

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**

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.

2023

Open to Public
Inspection

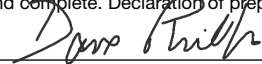
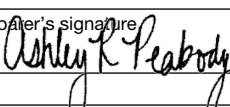
A For the 2023 calendar year, or tax year beginning 04/01, 2023, and ending 03/31, 2024	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> 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 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	D Employer identification number 95-4335462 E Telephone number (818) 979-7100 G Gross receipts \$ 137,985,587
J Website: CHILDRENSHUNGERFUND.ORG	L Year of formation: 1991 M State of legal domicile: CA
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: DELIVERING HOPE TO SUFFERING CHILDREN BY EQUIPPING CHURCHES FOR GOSPEL-CENTERED MERCY MINISTRY.				
	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	11		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10		
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	109		
	6	Total number of volunteers (estimate if necessary)	6	21,500		
		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		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	176,452,542	Current Year	133,765,925
	9	Program service revenue (Part VIII, line 2g)	293,121	225,983		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	75,907	646,809		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(506,583)	(484,270)		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	176,314,987	134,154,447		
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	161,826,130	119,549,169		
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0			
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8,053,645	8,997,868		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0		
	b	Total fundraising expenses (Part IX, column (D), line 25)	1,091,228			
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,966,859	4,118,491		
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	173,846,634	132,665,528		
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	2,468,353	1,488,919		
	20	Total assets (Part X, line 16)	Beginning of Current Year	36,810,834	End of Year	39,426,463
	21	Total liabilities (Part X, line 26)	5,908,346	6,888,703		
	22	Net assets or fund balances. Subtract line 21 from line 20	30,902,488	32,537,760		

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		08/23/2024			
	Signature of officer DAVID PHILLIPS, PRESIDENT Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name ASHLEY PEABODY	Preparer's signature 	Date 8/23/2024	Check <input type="checkbox"/> if self-employed	PTIN P01385870
	Firm's name CAPIN CROUSE LLP	Firm's EIN 36-3990892			
	Firm's address 3200 E GUASTI ROAD, SUITE 230, ONTARIO, CA 91761	Phone no. (505) 502-2746			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2023)

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 \$ 128,711,349 including grants of \$ 119,549,169) (Revenue \$ 237,708)

CHILDREN'S HUNGER FUND DISTRIBUTED \$120,000,000 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 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 128,711,349

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)? If "Yes," complete Schedule A	1 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 ✓	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓
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? If "Yes," complete Schedule C, Part II	4	✓
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	✓
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? If "Yes," complete Schedule D, Part I	6	✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	✓
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓
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? If "Yes," complete Schedule D, Part VI	11a ✓	
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? If "Yes," complete Schedule D, Part VII	11b	✓
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? If "Yes," complete Schedule D, Part VIII	11c	✓
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e ✓	
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)? If "Yes," complete Schedule D, Part X	11f	✓
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b ✓	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
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? If "Yes," complete Schedule F, Parts I and IV	14b ✓	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 ✓	
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? If "Yes," complete Schedule F, Parts III and IV	16	✓
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? If "Yes," complete Schedule G, Part I. See instructions	17	✓
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 ✓	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	✓
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 ✓	

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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	✓
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? <i>If "Yes," complete Schedule J</i>	23	✓
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	✓
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?	24c	✓
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	✓
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? <i>If "Yes," complete Schedule L, Part I</i>	25a	✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	✓
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? <i>If "Yes," complete Schedule L, Part II</i>	26	✓
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	✓
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	✓
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	✓
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	✓
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	✓
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? <i>If "Yes," complete Schedule R, Part I</i>	33	✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	✓
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	✓
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	✓
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	✓

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	1a	23
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓

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	109
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
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	✓
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	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
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	✓
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	✓
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	✓
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	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
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? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	✓
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? If "Yes," see the instructions and file Form 4720, Schedule N.	15	✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	✓
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? If "Yes," complete Form 6069.	17	

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 11		
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.			
b Enter the number of voting members included on line 1a, above, who are independent	1b 10		
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		✓
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		✓
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		✓
6 Did the organization have members or stockholders?	6		✓
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		✓
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		✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	✓	
b Each committee with authority to act on behalf of the governing body?	8b	✓	
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		✓

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	✓
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 ✓	
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 ✓	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b ✓	
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 ✓	
13 Did the organization have a written whistleblower policy?	13 ✓	
14 Did the organization have a written document retention and destruction policy?	14 ✓	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a ✓	
b Other officers or key employees of the organization	15b ✓	
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	✓
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 AK, AL, AR, AZ, (CONTINUED ON 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, 13931 BALBOA BLVD., SYLMAR, CA 91342, (818) 979-7100

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 dotted 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	40.0 2.0	✓		✓				234,234	0	66,457
(2) MICHAEL RICHARDS SENIOR VICE PRESIDENT	40.0 1.0					✓		166,750	0	47,169
(3) JASON HARTUNG VICE PRESIDENT OF FINANCE (CFO)	40.0 1.0			✓				157,889	0	53,139
(4) BUDDY BREWER EXEC DIRECTOR, OPERATIONS	40.0					✓		129,618	0	36,337
(5) ROGER BAYRAMIAN CONTROLLER	40.0					✓		125,904	0	29,493
(6) TIMOTHY HACKETT REGIONAL DIRECTOR, WEST	40.0					✓		113,773	0	35,299
(7) RON NEAL SENIOR DIRECTOR, HUMAN RESOURCES	40.0					✓		107,559	0	35,905
(8) DANA SCANNELL CHAIRMAN	2.0	✓		✓				0	0	0
(9) STEVE MCCORMICK VICE CHAIR	1.0 1.0	✓		✓				0	0	0
(10) JIM WICKER SECRETARY	1.0	✓		✓				0	0	0
(11) MIKE TRUJILLO TREASURER	1.0	✓		✓				0	0	0
(12) GLENN CARPENTER DIRECTOR	1.0	✓						0	0	0
(13) LEONCE CRUMP DIRECTOR	1.0	✓						0	0	0
(14) DICK GRIFFITH DIRECTOR	1.0 1.0	✓						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 dotted 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			
(15) SCOTT OLSON DIRECTOR	1.0	✓						0	0	0
(16) MARK TATLOCK DIRECTOR/CHAPLAIN	2.0	✓						0	0	0
(17) LORI YOUNG DIRECTOR	1.0	✓						0	0	0
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								1,035,727	0	303,799
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								1,035,727	0	303,799

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 **9**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	✓	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a	48,351			
	b	Membership dues	1b				
	c	Fundraising events	1c	1,883,899			
	d	Related organizations	1d	4,426,424			
	e	Government grants (contributions)	1e	233,924			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	127,173,327			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 114,971,173			
	h	Total. Add lines 1a-1f		133,765,925			
	2a	RELIEF SERVICES	Business Code	624200	225,983	225,983	
b							
c							
d							
e							
f	All other program service revenue . .		0	0	0	0	
g	Total. Add lines 2a-2f		225,983				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		319,717			319,717
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
	b	Less: rental expenses	(ii) Personal				
	c	Rental income or (loss)		0	0		
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	3,628,553	14,900		
	b	Less: cost or other basis and sales expenses . .	(ii) Other	3,302,150	14,211		
	c	Gain or (loss)		326,403	689		
	d	Net gain or (loss)		327,092		327,092	
	8a	Gross income from fundraising events (not including \$ 1,883,899 of contributions reported on line 1c). See Part IV, line 18		0			
	b	Less: direct expenses		495,995			
	c	Net income or (loss) from fundraising events		(495,995)		(495,995)	
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances		30,509			
	b	Less: cost of goods sold		18,784			
c	Net income or (loss) from sales of inventory		11,725	11,725			
Miscellaneous Revenue	11a		Business Code				
	b						
	c						
	d	All other revenue		0	0	0	
	e	Total. Add lines 11a-11d		0			
	12	Total revenue. See instructions		134,154,447	237,708	0	150,814

