 Yarnell St. Rancho Cascade, CA 91342	46-2799135	501(c)(3)	0.	14,222.	Wholesale FMV	Food	Relief
Iglesia El Gigante es Jesucristo 31938 Emerald Ln. Castaic, CA 91384-3926	83-1296535	501(c)(3)	0.	12,739.	Wholesale FMV	Food	Relief
Iglesia El Jordan 13003 SW Loop 410 San Antonio, TX 78224-3193	74-2950447	501(c)(3)	0.	10,601.	Wholesale FMV	Food	Relief
Iglesia El Nuevo Nacimiento Inc. 1231 West Blvd Apt 105 Los Angeles, CA 90019-3057	26-0072438	501(c)(3)	0.	13,665.	Wholesale FMV	Food	Relief
Iglesia El Santuario En Anaheim 1026 S East St Anaheim, CA 92805-5748	84-3442025	501(c)(3)	0.	10,188.	Wholesale FMV	Food	Relief
Iglesia Encuentro con Dios Peniel 309 S 21st Ave Edinburg, TX 78539-4913	81-0714276	501(c)(3)	0.	6,968.	Wholesale FMV	Food	Relief
Iglesia Evangelica Bautista Inc 8480 California Avenue South Gate, CA 90280-2414	95-4039927	501(c)(3)	0.	11,351.	Wholesale FMV	Food	Relief

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Iglesia Evangelica Pentecostes Nuevo Pacto - 22751 15th St. - Newhall, CA 91321	84-3069001	501(c)(3)	0.	11,570.	Wholesale FMV	Food	Relief
Iglesia Familiar Nueva Vida 1520 Pearl St Santa Monica, CA 90405-2610	90-0453373	501(c)(3)	0.	15,078.	Wholesale FMV	Food	Relief
Iglesia Fuente de Vida PO Box 6005 Eagle Pass, TX 78853-6005	16-1782999	501(c)(3)	0.	6,904.	Wholesale FMV	Food	Relief
Iglesia Horeb 984 Yale St. Los Angeles, CA 90012	26-3577817	501(c)(3)	0.	17,412.	Wholesale FMV	Food	Relief
Iglesia Impacto de Amor Inc 2300 N Rancho Ave Colton, CA 92324-1039	82-2089139	501(c)(3)	0.	39,237.	Wholesale FMV	Food	Relief
Iglesia Jesucristo es mi Refugio 6108 S Flores St San Antonio, TX 78214-2159	26-1224635	501(c)(3)	0.	7,622.	Wholesale FMV	Food	Relief
Iglesia Luz y Verdad Alfa y Omega 901 Avenue H San Leon, TX 77539-2100	86-2762782	501(c)(3)	0.	14,564.	Wholesale FMV	Food	Relief
Iglesia Metodista Unida La Trinidad - PO Box 1477 - Laredo, TX 78042-1477	90-0589448	501(c)(3)	0.	6,604.	Wholesale FMV	Food	Relief
Iglesia Poder de Dios 18825 Saticoy St. Reseda, CA 91335-2753	95-4420685	501(c)(3)	0.	15,219.	Wholesale FMV	Food	Relief

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Iglesia Presbiteriana El Sinai 35461 87th Street Littlerock, CA 93543	27-1159095	501(c)(3)	0.	17,741.	Wholesale FMV	Food	Relief
Iglesia Rey Soberano 8515 Reseda Blvd Northridge, CA 91324-4629	83-1269517	501(c)(3)	0.	27,730.	Wholesale FMV	Food	Relief
Iglesia Vino Nuevo San Carlos 8305 E Curry Rd Edinburg, TX 78542-5865	46-3676258	501(c)(3)	0.	6,628.	Wholesale FMV	Food	Relief
Illinois Partners in Hope 1315 S Schoolhouse Rd Unit 8 New Lenox, IL 60451-3306	45-4837546	501(c)(3)	0.	24,678,349.	Wholesale FMV	Food	Relief
Inspired Vision Church 9424 Military Pkwy Dallas, TX 75227-4713	45-2810447	501(c)(3)	0.	590,012.	Wholesale FMV	Food	Relief
Inspired Vision Compassion Center 2019 N Masters Dr Dallas, TX 75217-3148	45-2810447	501(c)(3)	0.	2,189,568.	Wholesale FMV	Food	Relief
Jesus Center Church 4119 Family Tree San Antonio, TX 78222-2701	87-0985379	501(c)(3)	0.	7,640.	Wholesale FMV	Food	Relief
Jesus Christ Revealed Ministries 521 S High St Uvalde, TX 78801-5927	81-1152386	501(c)(3)	0.	425,722.	Wholesale FMV	Food	Relief
La Capilla del Senor 420 E Egly Ave Pharr, TX 78577-0057	74-1985927	501(c)(3)	0.	7,628.	Wholesale FMV	Food	Relief