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	114,841,473	114,841,473		
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	4,707,696	4,707,696		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	528,617	354,173	126,868	47,576
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	6,222,134	4,168,832	1,493,311	559,991
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	179,740	120,425	43,138	16,177
9 Other employee benefits	1,558,088	1,043,212	374,745	140,131
10 Payroll taxes	509,289	341,224	122,229	45,836
11 Fees for services (nonemployees):				
a Management				
b Legal	9,095		9,095	
c Accounting	44,404	29,751	10,657	3,996
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	6,155		6,155	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	213,241	5,351	207,171	719
12 Advertising and promotion	115,565			115,565
13 Office expenses	669,352	487,333	133,861	48,158
14 Information technology	482,838	293,985	149,362	39,491
15 Royalties				
16 Occupancy	834,776	729,018	80,916	24,842
17 Travel	472,865	411,393	32,009	29,463
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	115,059	108,155	5,753	1,151
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	821,488	772,199	41,074	8,215
23 Insurance	272,871	236,347	26,607	9,917
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	60,782	60,782		
b				
c				
d				
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	132,665,528	128,711,349	2,862,951	1,091,228
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	2,840,571	1	1,244,729
	2 Savings and temporary cash investments	2,067,642	2	3,029,394
	3 Pledges and grants receivable, net	0	3	
	4 Accounts receivable, net	783,826	4	1,236,553
	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	0	5	0
	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)	0	6	0
	7 Notes and loans receivable, net	0	7	
	8 Inventories for sale or use	3,030,309	8	2,643,070
	9 Prepaid expenses and deferred charges	786,039	9	796,780
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 24,727,352		
	b Less: accumulated depreciation	10b 5,827,063		
	11 Investments—publicly traded securities	13,651,417	10c	18,900,289
	12 Investments—other securities. See Part IV, line 11	12,914,113	11	9,745,083
	13 Investments—program-related. See Part IV, line 11	64,263	12	40,790
	14 Intangible assets	0	13	0
	15 Other assets. See Part IV, line 11	0	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	672,654	15	1,789,775	
	36,810,834	16	39,426,463	
Liabilities	17 Accounts payable and accrued expenses	1,006,262	17	966,308
	18 Grants payable	0	18	
	19 Deferred revenue	52,766	19	66,257
	20 Tax-exempt bond liabilities	0	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	4,256,146	23	4,163,637
	24 Unsecured notes and loans payable to unrelated third parties	0	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	593,172	25	1,692,501
	26 Total liabilities. Add lines 17 through 25	5,908,346	26	6,888,703
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	27,749,025	27	28,687,869
	28 Net assets with donor restrictions	3,153,463	28	3,849,891
	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	0	29	
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	
	32 Total net assets or fund balances	30,902,488	32	32,537,760
33 Total liabilities and net assets/fund balances	36,810,834	33	39,426,463	

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	134,154,447
2	Total expenses (must equal Part IX, column (A), line 25)	2	132,665,528
3	Revenue less expenses. Subtract line 2 from line 1	3	1,488,919
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30,902,488
5	Net unrealized gains (losses) on investments	5	146,353
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	32,537,760

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		✓
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	✓	
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.	✓	
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?		✓
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		

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

2023

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 33¹/₃% 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 33¹/₃% 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		
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	65,611,102	123,548,394	124,824,829	176,452,542	133,765,925	624,202,792
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	65,611,102	123,548,394	124,824,829	176,452,542	133,765,925	624,202,792
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)						95,168,062
6 Public support. Subtract line 5 from line 4						529,034,730

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	65,611,102	123,548,394	124,824,829	176,452,542	133,765,925	624,202,792
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	28,262	33,964	30,322	163,658	319,717	575,923
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	85,306	0	0	0	85,306
11 Total support. Add lines 7 through 10						624,864,021
12 Gross receipts from related activities, etc. (see instructions)					12	925,632
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	84.66 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	84.62 %
16a 33¹/₃% support test—2023. 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	<input checked="" type="checkbox"/>	
b 33¹/₃% support test—2022. 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	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2023. 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	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2022. 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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

- 19a 33 $\frac{1}{3}$ % support tests—2023.** If the organization did not check the box on line 14, and line 15 is more than 33 $\frac{1}{3}$ %, and line 17 is not more than 33 $\frac{1}{3}$ %, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . ☐
- b 33 $\frac{1}{3}$ % support tests—2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 $\frac{1}{3}$ %, and line 18 is not more than 33 $\frac{1}{3}$ %, 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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—provide details in Part VI)	5	
6	Other distributions (describe in Part VI). 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 (provide details in Part VI). See instructions.	8	
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019 . . .			
b Excess from 2020 . . .			
c Excess from 2021 . . .			
d Excess from 2022 . . .			
e Excess from 2023 . . .			

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.)

Part VI

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.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	(1) INSURANCE CLAIM PROCEEDS		85,306				85,306
	Total	0	85,306	0	0	0	85,306

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

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 foundation

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

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

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % 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

CHILDREN'S HUNGER FUND

Employer identification number

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		\$ 54,760,086	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 17,150,727	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 11,419,407	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 4,426,424	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 4,080,070	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 3,851,461	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

CHILDREN'S HUNGER FUND

Employer identification number

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, DRINKS	\$ 54,760,086	03/31/2024
2	FOOD, DRINKS	\$ 17,150,727	03/31/2024
3	FOOD, DRINKS	\$ 11,419,407	03/31/2024
5	CLOTHING, HOUSEHOLD GOODS	\$ 4,080,070	03/31/2024
6	FOOD, DRINKS	\$ 3,851,461	03/31/2024
		\$	

Name of organization

CHILDREN'S HUNGER FUND

Employer identification number

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 information once. See instructions.) \$ _____

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

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.	
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 on line 2a	2c
d Number of conservation easements included on line 2c 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange program

e ☐ Other _____

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

	Amount
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 in 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? **3a(i)** ☐ Yes ☐ No

(ii) Related organizations? **3a(ii)** ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b** ☐ Yes ☐ No

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		9,872,161	2,430,398	7,441,763
c Leasehold improvements				
d Equipment		1,871,277	1,502,173	369,104
e Other		8,483,914	1,894,492	6,589,422
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				18,900,289

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. (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .		

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. (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . .		

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, line 15, col. (B))	

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 OBLIGATION	1,519,534
(3) FINANCING LEASE OBLIGATION	172,967
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,692,501

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

2023

**Open 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
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		816,044
(2) EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		595,720
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		145,396
(4) MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		236,700
(5) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTMAKING		117,699
(6) RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		330,875
(7) SOUTH AMERICA	0	0	GRANTMAKING		642,637
(8) SOUTH ASIA	0	0	GRANTMAKING		152,585
(9) SUB-SAHARAN AFRICA	0	0	GRANTMAKING		1,670,040
(10) CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	SHIPPING	27,912
(11) SOUTH AMERICA	0	0	PROGRAM SERVICES	SHIPPING	38,139
(12) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	SHIPPING	30,925
(13) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	SHIPPING	17,720
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	0			4,822,392
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			4,822,392

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)
(1)			CENTRAL AMERICA AND THE CARIBBEAN	RELIEF	74,260	WIRE TRANSFER			
(2)			CENTRAL AMERICA AND THE CARIBBEAN	RELIEF	62,511	WIRE TRANSFER			
(3)			CENTRAL AMERICA AND THE CARIBBEAN	RELIEF	8,000	WIRE TRANSFER	166,483	FOOD PAKS, BLACK MIXED FOOD, TOYS, HOUSEHOLD GOODS, TOYS, AND BIBLES	WHOLESALE FMV
(4)			CENTRAL AMERICA AND THE CARIBBEAN	RELIEF	134,248	WIRE TRANSFER	99,168	FOOD PAKS, TOYS, AND MIXED FOOD	WHOLESALE FMV
(5)			CENTRAL AMERICA AND THE CARIBBEAN	RELIEF	109,914	WIRE TRANSFER			
(6)			CENTRAL AMERICA AND THE CARIBBEAN	RELIEF	77,140	WIRE TRANSFER			
(7)			CENTRAL AMERICA AND THE CARIBBEAN	RELIEF	84,320	WIRE TRANSFER			
(8)			EAST ASIA AND THE PACIFIC	RELIEF	15,543	WIRE TRANSFER			
(9)			EAST ASIA AND THE PACIFIC	RELIEF	48,000	WIRE TRANSFER			
(10)			EAST ASIA AND THE PACIFIC	RELIEF	5,155	WIRE TRANSFER	231,247	FOOD PAKS	WHOLESALE FMV
(11)			EAST ASIA AND THE PACIFIC	RELIEF	143,052	WIRE TRANSFER			
(12)			EAST ASIA AND THE PACIFIC	RELIEF	152,723	WIRE TRANSFER			
(13)			EUROPE (INCLUDING ICELAND AND GREENLAND)	RELIEF	47,931	WIRE TRANSFER	97,465	FOOD PAKS, HOUSEHOLD GOODS, CLOTHES, TOYS, MIXED FOOD	WHOLESALE FMV
(14)			MIDDLE EAST AND NORTH AFRICA	RELIEF	183,800	WIRE TRANSFER			
(15)			MIDDLE EAST AND NORTH AFRICA	RELIEF	52,900	WIRE TRANSFER			
(16)			(SEE STATEMENT)						

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

38

3 Enter total number of other organizations or entities

0

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 II**Grants and Other Assistance to Organizations or Entities Outside the United States** (continued)

(a) Name of Organization	(b) IRS code section and EIN	(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)
(16)		NORTH AMERICA (CANADA & MEXICO ONLY)	RELIEF	36,900	WIRE TRANSFER			
(17)		NORTH AMERICA (CANADA & MEXICO ONLY)	RELIEF	80,799	WIRE TRANSFER			
(18)		RUSSIA AND NEIGHBORING STATES	RELIEF	71,600	WIRE TRANSFER			
(19)		RUSSIA AND NEIGHBORING STATES	RELIEF	80,000	WIRE TRANSFER			
(20)		RUSSIA AND NEIGHBORING STATES	RELIEF	179,275	WIRE TRANSFER			
(21)		SOUTH AMERICA	RELIEF	98,500	WIRE TRANSFER	260,208	FOOD PAKS, CLOTHES, BOOKS, MIXED FOOD, TOYS, AND HOUSEHOLD GOODS	WHOLESALE FMV
(22)		SOUTH AMERICA	RELIEF	66,300	WIRE TRANSFER			
(23)		SOUTH AMERICA	RELIEF	133,607	WIRE TRANSFER			
(24)		SOUTH AMERICA	RELIEF	36,150	WIRE TRANSFER			
(25)		SOUTH AMERICA	RELIEF	47,872	WIRE TRANSFER			
(26)		SOUTH ASIA	RELIEF	143,975	WIRE TRANSFER			
(27)		SOUTH ASIA	RELIEF	8,610	WIRE TRANSFER			
(28)		SUB-SAHARAN AFRICA	RELIEF	83,225	WIRE TRANSFER			
(29)		SUB-SAHARAN AFRICA	RELIEF	760,075	WIRE TRANSFER			
(30)		SUB-SAHARAN AFRICA	RELIEF	80,800	WIRE TRANSFER			
(31)		SUB-SAHARAN AFRICA	RELIEF	92,900	WIRE TRANSFER			
(32)		SUB-SAHARAN AFRICA	RELIEF	114,500	WIRE TRANSFER			
(33)		SUB-SAHARAN AFRICA	RELIEF	221,190	WIRE TRANSFER			
(34)		SUB-SAHARAN AFRICA	RELIEF	202,600	WIRE TRANSFER			
(35)		SUB-SAHARAN AFRICA	RELIEF	60,000	WIRE TRANSFER			
(36)		SUB-SAHARAN AFRICA	RELIEF	16,750	WIRE TRANSFER			
(37)		SUB-SAHARAN AFRICA	RELIEF	16,000	WIRE TRANSFER			
(38)		SUB-SAHARAN AFRICA	RELIEF	22,000	WIRE TRANSFER			

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).

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	ONSITE VISITS NORMALLY OCCUR BIANNUALLY ALONG WITH VIRTUAL MEETINGS 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.
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL EAST ASIA AND THE PACIFIC -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL MIDDLE EAST AND NORTH AFRICA -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL RUSSIA AND NEIGHBORING STATES -ACCRUAL SOUTH AMERICA -ACCRUAL SOUTH ASIA -ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL EAST ASIA AND THE PACIFIC -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL MIDDLE EAST AND NORTH AFRICA -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL RUSSIA AND NEIGHBORING STATES -ACCRUAL SOUTH AMERICA -ACCRUAL SOUTH ASIA -ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

CHILDREN'S HUNGER FUND

Employer identification number

95-4335462

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events
2a Did the organization have a written or oral agreement with any individual...
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes rows 1-10 and a Total row.

- 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 <u>PRESIDENT'S RETREAT</u> (event type)	(b) Event #2 <u>GOLF TOURNAMENT</u> (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	1,304,619	579,280		1,883,899
	2 Less: Contributions	1,304,619	579,280		1,883,899
	3 Gross income (line 1 minus line 2)	0	0	0	0
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs	91,843	103,054		194,897
	7 Food and beverages	79,844	69,352		149,196
	8 Entertainment	54,990	64,844		119,834
	9 Other direct expenses	24,550	7,518		32,068
	10 Direct expense summary. Add lines 4 through 9 in column (d)				495,995
	11 Net income summary. Subtract line 10 from line 3, column (d)				(495,995)

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? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |

Name _____

Address _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c** If "Yes," enter name and address of the third party: _____

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided

☐ Director/officer☐ Employee☐ Independent contractor

- 17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CHILDREN'S HUNGER FUND

**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

2023

**Open to Public
Inspection**

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
(1) 180 DISASTER RELIEF 6550 US 321 SOUTH, TULSA, OK 74037	73-1427376	501(C)(3)		157,446	WHOLESALE FMV	FOOD	RELIEF
(2) (SEE STATEMENT)	83-2758743	501(C)(3)		1,473,386	WHOLESALE FMV	FOOD	RELIEF
(3) ABUNDANT HOPE CHRISTIAN CENTER 10335 PARAMOUNT BLVD., DOWNEY, CA 90241	33-1044549	501(C)(3)		11,125	WHOLESALE FMV	FOOD	RELIEF
(4) ADONAI LORD OF THE HEAVEN 938 CENTER ST, RIVERSIDE, CA 75040-5323	95-2504543	501(C)(3)		7,496	WHOLESALE FMV	FOOD	RELIEF
(5) (SEE STATEMENT)	33-1081478	501(C)(3)		10,950	WHOLESALE FMV	FOOD	RELIEF
(6) ARISE CHURCH VENTURA 831 N OLIVE ST., VENTURA, CA 74804-7510	84-2767269	501(C)(3)		6,053	WHOLESALE FMV	FOOD	RELIEF
(7) AT THE CROSS PO BOX 92, PORUM, OK 74455	85-3038417	501(C)(3)		7,408	WHOLESALE FMV	FURNITURE	RELIEF
(8) AVENUE CHURCH 910 MANOR DR, SAN ANTONIO, TX 78218	92-0771165	501(C)(3)		8,480	WHOLESALE FMV	FOOD	RELIEF
(9) AYDELOTTE BAPTIST CHURCH 10201 N HARRISON, SHAWNEE, OK 78238-1368	73-1201669	501(C)(3)		7,916	WHOLESALE FMV	FOOD	RELIEF
(10) (SEE STATEMENT)	84-5082636	501(C)(3)		7,982	WHOLESALE FMV	FOOD	RELIEF
(11) BELL BAPTIST CHURCH 4900 CLARA ST., CUDAHY, CA 90201	95-1921154	501(C)(3)		16,123	WHOLESALE FMV	FOOD	RELIEF
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 284