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
La Iglesia En El Camino Los Angeles - 2416 E 11th St - Long Beach, CA 90804-3535	90-0546767	501(c)(3)	0.	15,838.	Wholesale FMV	Food	Relief
La Iglesia En El Camino Van Nuys 14300 Sherman Way Van Nuys, CA 91405-2403	90-0918579	501(c)(3)	0.	22,440.	Wholesale FMV	Food	Relief
La Trinidad Church Palmdale 3311 E Avenue K 8 Lancaster, CA 93535	95-3165061	501(c)(3)	0.	9,784.	Wholesale FMV	Food	Relief
Laredo Stepping Stone PO Box 451749 Laredo, TX 78045-0043	74-2952983	501(c)(3)	0.	701,427.	Wholesale FMV	Food	Relief
Last Chance Ministries 404 Brady Blvd San Antonio, TX 78207-8036	27-5170958	501(c)(3)	0.	20,268.	Wholesale FMV	Food	Relief
Lawndale Foursquare Church "La Gloria de Dios" - 4560 W 154th St - Lawndale, CA 90260-1927	95-3804345	501(c)(3)	0.	13,387.	Wholesale FMV	Food	Relief
Least of Saints Motorcycle Club 503 E Drexel Ave San Antonio, TX 78210-3006	47-4768020	501(c)(3)	0.	49,315.	Wholesale FMV	Food	Relief
Loma Alta Baptist Church 620 E Lyon St Laredo, TX 78040-2641	45-4091636	501(c)(3)	0.	6,648.	Wholesale FMV	Food	Relief
Love Community Outreach 1920 W Chestnut Ave Santa Ana, CA 92703-4304	95-4575842	501(c)(3)	0.	28,908,142.	Wholesale FMV	Food	Relief

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
M-25 Outreach Ministry 494 Burcham Ave San Antonio, TX 78221-1182	74-2694029	501(c)(3)	0.	29,048.	Wholesale FMV	Food	Relief
Made Through Fire Ministries 2355 Delgado St San Antonio, TX 78228-6421	26-1982130	501(c)(3)	0.	6,660.	Wholesale FMV	Food	Relief
Midwest Food Bank 2031 Warehouse Rd Normal, IL 61761-1038	41-2120170	501(c)(3)	0.	6,616,056.	Wholesale FMV	Food	Relief
Ministerio Casa de Adoracion 110 W 7th St Los Fresnos, TX 78566-3721	81-3021197	501(c)(3)	0.	7,308.	Wholesale FMV	Food	Relief
Ministerio Cristiano Amigos de Jesus - 7602 Navigation Blvd - Houston, TX 77012-1056	41-2193769	501(c)(3)	0.	7,764.	Wholesale FMV	Food	Relief
Ministerio Internacional Centro de Nueva Vida - 5256 Sherri Ann Rd - San Antonio, TX 78233-6216	46-4158910	501(c)(3)	0.	10,813.	Wholesale FMV	Food	Relief
Ministerio Jesus Fuente Inagotable 2820 Chestnut Street Laredo, TX 78043-4747			0.	5,196.	Wholesale FMV	Food	Relief
Ministerio Shekinah 5277 W. Adams Blvd. Los Angeles, CA 90016	27-2170467	501(c)(3)	0.	18,702.	Wholesale FMV	Food	Relief
Ministerios Betesda 1001 E Lincoln Ave Orange, CA 92865-1953	02-0722005	501(c)(3)	0.	14,734.	Wholesale FMV	Food	Relief