3 Enter total number of other organizations listed in the line 1 table 0

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

Cat. No. 50055P

Schedule I (Form 990) 2023

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

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

Part II**Grants and Other Assistance to Governments and Organizations in the United States (continued)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) BETHEL CHURCH RGV 502 S 17 ST, CORPUS CHRISTI, TX 78415-4610	61-0661137	501(C)(3)		5,560	WHOLESALE FMV	FOOD	RELIEF
(13) BETHEL COVENANT ASSEMBLY OF GOD 10802 W LOOP 1604 N, SAN ANTONIO, TX 78256-2304	84-2767269	501(C)(3)		12,440	WHOLESALE FMV	FOOD	RELIEF
(14) BETHESDA CHURCH OF GOD 527 MENEFEE BLVD, SAN ANTONIO, TX 78211-1555	42-1580012	501(C)(3)		14,778	WHOLESALE FMV	FOOD	RELIEF
(15) BROWNSVILLE COMMUNITY CENTER 3545 E 14TH ST STE H, BROWNSVILLE, TX 78521	83-2758743	501(C)(3)		237,990	WHOLESALE FMV	FOOD	RELIEF
(16) BRYANT AVENUE BAPTIST CHURCH 4748 S BRYANT AVE, OKLAHOMA CITY, OK 73149	95-1921154	501(C)(3)		7,540	WHOLESALE FMV	FOOD	RELIEF
(17) BUCKNER CHILDREN AND FAMILY SERVICES 5405 SHOE DR, EDINBURG, TX 78542-4330	75-2571395	501(C)(3)		37,523	WHOLESALE FMV	FOOD	RELIEF
(18) CALVARY BAPTIST CHURCH/CAMINO AL CIELO 913 N NURSERY RD, IRVING, TX 78539-6619	80-0295512	501(C)(3)		6,794	WHOLESALE FMV	FOOD	RELIEF
(19) CALVARY MISSIONARY BAPTIST CHURCH 8041 NW 10TH ST, OKLAHOMA CITY, OK 73127	45-4837546	501(C)(3)		8,366	WHOLESALE FMV	FOOD	RELIEF
(20) CASA DE DIOS CENTRO DE AVIVAMIENTO 3402 AYERS ST, SIMI VALLEY, CA 93063-1836	94-1347058	501(C)(3)		168,381	WHOLESALE FMV	FOOD	RELIEF
(21) CASA EL SHADDAI UVALDE 509 S GETTY ST, UVALDE, TX 78801	86-3769151	501(C)(3)		5,808	WHOLESALE FMV	FOOD	RELIEF
(22) CATHEDRAL OF FAITH 1349 STONEWALL ST, LAREDO, TX 78046-8309	26-3577817	501(C)(3)		12,208	WHOLESALE FMV	FOOD	RELIEF
(23) CENTRO CRISTIANO AGAPE 320 W 130TH ST, HAGERHILL, KY 41222	32-0165378	501(C)(3)		16,930	WHOLESALE FMV	FOOD	RELIEF
(24) CENTRO CRISTIANO DE RESTAURACION FAMILIAR PO BOX 73, LEWISVILLE, TX 75057-3944	30-0697054	501(C)(3)		16,695	WHOLESALE FMV	FOOD	RELIEF
(25) CENTRO CRISTIANO ELOHIM 7811 ALBERTO RD, YUBA CITY, CA 95953	81-3175324	501(C)(3)		6,763	WHOLESALE FMV	FOOD	RELIEF
(26) CENTRO CRISTIANO SPRINGDALE PO BOX 4040, SPRINGDALE, AR 72762	71-0799164	501(C)(3)		5,886	WHOLESALE FMV	FOOD	RELIEF
(27) CENTRO DE COMUNIDAD CRISTIANA ASAMBLEA DE DIOS 3729 WILLIAMS BLVD STE 6, SAN ANTONIO, TX 78205-3348	45-2810447	501(C)(3)		7,726	WHOLESALE FMV	FOOD	RELIEF

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(28) CENTRO DE ORACION Y RESTAURACION PO BOX 1920, NORTH RICHLAND HILLS, TX 76180-7842	74-1985927	501(C)(3)		12,585	WHOLESALE FMV	FOOD	RELIEF
(29) CENTRO DE RESTAURACION ESPERANZA Y ADORACION 837 PINOAK DR, KATY, TX 75052	90-0546767	501(C)(3)		7,763	WHOLESALE FMV	FOOD	RELIEF
(30) CENTRO FAMILIA DE FE 824 W PIPELINE RD, HURST, TX 76053	80-3586502	501(C)(3)		6,506	WHOLESALE FMV	FOOD	RELIEF
(31) CENTRO FAMILIAR CRISTIANO BETESDA 3559 BELGIUM LN, SAN ANTONIO, TX 78253	74-2863470	501(C)(3)		7,866	WHOLESALE FMV	FOOD	RELIEF
(32) CENTRO FAMILIAR NUEVA ESPERANZA 4680 ALAMO ST, DONNA, TX 78537-4522	25-1915952	501(C)(3)		22,858	WHOLESALE FMV	FOOD	RELIEF
(33) CHAPEL OF THE CROSS 10000 SEPULVEDA BLVD, SPRINGFIELD, MO 65803	95-6005751	501(C)(3)		13,097	WHOLESALE FMV	FOOD	RELIEF
(34) CHILDREN'S HUNGER FUND LEGACY FOUNDATION PO BOX 8181 , MISSION HILLS , CA 91346	91-1851417	501(C)(3)	88,500				RELIEF
(35) CHRIST APOSTOLIC CHURCH REVIVAL CENTER 5225 TIMBER CREEK PLACE DR, HOUSTON, TX 77084	75-3058220	501(C)(3)		9,845	WHOLESALE FMV	FOOD	RELIEF
(36) CHRIST THE KING MINISTRIES INTERNATIONAL INC. 4507 SANTA ANITA LOOP, SAN ANTONIO, TX 78237-3317	82-1147038	501(C)(3)		9,652	WHOLESALE FMV	FOOD	RELIEF
(37) CHRIST WINNERS ASSEMBLY 4444 LIVE OAK BLVD, YUBA CITY, CA 77084	22-3596744	501(C)(3)		6,037	WHOLESALE FMV	FOOD	RELIEF
(38) CHRISTIAN APPALACHIAN PROJECT 6550 US 321 SOUTH, HAGERHILL, KY 78219-2503	61-0661137	501(C)(3)		18,187,339	WHOLESALE FMV	FOOD	RELIEF
(39) CHRISTIAN COMMUNITY ACTION 200 S MILL ST, DAVENPORT, OK 74026-0583	61-1851443	501(C)(3)		45,732	WHOLESALE FMV	FOOD	RELIEF
(40) CHURCH LYFE ROCKBRIDGE 605 S GREENVILLE AVE, RICHARDSON, TX 75081	25-3969946	501(C)(3)		5,561	WHOLESALE FMV	FOOD	RELIEF
(41) CHURCH OF GLAD TIDINGS 4444 LIVE OAK BLVD, YUBA CITY, CA 90241	94-2326543	501(C)(3)		82,533	WHOLESALE FMV	FOOD	RELIEF
(42) CITY OF HOPE CHURCH 2652 CEDAR CREST BLVD, DALLAS, TX 75216	38-3955107	501(C)(3)		6,147	WHOLESALE FMV	FOOD	RELIEF
(43) COMFORTER CHRISTIAN CENTER 2307 OAK LN STE 119, GRAND PRAIRIE, TX 78460-0353	82-2819364	501(C)(3)		57,649	WHOLESALE FMV	FOOD	RELIEF
(44) COMMUNITIES IN SCHOOLS 13600 PAWNEE RD, PENITAS, TX 78576-8611	45-4837546	501(C)(3)		7,462	WHOLESALE FMV	FOOD	RELIEF
(45) COMUNIDAD CRISTIANA 15711 SAN FERNANDO MISSION BLVD, SEGUIN, TX 78155-4254	61-1978344	501(C)(3)		15,953	WHOLESALE FMV	FOOD	RELIEF

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(46) COMUNIDAD CRISTIANA EASTBANK 4019 N SHERWOOD FOREST DR, BATON ROUGE, LA 70815	72-1463147	501(C)(3)		7,866	WHOLESALE FMV	FOOD	RELIEF
(47) COMUNIDAD CRISTIANA GRACIA Y PODER 413 FERN ST, SAN ANTONIO, TX 78207	92-2739412	501(C)(3)		5,404	WHOLESALE FMV	FOOD	RELIEF
(48) COMUNIDAD CRISTIANA HIGH DESERT CHURCH 13600 PAWNEE RD, APPLE VALLEY, CA 91605	74-2552273	501(C)(3)		18,129	WHOLESALE FMV	FOOD	RELIEF
(49) COMUNIDAD CRISTIANA IPE 5260 LINCOLN AVE, DALLAS, TX 75231-4852	32-0515038	501(C)(3)		17,299	WHOLESALE FMV	FOOD	RELIEF
(50) COMUNIDAD MISIONERA NATANAEL ASSEMBLY OF GOD 11137 HERRICK AVE, PACOIMA, CA 91331	26-0317668	501(C)(3)		7,866	WHOLESALE FMV	FOOD	RELIEF
(51) CONVOY OF HOPE 3559 BELGIUM LN, LOS ANGELES, CA 90026	61-0661137	501(C)(3)		117,482	WHOLESALE FMV	FOOD	RELIEF
(52) CORNERSTONE BAPTIST CHURCH PO BOX 152551, DALLAS, TX 90640	75-1882212	501(C)(3)		659,514	WHOLESALE FMV	FOOD	RELIEF
(53) CORNERSTONE BIBLE CHURCH 112 EAST WALNUT AVENUE, FULLERTON, CA 92832	33-0860436	501(C)(3)		47,969	WHOLESALE FMV	FOOD	RELIEF
(54) CORNERSTONE CHRISTIAN MINISTRIES 7633 KINGSMILL TER, FORT WORTH, TX 76133	80-3586502	501(C)(3)		14,670	WHOLESALE FMV	FOOD	RELIEF
(55) CORONA DE VIDA 914 SW 37TH ST, SAN ANTONIO, TX 78211-1868	74-2886682	501(C)(3)		9,932	WHOLESALE FMV	FOOD	RELIEF
(56) CPC OF THE WMM IGLESIA CRISTIANA PENTECOSTES DEL MOVIMIENTO MISIONERO MUNDIAL 1605 E BELT LINE RD, CARROLLTON, TX 75006	82-2007062	501(C)(3)		8,124	WHOLESALE FMV	FOOD	RELIEF
(57) CROSSROADS UNITED METHODIST CHURCH 10030 SCARSDALE BLVD, DINUBA, CA 93618-9366	75-1882212	501(C)(3)		15,561	WHOLESALE FMV	FOOD	RELIEF
(58) DAILY BREAD MINISTRIES 3559 BELGIUM LN, SAN ANTONIO, TX 60639	94-2326543	501(C)(3)		2,733,312	WHOLESALE FMV	FOOD	RELIEF
(59) DAVENPORT CHURCH OF CHRIST PO BOX 583, DAVENPORT, OK 90045-4217	46-1170696	501(C)(3)		8,366	WHOLESALE FMV	FOOD	RELIEF
(60) DIVINE SUMMIT OF WORSHIP CHURCH 3129 INTERSTATE HWY 30, STE. F, MESQUITE, TX 75150	80-3586502	501(C)(3)		9,679	WHOLESALE FMV	FOOD	RELIEF
(61) EL ENCINO COVENANT CHURCH 10801 FAIRFORD AVE., MONTEBELLO, CA 90640	37-2018559	501(C)(3)		12,485	WHOLESALE FMV	FOOD	RELIEF
(62) EL HACEDOR JUAN 3:16 4519 E DEL MAR BLVD, LAREDO, TX 78041	45-4837546	501(C)(3)		7,866	WHOLESALE FMV	FOOD	RELIEF

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(63) EMANUEL COMMUNITY CHURCH 2908 MISSION RD, BROWNSVILLE, TX 78520-3880	74-2863470	501(C)(3)		10,321	WHOLESALE FMV	FOOD	RELIEF
(64) EVANGELISTIC CENTER CHURCH PO BOX 3076, SHAWNEE, OK 74804	45-2703333	501(C)(3)		7,222	WHOLESALE FMV	FOOD	RELIEF
(65) FAITH COMMUNITY CHURCH 24620 MEADOWRIDGE DR, SANTA CLARITA, CA 91321	95-3955508	501(C)(3)		11,692	WHOLESALE FMV	FOOD	RELIEF
(66) FAMILY CHRISTIAN ASSEMBLY 18010 DATE PALM DR, SAN ANTONIO, TX 78247	94-1347058	501(C)(3)		9,652	WHOLESALE FMV	FOOD	RELIEF
(67) FAMILY LIFE ASSEMBLY OF GOD PO BOX 4040, NICOMA PARK, OK 73066	95-1776099	501(C)(3)		7,892	WHOLESALE FMV	FOOD	RELIEF
(68) FARRIS ASSEMBLY OF GOD 405 MASTERSON RD, ATOKA, OK 74525	73-1443823	501(C)(3)		5,098	WHOLESALE FMV	FOOD	RELIEF
(69) FIELDER CHURCH 1323 W PIONEER PKWY, ARLINGTON, TX 76013	74-2952983	501(C)(3)		28,508	WHOLESALE FMV	FOOD	RELIEF
(70) FIRST BAPTIST CHURCH (BLANCHARD) 201 N ATTAWAY AVE, SHREVEPORT, LA 71107	82-4161696	501(C)(3)		7,640	WHOLESALE FMV	FOOD	RELIEF
(71) FIRST BAPTIST CHURCH DUNCANVILLE 323 W WHEATLAND RD, DUNCANVILLE, TX 75116	75-1154514	501(C)(3)		6,540	WHOLESALE FMV	FOOD	RELIEF
(72) FIRST LATIN ASSEMBLY OF GOD PO BOX 363, HOUSTON, TX 77093-3701	45-2703333	501(C)(3)		5,842	WHOLESALE FMV	FOOD	RELIEF
(73) FIRST MEXICAN BAPTIST CHURCH 4151 ROYAL LN, BROWNSVILLE, TX 78520-6403	75-1046988	501(C)(3)		9,805	WHOLESALE FMV	FOOD	RELIEF
(74) FIRST SOUTHERN BAPTIST CHURCH OF SYLMAR 13261 GLENOAKS BLVD, HOUSTON, TX 77080-5001	20-8173645	501(C)(3)		13,824	WHOLESALE FMV	FOOD	RELIEF
(75) FOREST MEADOW BAPTIST CHURCH 9150 CHURCH RD, HOUSTON, TX 77062-4602	75-1240590	501(C)(3)		9,008	WHOLESALE FMV	FOOD	RELIEF
(76) FOREST MEADOW ESPAÑOL 9150 CHURCH RD, DALLAS, TX 75231	75-1381536	501(C)(3)		5,701	WHOLESALE FMV	FOOD	RELIEF
(77) FOUNTAIN OF HOPE, INC 1400 VETERAN MEMORIAL HWY, GRANADA HILLS, CA 91344-3761	74-1507717	501(C)(3)		497,201	WHOLESALE FMV	FOOD	RELIEF
(78) FRATERNIDAD CRISTIANA DE MONTEBELLO 809 W. BEVERLY BLVD., MONTEBELLO, CA 77502-5129	95-1776099	501(C)(3)		14,670	WHOLESALE FMV	FOOD	RELIEF
(79) FRIENDSHIP BAPTIST CHURCH (LAWTON) 1421 SW NEW YORK AVE, LAWTON, OK 73505	85-3038417	501(C)(3)		8,498	WHOLESALE FMV	FOOD	RELIEF
(80) FRISCO BIBLE CHURCH 8000 SANCTUARY DR, NORWALK, CA 90650	95-1878826	501(C)(3)		15,941	WHOLESALE FMV	FOOD	RELIEF