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ministerios Casa de Dios Valle del Antelope - 2728 E Palmdale Blvd - Palmdale, CA 93550-4998	81-5018335	501(c)(3)	0.	42,169.	Wholesale FMV	Food	Relief
Ministerios La Vid Verdadera 6816 N La Homa Rd Mission, TX 78574-0812	37-1576071	501(c)(3)	0.	5,196.	Wholesale FMV	Food	Relief
Ministerios Palabra Verdad y Vida 9140 Haskell Ave North Hills, CA 91343-3113	61-1851443	501(c)(3)	0.	15,099.	Wholesale FMV	Food	Relief
Mision Cristiana Fe y Compasion Inc. - 9292 Beachy Ave - Arleta, CA 91331-5611	46-2043260	501(c)(3)	0.	17,792.	Wholesale FMV	Food	Relief
Mision Divina 36 Sam Perl Blvd Brownsville, TX 78520-5000	74-2681478	501(c)(3)	0.	6,592.	Wholesale FMV	Food	Relief
Mosaic Church San Antonio 10311 Cougar Hunt San Antonio, TX 78251-4080	47-5596373	501(c)(3)	0.	10,621.	Wholesale FMV	Food	Relief
Native Americans For Christ 2524 W Macdevitt St West Covina, CA 91790-1937			0.	23,640.	Wholesale FMV	Food	Relief
New Harvest Assembly of God 8435 Timber Glen St San Antonio, TX 78250-4416	46-4118960	501(c)(3)	0.	10,945.	Wholesale FMV	Food	Relief
New Mount Calvary Church 3317 Morris St Dallas, TX 75212-2349	51-0525325	501(c)(3)	0.	6,215.	Wholesale FMV	Food	Relief

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
New Vision Community Church 3119 N Meadow Ave Laredo, TX 78040-2267	04-374-5810	501(c)(3)	0.	110,823.	Wholesale FMV	Food	Relief
North Valley Caring Services 15453 Rayen St North Hills, CA 91343-5119	95-4444561	501(c)(3)	0.	854,150.	Wholesale FMV	Food	Relief
Nueva Vida Covenant Church Perris 190 E 5th St Perris, CA 92570-2102	36-2167730	501(c)(3)	0.	14,036.	Wholesale FMV	Food	Relief
One Church Lakewood 11844 Centralia St Lakewood, CA 90715-1434	95-3316239	501(c)(3)	0.	8,820.	Wholesale FMV	Food	Relief
One More Child PO Box 8190 Lakeland, FL 33802-8190		501(c)(3)	0.	2,308,593.	Wholesale FMV	Food	Relief
Operation Jesus Christ 10083 N Smooth Agave Loop Marana, AZ 85653	27-1560429	501(c)(3)	0.	11,852.	Wholesale FMV	Food	Relief
O'Quinn Outreach Ministries 16 Regent Loop Oroville, CA 95966	27-0170361	501(c)(3)	0.	9,747.	Wholesale FMV	Food	Relief
Pallets of Love 2170 12 St. Idaho Falls, ID 83404	82-0374687	501(c)(3)	0.	617,723.	Wholesale FMV	Food	Relief
Palm Heights Church of God 235 Linares St San Antonio, TX 78225-1826	74-2295160	501(c)(3)	0.	7,403.	Wholesale FMV	Food	Relief