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(81) FUENTE DE VIDA CHURCH 2483 W SOUTHCROSS BLVD, SYLMAR, CA 91342	27-2877461	501(C)(3)		27,417	WHOLESALE FMV	FOOD	RELIEF
(82) FULL LIFE MINISTRIES 1315 S SCHOOLHOUSE RD UNIT 8, NEW LENOX, IL 60451	82-4161696	501(C)(3)		5,311	WHOLESALE FMV	FOOD	RELIEF
(83) GATEWAY CHURCH (DALLAS) 12123 HILLCREST RD, GARDENA, CA 90249-3707	75-1240590	501(C)(3)		5,180	WHOLESALE FMV	FOOD	RELIEF
(84) GENESIS LIFE FELLOWSHIP CHURCH 201 S DALLAS AVE, LANCASTER, TX 75134	75-1240590	501(C)(3)		7,410	WHOLESALE FMV	FOOD	RELIEF
(85) GRACE ASSEMBLY 8606 WILEY POST AVE, NORTHRIDGE, CA 91324	45-4837546	501(C)(3)		12,252	WHOLESALE FMV	FOOD	RELIEF
(86) GRACE MINISTRIES COGIC PO BOX 690474, TULSA, OK 74133	61-1519602	501(C)(3)		8,982	WHOLESALE FMV	FOOD	RELIEF
(87) HARVEST TIME INTERNATIONAL 2360 E 51ST STREET, VERNON, CA 90058	74-1507717	501(C)(3)		17,727	WHOLESALE FMV	FOOD	RELIEF
(88) HEARTS 4 KIDS PO BOX 1838, LA FERIA, TX 78559	47-4834211	501(C)(3)		103,038	WHOLESALE FMV	FOOD	RELIEF
(89) HELPING HANDS SOCIETY OF LOS ANGELES 2360 E 51ST STREET, VERNON, CA 78541-5143	85-3086233	501(C)(3)		6,344,032	WHOLESALE FMV	FOOD	RELIEF
(90) IGLESIA AGUA VIVA 2738 MACARTHUR VW, SAN ANTONIO, TX 78227-4069	74-1464209	501(C)(3)		14,616	WHOLESALE FMV	FOOD	RELIEF
(91) IGLESIA AMOR FE Y ESPERANZA 202 E IRVING BLVD, IRVING, TX 75060	75-1240590	501(C)(3)		7,532	WHOLESALE FMV	FOOD	RELIEF
(92) IGLESIA BAUTISTA BETANIA 5334 LOS ARBOLES AVE, COVINA, CA 91722	85-0829605	501(C)(3)		6,931	WHOLESALE FMV	FOOD	RELIEF
(93) IGLESIA BAUTISTA CAPERNAUM 16546 RINALDI ST., CHARLOTTE, TX 78011-0582	74-2733709	501(C)(3)		5,479	WHOLESALE FMV	FOOD	RELIEF
(94) IGLESIA BAUTISTA DIOS TE AMA 5101 WELLVIEW AVE, SAN ANTONIO, TX 76115	75-2851357	501(C)(3)		7,762	WHOLESALE FMV	FOOD	RELIEF
(95) IGLESIA BAUTISTA EBEN-EZER (DENTON) 1731 STUART RD, DENTON, TX 76205	74-1464209	501(C)(3)		7,762	WHOLESALE FMV	FOOD	RELIEF
(96) IGLESIA BAUTISTA EL BUEN PASTOR 11137 HERRICK AVE, LAS VEGAS, NV 93535-5901	26-2269061	501(C)(3)		30,214	WHOLESALE FMV	FOOD	RELIEF
(97) IGLESIA BAUTISTA EL SHADDAI 703 E ASHLEY RD, SAN ANTONIO, TX 78218-4631	47-5520346	501(C)(3)		14,128	WHOLESALE FMV	FOOD	RELIEF
(98) IGLESIA BAUTISTA EMANUEL 2107 CHAPMAN ST, CALDWELL, TX 77836	90-0766024	501(C)(3)		9,056	WHOLESALE FMV	FOOD	RELIEF
(99) IGLESIA BAUTISTA FE Y ESPERANZA 17003 GLEDHILL ST, CASTAIC, CA 91384-3926	61-0661137	501(C)(3)		19,305	WHOLESALE FMV	FOOD	RELIEF

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(100) IGLESIA BAUTISTA GERIZIM PLAYA NOVILLEROS #38, SAN ANTONIO, TX 78207	74-1507717	501(C)(3)		7,726	WHOLESALE FMV	FOOD	RELIEF
(101) IGLESIA BAUTISTA JERICO 3000 CENTRAL BLVD STE 1, LOS ANGELES, CA 90019-3057	74-2845930	501(C)(3)		5,808	WHOLESALE FMV	FOOD	RELIEF
(102) IGLESIA BAUTISTA JESUCRISTO ES EL CAMINO 1966 7TH ST., ANAHEIM, CA 92805-5748	90-0766024	501(C)(3)		15,833	WHOLESALE FMV	FOOD	RELIEF
(103) IGLESIA BAUTISTA LA RESURRECCIÓN 1400 S EASTERN AVE, COMMERCE, CA 78539-4913	47-0871675	501(C)(3)		19,935	WHOLESALE FMV	FOOD	RELIEF
(104) IGLESIA BAUTISTA LA ROCA DE VIDA 18933 KNAPP ST., LOMPOC, CA 93436	74-1507717	501(C)(3)		11,119	WHOLESALE FMV	FOOD	RELIEF
(105) IGLESIA BAUTISTA NAZARET 925 W SAINT CHARLES ST, NEWHALL, CA 91321	74-1507717	501(C)(3)		5,479	WHOLESALE FMV	FOOD	RELIEF
(106) IGLESIA BAUTISTA NUEVA VIDA (DALLAS) 2626 GUS THOMASSON RD, DALLAS, TX 75228	90-0453373	501(C)(3)		7,522	WHOLESALE FMV	FOOD	RELIEF
(107) IGLESIA BAUTISTA PASOS DE FE/STEPS OF FAITH 1233 EAST BELT LINE ROAD, RICHARDSON, TX 75081	85-0801658	501(C)(3)		5,132	WHOLESALE FMV	FOOD	RELIEF
(108) IGLESIA BAUTISTA PENIEL 10131 EMNORA LN, LOS ANGELES, CA 90012	47-4834211	501(C)(3)		9,813	WHOLESALE FMV	FOOD	RELIEF
(109) IGLESIA BAUTISTA VIDA 8400 PARK VISTA BLVD, FORT WORTH, TX 76137	32-0515038	501(C)(3)		5,446	WHOLESALE FMV	FOOD	RELIEF
(110) IGLESIA BETHEL LOS ANGELES 16546 RINALDI ST., SAN ANTONIO, TX 78214-2159	77-0170546	501(C)(3)		15,690	WHOLESALE FMV	FOOD	RELIEF
(111) IGLESIA BÍBLICA BAUTISTA PACER 2606 LAFFERTY RD, SAN LEON, TX 77539-2100	47-0871675	501(C)(3)		9,547	WHOLESALE FMV	FOOD	RELIEF
(112) IGLESIA CAPILLA DE LA BIBLIA 846 N. ORANGE AVE., LA PUENTE, CA 91744	77-0170546	501(C)(3)		12,730	WHOLESALE FMV	FOOD	RELIEF
(113) IGLESIA CASA DE FE 13820 STUDEBAKER RD., NORWALK, CA 93543	61-1519602	501(C)(3)		23,545	WHOLESALE FMV	FOOD	RELIEF
(114) IGLESIA CASA DE ORACION SYLMAR 1998 TERRABELLA ST. APT. 101, NORTHRIDGE, CA 91324-4629	61-1519602	501(C)(3)		13,899	WHOLESALE FMV	FOOD	RELIEF
(115) IGLESIA CASA DE ORACION Y CAMINO DE SANTIDAD 2718 KIMSEY DR, DALLAS, TX 78542-5865	61-1519602	501(C)(3)		7,763	WHOLESALE FMV	FOOD	RELIEF
(116) IGLESIA CIUDAD DE AVIVAMIENTO 14717 SPINNING AVE, GARDENA, CA 60451-3306	47-3069007	501(C)(3)		22,681	WHOLESALE FMV	FOOD	RELIEF