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Palmdale Spanish CA Foursquare Church - 360 Grand Cypress Ave Ste 303 - Palmdale, CA 93551-3646	81-2992497	501(c)(3)	0.	13,445.	Wholesale FMV	Food	Relief
Paz Ministries 352 Fillmore St Fillmore, CA 93015-2012	82-0927194	501(c)(3)	0.	1,253,173.	Wholesale FMV	Food	Relief
Pentecostal Temple/Church of God in Christ - 2438 E. 29th St N - Tulsa, OK 74110-1611	73-1455121	501(c)(3)	0.	5,066.	Wholesale FMV	Food	Relief
Primera Iglesia Bautista de Pasadena - 612 Houston Ave - Pasadena, TX 77502-2148	76-0225209	501(c)(3)	0.	10,496.	Wholesale FMV	Food	Relief
Primera Iglesia Bautista de South Gate - 8691 California Ave - South Gate, CA 90280-3003	13-5563018	501(c)(3)	0.	14,142.	Wholesale FMV	Food	Relief
Primera Iglesia Bautista Hispana 6502 Seville Ave Huntington Park, CA 90255-4209	95-3958053		0.	11,255.	Wholesale FMV	Food	Relief
Primera Iglesia Bautista Mexicana 201 Meredith Dr San Antonio, TX 78228-3231	74-1703793	501(c)(3)	0.	7,704.	Wholesale FMV	Food	Relief
Primera Iglesia del Nazareno 819 E. Saunders St Laredo, TX 78041-5823	20-1764893	501(c)(3)	0.	7,523.	Wholesale FMV	Food	Relief
Puertas Abiertas 2846 Wilton Ave Dallas, TX 75211-5527	47-3186709	501(c)(3)	0.	5,203.	Wholesale FMV	Food	Relief

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Radio La Nuestra KTMR 1130AM 603 Urban Loop San Antonio, TX 78204-3117	74-2886682	501(c)(3)	0.	7,867.	Wholesale FMV	Food	Relief
Restoration Bridge International 7965 Latana Rd Lake Worth, FL 33467	55-0808840	501(c)(3)	0.	272,096.	Wholesale FMV	Food	Relief
Restoration Church PO Box 73 Mission, TX 78573-0001	30-0697054	501(c)(3)	0.	16,480.	Wholesale FMV	Food	Relief
Revolve Bible Church 27121 Calle Arroyo #2200 San Juan Capistrano, CA 92675	81-2586177	501(c)(3)	0.	12,641.	Wholesale FMV	Food	Relief
Romah Foundation Inc. Po Box 18521 Encino, CA 91416-8521	26-2709793	501(c)(3)	0.	23,673.	Wholesale FMV	Food	Relief
S.O.S. Local 3200 Dalworth St Arlington, TX 76011	87-0657642	501(c)(3)	0.	992,864.	Wholesale FMV	Food	Relief
Samaritan's Purse 1201 Creekview Dr. Coppell, TX 75099-0001	58-1437002	501(c)(3)	0.	386,434.	Wholesale FMV	Food	Relief
San Fernando First Church of the Nazarene - 1420 4th St - San Fernando, CA 91340-2318	95-3108076	501(c)(3)	0.	7,711.	Wholesale FMV	Food	Relief
Sembradores Church 324 Sespe Ave Fillmore, CA 93015-2022	81-5284964	501(c)(3)	0.	406,383.	Wholesale FMV	Food	Relief

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Shalom Adonai en Gardena 1025 Gardena Ave. Gardena, CA 90247	45-4860088	501(c)(3)	0.	18,087.	Wholesale FMV	Food	Relief
Shekina Glory Church 614 Chalmers Ave San Antonio, TX 78214-1629	46-2581993	501(c)(3)	0.	14,856.	Wholesale FMV	Food	Relief
Shepherd Church 19041 Brasilia Dr Porter Ranch, CA 91326-1519	95-4584021	501(c)(3)	0.	16,118.	Wholesale FMV	Food	Relief
Stay Focused Ministries PO Box 5814 Bakersfield, CA 93388-5814	77-0527535	501(c)(3)	0.	118,704.	Wholesale FMV	Food	Relief
Sylmar Foursquare Church 13390 Beaver St. Sylmar, CA 91342	81-3373130	501(c)(3)	0.	37,464.	Wholesale FMV	Food	Relief
Tabernaculo Biblico Bautista Amigos de Israel - 6611 Bissonnet St Ste 112 - Houston, TX 77074-6525	47-4310683	501(c)(3)	0.	6,887.	Wholesale FMV	Food	Relief
Tabernaculo Biblico Bautista Amigos de Israel Hollywood - 4465 Melrose Ave. - Los Angeles, CA 90029	27-3498131	501(c)(3)	0.	9,731.	Wholesale FMV	Food	Relief
Tabernaculo Biblico Bautista Amigos de Israel VSF - 7400 Van Nuys Blvd Ste 201 - Van Nuys, CA 91405-1972	45-4568218	501(c)(3)	0.	19,440.	Wholesale FMV	Food	Relief
Tarzana/Reseda Hispanic Foursquare Church - 39253 Chantilly Ln - Palmdale, CA 93551-1587	26-0073966	501(c)(3)	0.	21,618.	Wholesale FMV	Food	Relief

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Templo Calvario 2711 S Harbor Boulevard Santa Ana, CA 92704	95-3672630	501(c)(3)	0.	19,593,988.	Wholesale FMV	Food	Relief
Templo Cristiano PO Box 277 Roma, TX 78584-0277	56-2343878	501(c)(3)	0.	13,347.	Wholesale FMV	Food	Relief
Templo Cristiano Agape 2355 W Pioneer Dr Irving, TX 75061-6853	75-2737893	501(c)(3)	0.	8,067,847.	Wholesale FMV	Food	Relief
Templo Cristo La Roca 5213 Ashley Ave Edinburg, TX 78542-3367	30-0836692	501(c)(3)	0.	6,752.	Wholesale FMV	Food	Relief
Templo Familiar Emmanuel 1204 S Tower Rd Edinburg, TX 78542-3623	46-5050313	501(c)(3)	0.	14,708.	Wholesale FMV	Food	Relief
Templo Shaddai Asamblea de Dios 1610 N Pennsylvania St Mission, TX 78573-0786	47-1001801	501(c)(3)	0.	7,628.	Wholesale FMV	Food	Relief
Texas Lions Eyeglass Recycling Center - 2550 Flynt - Midland, TX 79701-8512	61-1559641	501(c)(3)	0.	734,492.	Wholesale FMV	Food	Relief
The Holy One Church 379 E Petaluma Blvd San Antonio, TX 78221-3338	45-4673237	501(c)(3)	0.	11,839.	Wholesale FMV	Food	Relief
The Kaleo Foundation 301 E Hill St Oklahoma City, OK 73105-4011	47-4978469	501(c)(3)	0.	5,571,687.	Wholesale FMV	Food	Relief

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Next Level Ministry 6701 11th Ave Los Angeles, CA 90043-4729	84-3782847	501(c)(3)	0.	13,046.	Wholesale FMV	Food	Relief
The Valley Vineyard Christian Fellowship - 6642 Reseda Blvd - Reseda, CA 91335-5313	95-3419526	501(c)(3)	0.	7,528.	Wholesale FMV	Food	Relief
Tree of Life Iglesia Cristiana 3612 S Olie Ave Oklahoma City, OK 73109-2442	46-4405001	501(c)(3)	0.	8,393.	Wholesale FMV	Food	Relief
Treevalley Church 1066 N. MacLay Ave. San Fernando, CA 91340	81-3021197	501(c)(3)	0.	13,915.	Wholesale FMV	Food	Relief
Trinity Harvest, Inc. 9845 E Palmdale Blvd Palmdale, CA 93591-2200	30-0997331	501(c)(3)	0.	3,046,893.	Wholesale FMV	Food	Relief
Unbound Church 711 S Kelly Ave Edmond, OK 73003-5638	27-1216672	501(c)(3)	0.	5,066.	Wholesale FMV	Food	Relief
United Baptist Church of Laredo 811 International Blvd Laredo, TX 78045-6250	74-2799559	501(c)(3)	0.	5,824.	Wholesale FMV	Food	Relief
Valley Baptist Missions Education Center - 3700 E. Harrison Avenue - Harlingen, TX 78572-9216	75-6044885	501(c)(3)	0.	6,699,350.	Wholesale FMV	Food	Relief
Victory Christian Church 3219 Zephyr Glen Way Houston, TX 77084-7095	81-5172028	501(c)(3)	0.	9,561.	Wholesale FMV	Food	Relief