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(117) IGLESIA CRISTIANA ALTAR DE DIOS 18933 KNAPP ST., DALLAS, TX 75227-4713	74-2863470	501(C)(3)		20,261	WHOLESALE FMV	FOOD	RELIEF
(118) IGLESIA CRISTIANA BETEL ASAMBLEAS DE DIOS 17813 LANARK ST, RESEDA, CA 91335	74-1507717	501(C)(3)		12,328	WHOLESALE FMV	FOOD	RELIEF
(119) IGLESIA CRISTIANA DIOS ES AMOR 9511 HARRELL ST, LOS ANGELES, CA 90002	74-1507717	501(C)(3)		18,083	WHOLESALE FMV	FOOD	RELIEF
(120) IGLESIA CRISTIANA DIVINO SALVADOR 4715 DON DR, DALLAS, TX 75229	74-1507717	501(C)(3)		7,762	WHOLESALE FMV	FOOD	RELIEF
(121) IGLESIA CRISTIANA EL CAMINO 8118 TEZEL RD, PHARR, TX 78577-0057	77-0594512	501(C)(3)		13,404	WHOLESALE FMV	FOOD	RELIEF
(122) IGLESIA CRISTIANA EL SEMBRADOR P. O BOX 1690, SYLMAR, CA 91342	95-4680130	501(C)(3)		21,593	WHOLESALE FMV	FOOD	RELIEF
(123) IGLESIA CRISTIANA MISERICORDIA 1315 S SCHOOLHOUSE RD UNIT 8, VAN NUYS, CA 91405-2403	95-1684062	501(C)(3)		6,763	WHOLESALE FMV	FOOD	RELIEF
(124) IGLESIA CRISTIANA MONTE DE SION 1221 W. 130TH ST., GARDENA, CA 90247	74-2863470	501(C)(3)		9,107	WHOLESALE FMV	FOOD	RELIEF
(125) IGLESIA CRISTIANA PALABRA VIVA 139 FREDERICKSBURG RD, LAREDO, TX 78045-0043	77-0170546	501(C)(3)		9,721	WHOLESALE FMV	FOOD	RELIEF
(126) IGLESIA CRISTIANA TIERRA PROMETIDA INC. 2718 FRONTIER DR, SAN ANTONIO, TX 78207-8036	74-1507717	501(C)(3)		10,049	WHOLESALE FMV	FOOD	RELIEF
(127) IGLESIA CRISTIANA VINO NUEVO 337 IBERIS DR, ARLINGTON, TX 76017	74-2790845	501(C)(3)		5,112	WHOLESALE FMV	FOOD	RELIEF
(128) IGLESIA DE CRISTO EL ROI 25440 VIA GRACIOSO, SAN ANTONIO, TX 78210-3006	85-3086233	501(C)(3)		12,736	WHOLESALE FMV	FOOD	RELIEF
(129) IGLESIA DE DIOS CAMINO DE SANTIDAD HIGHLAND PARK PO BOX 4131, COVINA, CA 78040-2641	74-2863470	501(C)(3)		13,108	WHOLESALE FMV	FOOD	RELIEF
(130) IGLESIA DE DIOS CAMINO DE SANTIDAD LOS ANGELES P.O BOX 82372, LOS ANGELES, CA 90001	74-2522696	501(C)(3)		11,986	WHOLESALE FMV	FOOD	RELIEF
(131) IGLESIA DE DIOS CHARLOTTE PO BOX 582, SAN ANTONIO, TX 78221-1182	74-2694029	501(C)(3)		10,196	WHOLESALE FMV	FOOD	RELIEF
(132) IGLESIA DE DIOS ESPERANZA DE VIDA 10720 BRAES BEND DR, SAN ANTONIO, TX 78228-6421	74-2790845	501(C)(3)		93,731	WHOLESALE FMV	FOOD	RELIEF
(133) IGLESIA DE DIOS LA CASA DEL MEJOR AMIGO 5615 CAHUENGA BLVD, NORMAL, IL 61761-1038	95-4680130	501(C)(3)		16,910	WHOLESALE FMV	FOOD	RELIEF
(134) IGLESIA DE DIOS LOVE FIELD 2634 LANGDON AVENUE, DALLAS, TX 75229	47-4834211	501(C)(3)		5,072	WHOLESALE FMV	FOOD	RELIEF

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(135) IGLESIA DE DIOS MANANTIAL DE VIDA LANCASTER 654 E AVENUE G, HOUSTON, TX 77012-1056	77-0170546	501(C)(3)		18,459	WHOLESALE FMV	FOOD	RELIEF
(136) IGLESIA DE DIOS RIOS DE AGUA VIVA 4739 RITTIMAN RD, LAREDO, TX 78043-4747	74-1507717	501(C)(3)		9,378	WHOLESALE FMV	FOOD	RELIEF
(137) IGLESIA DE DIOS VIDA 3516 OATES DR, GARLAND, TX 75042	85-3086233	501(C)(3)		7,046	WHOLESALE FMV	FOOD	RELIEF
(138) IGLESIA DE RESTAURACION LA SENDA ANTIGUA 127 W. NORBERRY ST., LANCASTER, CA 92865-1953	85-3086233	501(C)(3)		12,301	WHOLESALE FMV	FOOD	RELIEF
(139) IGLESIA EL CAMINO DOWNEY 15879 YARNELL ST., DOWNEY, CA 93550-4998	74-1507717	501(C)(3)		20,235	WHOLESALE FMV	FOOD	RELIEF
(140) IGLESIA EL GIGANTE ES JESUCRISTO 31938 EMERALD LN., MISSION, TX 78574-0812	77-0170546	501(C)(3)		13,365	WHOLESALE FMV	FOOD	RELIEF
(141) IGLESIA EL JORDAN 13003 SW LOOP 410, NORTH HILLS, CA 91343-3113	74-1507717	501(C)(3)		11,129	WHOLESALE FMV	FOOD	RELIEF
(142) IGLESIA EL NUEVO NACIMIENTO INC. 1231 WEST BLVD APT 105, ARLETA, CA 91331-5611	85-3086233	501(C)(3)		34,814	WHOLESALE FMV	FOOD	RELIEF
(143) IGLESIA EVANGELICA BAUTISTA INC 8480 CALIFORNIA AVE, BROWNSVILLE, TX 78520-5000	74-2681478	501(C)(3)		20,175	WHOLESALE FMV	FOOD	RELIEF
(144) IGLESIA EVANGELICA SOL DE JUSTICIA 6701 DARBY AVE, RESEDA, CA 91335	85-3086233	501(C)(3)		11,203	WHOLESALE FMV	FOOD	RELIEF
(145) IGLESIA FAMILIAR NUEVA VIDA 1520 PEARL ST, WEST COVINA, TX 91790-1937	95-4680130	501(C)(3)		14,074	WHOLESALE FMV	FOOD	RELIEF
(146) IGLESIA FE, ESPERANZA Y AMOR 114 S JUSTIN AVE, DALLAS, TX 75211	74-1507717	501(C)(3)		10,168	WHOLESALE FMV	FOOD	RELIEF
(147) IGLESIA FUENTE DE VIDA PO BOX 6005, DALLAS, TX 75212-2349	45-4837546	501(C)(3)		7,036	WHOLESALE FMV	FOOD	RELIEF
(148) IGLESIA GENESIS UN NUEVO COMIENZO 3221 HOWELL STREET, ARLINGTON, TX 76010	32-0515038	501(C)(3)		8,730	WHOLESALE FMV	FOOD	RELIEF
(149) IGLESIA HOGAR 2222 HIGHWAY 21 E, BRYAN, TX 77803	14-1908430	501(C)(3)		8,636	WHOLESALE FMV	FOOD	RELIEF
(150) IGLESIA HOREB 984 YALE ST., PERRIS, CA 92570-2102	74-1507717	501(C)(3)		16,949	WHOLESALE FMV	FOOD	RELIEF
(151) IGLESIA IMPACTO DE AMOR INC 2300 N RANCHO AVE, LAKEWOOD, CA 90715-1434	87-3547154	501(C)(3)		16,610	WHOLESALE FMV	FOOD	RELIEF
(152) IGLESIA JESUCRISTO ES MI REFUGIO 6108 S FLORES ST, LAKELAND, FL 33802-8190	84-5082636	501(C)(3)		11,418	WHOLESALE FMV	FOOD	RELIEF