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Victory Outreach San Antonio West PO Box 37038 San Antonio, TX 78237-0038	46-0843702	501(c)(3)	0.	5,423.	Wholesale FMV	Food	Relief
Vida Nueva Christian Church PO Box 4114 Brownsville, TX 78523-4114	45-3554308	501(c)(3)	0.	5,016.	Wholesale FMV	Food	Relief
Voice of Truth Christian Church 446 Gilbert Ln San Antonio, TX 78213-3609	37-1537473	501(c)(3)	0.	28,189.	Wholesale FMV	Food	Relief
Way of the Cross Ministries International - 224 N F St - Harlingen, TX 78550-6475	74-2585510	501(c)(3)	0.	47,864.	Wholesale FMV	Food	Relief
West Dallas Community Church 2215 Canada Dr Bldg A Dallas, TX 75212-1614	75-1844573	501(c)(3)	0.	5,467.	Wholesale FMV	Food	Relief
Westlawn United Methodist Church 122 S San Manuel St San Antonio, TX 78237-2051	74-2769878	501(c)(3)	0.	10,660.	Wholesale FMV	Food	Relief
Wheat Mission Ministries 3435 Wilshire Blvd Ste 450 Los Angeles, CA 90010-1918	41-2193769	501(c)(3)	0.	58,160.	Wholesale FMV	Food	Relief
Willowbrook Iglesia Hispana 12726 S. Mona St. Compton, CA 90222	95-1684062	501(c)(3)	0.	10,407.	Wholesale FMV	Food	Relief
World Mission Maranatha 9140 Alondra Blvd Bellflower, CA 90706-4208	95-4520654	501(c)(3)	0.	11,464.	Wholesale FMV	Food	Relief

Schedule I (Form 990)

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

The grant monitoring process for non-cash grants includes site visits,

photos sent by recipients, and review of shipping documents and receipts.

The grant monitoring process for the cash grant is done with a related

organization through common management reports.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

Children's Hunger Fund

Employer identification number

95-4335462

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) David Phillips President	(i)	219,328.	0.	0.	8,958.	51,991.	280,277.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Michael Richards Senior Vice President	(i)	155,428.	0.	0.	6,021.	36,048.	197,497.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Jason Hartung Vice President of Finance (CFO)	(i)	146,222.	0.	0.	6,018.	41,006.	193,246.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Morgan Owen (part year) Exec. Dir. Relationship Development	(i)	144,611.	0.	0.	5,226.	15,401.	165,238.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Part III

Supplemental Information

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

Part I, Line 7:

The organization made nonfixed payments in the form of discretionary bonuses.

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
explanations, and any additional information in Part VI.
Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022
Open to Public
Inspection

Name of the organization <div style="text-align: center;">Children's Hunger Fund</div>	Employer identification number <div style="text-align: center;">95-4335462</div>
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Part I	Bond Issues See Part VI for Column (f) Continuations											
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	CA Enterprise Development Authority	35-2273601	000000000	11/05/20	4,588,500.	Refinance taxable loan dated 10/9/13, used for c		X		X		X
B												
C												
D												

Part II Proceeds									
	A		B		C		D		
1 Amount of bonds retired	247,038.								
2 Amount of bonds legally defeased									
3 Total proceeds of issue	4,588,500.								
4 Gross proceeds in reserve funds									
5 Capitalized interest from proceeds									
6 Proceeds in refunding escrows									
7 Issuance costs from proceeds									
8 Credit enhancement from proceeds									
9 Working capital expenditures from proceeds									
10 Capital expenditures from proceeds									
11 Other spent proceeds	4,588,500.								
12 Other unspent proceeds									
13 Year of substantial completion	2013								
	Yes	No	Yes	No	Yes	No	Yes	No	
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X							
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X								
16 Has the final allocation of proceeds been made?	X								
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X								

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

Schedule K (Form 990) 2022

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government00 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government00 %		%		%		%
6 Total of lines 4 and 500 %		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

Schedule K, Part I, Bond Issues:

(a) Issuer Name: CA Enterprise Development Authority

(f) Description of Purpose:

Refinance taxable loan dated 10/9/13, used for capital expenditures

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**

OMB No. 1545-0047

2022**Open to Public
Inspection****Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.****Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

Children's Hunger Fund

Employer identification number

95-4335462

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	X		221,290.	FMV-similar sales
5 Clothing and household goods	X		34,304,841.	FMV-similar sales
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	14	144,260.	FMV
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	3,146	115,611,770.	FMV-similar sales
20 Drugs and medical supplies	X	9	28,286.	FMV-similar sales
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (Toys)	X	93	5,774,220.	FMV-similar sales
26 Other (Office Supplies)	X	9	133,819.	FMV-similar sales
27 Other (Warehouse equip)	X	3	61,698.	FMV-similar sales
28 Other ()				

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

3

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?**b** If "Yes," describe the arrangement in Part II.**31** Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?**32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?**b** If "Yes," describe in Part II.**33** If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2022

Part II

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

Schedule M, Part I, Column (b):

The number of contributions represent the number of contributions

received, not the number of items donated.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

Children's Hunger Fund

Employer identification number

95-4335462

Form 990, Part VI, Section A, line 1a:

The organization has an executive committee that has the broad authority to

act on behalf of the full board. The executive committee is comprised of

the Chairman, Vice Chairman, Secretary, Treasurer, President, and Chaplain.

Form 990, Part VI, Section B, line 11b:

The Form 990 is prepared by an independent CPA firm and reviewed in detail

by the Controller and Vice President of Finance (CFO). The reviewed 990 is

distributed by PDF to board members for review before filing.

Form 990, Part VI, Section B, Line 12c:

Board members and officers sign a conflict of interest acknowledgement each

year at a board meeting. The signed acknowledgments are reviewed by the

Chairman of the Board. The Chairman of the Board's statement is reviewed by

the President. If a conflict of interest is identified, the person(s) with

the conflict are removed from any discussion and Board action on the

matter.

Form 990, Part VI, Section B, Line 15:

Wages for the President are determined by the independent Board

Compensation Committee which makes a recommendation to the full Board for

approval. The Board uses surveys including wages from comparable

organizations. The Board's deliberation and decisions are documented in

the Board minutes.

Wages for other officers are determined by the President using surveys

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

Schedule O (Form 990) 2022

Name of the organization	Employer identification number
Children's Hunger Fund	95-4335462

including wages from comparable organizations. Wages for other officers

are reviewed annually by the independent Board Compensation Committee.

This review is documented in the Board minutes.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

AK,AL,AR,AZ,CO,CT,DE,FL,GA,HI,KS,KY,LA,MA,MI,MD,ME,MN,MO,MS,NC,ND,NH,NJ,NM

NY,OH,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV

Form 990, Part VI, Section C, Line 19:

The governing documents, conflict of interest policy, and financial

statements are available upon request.

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Children's Hunger Fund

Employer identification number

95-4335462

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

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

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

[illegible]

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

Schedule R (Form 990) 2022

Part III

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

Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Children's Hunger Fund Legacy Foundation	B	155,000.	Cash
(2) Children's Hunger Fund Legacy Foundation	C	3,155,000.	Cash
(3) Children's Hunger Fund Legacy Foundation	J	0.	
(4) Children's Hunger Fund Legacy Foundation	N	0.	
(5) Children's Hunger Fund Legacy Foundation	O	0.	
(6) Children's Hunger Fund Legacy Foundation	Q	0.	

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

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. Children's Hunger Fund	Taxpayer identification number (TIN) 95-4335462
	Number, street, and room or suite no. If a P.O. box, see instructions. 13931 Balboa Blvd.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Sylmar, CA 91342	

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

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

Roger Bayramian

- The books are in the care of ► 13931 Balboa Blvd. - Sylmar, CA 91342

Telephone No. ► 818-979-7100

Fax No. ►

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

- 1 I request an automatic 6-month extension of time until February 15, 2024 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year or
► ☒ tax year beginning APR 1, 2022 , and ending MAR 31, 2023 .

- 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

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

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