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(153) IGLESIA JESUCRISTO ROCA MIA 801 S SHERMAN ST, RICHARDSON, TX 75081	47-3862025	501(C)(3)		9,322	WHOLESALE FMV	FOOD	RELIEF
(154) IGLESIA LUZ Y VERDAD ALFA Y OMEGA 901 AVENUE H, OROVILLE, CA 95966	48-0699199	501(C)(3)		8,660	WHOLESALE FMV	FOOD	RELIEF
(155) IGLESIA METODISTA UNIDA LA TRINIDAD PO BOX 1477, IDAHO FALLS, ID 83404	85-3086233	501(C)(3)		8,215	WHOLESALE FMV	FOOD	RELIEF
(156) IGLESIA MINISTERIOS LA CIMA 300 CLARICE ST, GRAND PRAIRIE, TX 75050	85-3086233	501(C)(3)		5,580	WHOLESALE FMV	FOOD	RELIEF
(157) IGLESIA NUEVA VIDA 38658 22ND ST E, PALMDALE, CA 93550	74-1507717	501(C)(3)		17,073	WHOLESALE FMV	FOOD	RELIEF
(158) IGLESIA NUEVA VIDA SAN ANTONIO 214 N GUILFORD DR, SAN ANTONIO, TX 78228	84-5082636	501(C)(3)		9,996	WHOLESALE FMV	FOOD	RELIEF
(159) IGLESIA PENTECOSTAL ESMIRNA 544 N FIGUEROA STREET, HIGHLAND PARK, CA 90042	92-3957986	501(C)(3)		17,089	WHOLESALE FMV	FOOD	RELIEF
(160) IGLESIA PODER DE DIOS 18825 SATICOY ST, SOUTH GATE, CA 90280-3003	47-3862025	501(C)(3)		19,594	WHOLESALE FMV	FOOD	RELIEF
(161) IGLESIA PRESBITERIANA EL SINAI 35461 87TH STREET, HUNTINGTON PARK, CA 90255-4209	95-1684062	501(C)(3)		17,502	WHOLESALE FMV	FOOD	RELIEF
(162) IGLESIA PROPOSITO Y DESTINO 2005 N CORIA ST, BROWNSVILLE, TX 78521	85-3086233	501(C)(3)		5,601	WHOLESALE FMV	FOOD	RELIEF
(163) IGLESIA RECONCILIACIÓN 2435 HEBRON PARKWAY, CARROLLTON, TX 75010	27-1159095	501(C)(3)		9,322	WHOLESALE FMV	FOOD	RELIEF
(164) IGLESIA RESTAURACION Y LUZ 330 NW 2ND ST, GRAND PRAIRIE, TX 75050	45-4323386	501(C)(3)		5,827	WHOLESALE FMV	FOOD	RELIEF
(165) IGLESIA REY SOBERANO 8515 RESEDA BLVD, SAN ANTONIO, TX 78204-3117	95-4680130	501(C)(3)		17,089	WHOLESALE FMV	FOOD	RELIEF
(166) IGLESIA VIVA PHARR 1325 W. MINNESOTA RD, PHARR, TX 78577	95-1684062	501(C)(3)		5,311	WHOLESALE FMV	FOOD	RELIEF
(167) ILLINOIS PARTNERS IN HOPE 1315 S SCHOOLHOUSE RD UNIT 8, NEW LENOX, IL 78573-0001	92-3957986	501(C)(3)		18,201,333	WHOLESALE FMV	FOOD	RELIEF
(168) INSPIRED VISION COMPASSION CENTER 2019 N MASTERS DR, DALLAS, TX 75217	75-0912756	501(C)(3)		90,974	WHOLESALE FMV	FOOD	RELIEF
(169) JAVIER GALVAN MINISTRIES 1920 W CHESTNUT AVE, SANTA ANA, CA 92703	95-4575842	501(C)(3)		5,729	WHOLESALE FMV	FOOD	RELIEF
(170) JESUS CENTER CHURCH 4119 FAMILY TREE, SAN ANTONIO, TX 76011	45-2810447	501(C)(3)		7,339	WHOLESALE FMV	FOOD	RELIEF
(171) JESUS CHRIST REVEALED MINISTRIES 521 S HIGH ST, COPPELL, TX 75099-0001	95-4575842	501(C)(3)		198,638	WHOLESALE FMV	FOOD	RELIEF

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(172) JESUS LOVES YOU INTERNATIONAL 1920 W CHESTNUT AVE, SANTA ANA, CA 92703	75-0912756	501(C)(3)		83,305	WHOLESALE FMV	FOOD	RELIEF
(173) JORDAN RIVER CHURCH PO BOX 450749, SAN ANTONIO, TX 78253	74-1507717	501(C)(3)		8,636	WHOLESALE FMV	FOOD	RELIEF
(174) KINGDOM RESOURCES 503 E DREXEL AVE, CHINA GROVE, TX 78263	95-1684062	501(C)(3)		5,456	WHOLESALE FMV	FOOD	RELIEF
(175) LA IGLESIA EN EL CAMINO LOS ANGELES 2416 E 11TH ST, SAN ANTONIO, TX 78214-1629	74-1507717	501(C)(3)		16,681	WHOLESALE FMV	FOOD	RELIEF
(176) LA IGLESIA EN EL CAMINO VAN NUYS 14300 SHERMAN WAY, VAN NUYS, CA 91326-1519	95-4575842	501(C)(3)		39,264	WHOLESALE FMV	FOOD	RELIEF
(177) LA TRINIDAD CHURCH PALMDALE 3311 E AVENUE K 8, BAKERSFIELD, CA 93535	75-0912756	501(C)(3)		10,310	WHOLESALE FMV	FOOD	RELIEF
(178) LAREDO STEPPING STONE PO BOX 450749, SYLMAR, CA 91342	84-5082636	501(C)(3)		1,032,496	WHOLESALE FMV	FOOD	RELIEF
(179) LAST CHANCE MINISTRIES 404 BRADY BLVD, HOUSTON, TX 77074-6525	95-4575842	501(C)(3)		13,234	WHOLESALE FMV	FOOD	RELIEF
(180) LAWNGDALE FOURSQUARE CHURCH "LA GLORIA DE DIOS" 4560 W 154TH ST, LOS ANGELES, CA 90029	74-1507717	501(C)(3)		13,364	WHOLESALE FMV	FOOD	RELIEF
(181) LEAST OF SAINTS MOTORCYCLE CLUB 3705 OLD GEORGETOWN RD, VAN NUYS, CA 91405-1972	95-4575842	501(C)(3)		9,576	WHOLESALE FMV	FOOD	RELIEF
(182) LIFELINE ASSEMBLY PO BOX 1188, SAN ANTONIO, TX 78253	26-0062173	501(C)(3)		8,884	WHOLESALE FMV	FOOD	RELIEF
(183) LIFEPOINT CHURCH 4501 HEDGCOXE RD, EUSTIS, TX 75024	85-3086233	501(C)(3)		5,827	WHOLESALE FMV	FOOD	RELIEF
(184) LINEA DE VIDA 1920 W CHESTNUT AVE, SANTA ANA, CA 92703	95-4575842	501(C)(3)		9,978	WHOLESALE FMV	FOOD	RELIEF
(185) LIVING WATER CHURCH 1467 HIGHWAY 62, SPRINGFIELD, IL 62702	74-2886682	501(C)(3)		6,265	WHOLESALE FMV	FOOD	RELIEF
(186) LOMA ALTA BAPTIST CHURCH 511 N FAIRVIEW, EDINBURG, TX 78542-3623	95-4575842	501(C)(3)		5,311	WHOLESALE FMV	FOOD	RELIEF
(187) LOVE COMMUNITY OUTREACH 1920 W CHESTNUT AVE, SANTA ANA, CA 78573-0786	47-3862025	501(C)(3)		13,139,983	WHOLESALE FMV	FOOD	RELIEF
(188) MADE THROUGH FIRE MINISTRIES 2355 DELGADO ST, MIDLAND, TX 79701-8512	95-4575842	501(C)(3)		7,506	WHOLESALE FMV	FOOD	RELIEF
(189) MIDWEST FOOD BANK 2031 WAREHOUSE RD, SAN ANTONIO, TX 78221-3338	45-4837546	501(C)(3)		6,216,351	WHOLESALE FMV	FOOD	RELIEF

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(190) MINISTERIO CASA DE ADORACION 110 W 7TH ST, OKLAHOMA CITY, OK 73105-4011	74-2886682	501(C)(3)		7,726	WHOLESALE FMV	FOOD	RELIEF
(191) MINISTERIO CRISTIANO AMIGOS DE JESUS 7602 NAVIGATION BLVD, LOS ANGELES, CA 90043-4729	74-2886682	501(C)(3)		10,758	WHOLESALE FMV	FOOD	RELIEF
(192) MINISTERIO EVANGELISMO Y MISIONES 4720 LYNNACRE DR, DALLAS, TX 75232	80-0676576	501(C)(3)		9,454	WHOLESALE FMV	FOOD	RELIEF
(193) MINISTERIO INTERNACIONAL CENTRO DE NUEVA VIDA 5256 SHERRI ANN RD, OKLAHOMA CITY, OK 73109-2442	74-2886682	501(C)(3)		9,763	WHOLESALE FMV	FOOD	RELIEF
(194) MINISTERIO PENTECOSTES LA NUEVA JERUSALEN 3107 E. AVE. R-5, PALMDALE, CA 93550	85-3086233	501(C)(3)		16,063	WHOLESALE FMV	FOOD	RELIEF
(195) MINISTERIO SHEKINAH 5277 W. ADAMS BLVD., LOS ANGELES, CA 93591-2200	95-4575842	501(C)(3)		13,130	WHOLESALE FMV	FOOD	RELIEF
(196) MINISTERIOS BETESDA 1001 E LINCOLN AVE, EDMOND, OK 73003-5638	74-1985927	501(C)(3)		17,215	WHOLESALE FMV	FOOD	RELIEF
(197) MINISTERIOS CASA DE DIOS VALLE DEL ANTELOPE 2728 E PALMDALE BLVD, LAREDO, TX 78045-6250	81-5018335	501(C)(3)		23,970	WHOLESALE FMV	FOOD	RELIEF
(198) MINISTERIOS LA COSECHA PO BOX 8190, LAKELAND, FL 33815	74-2886682	501(C)(3)		7,866	WHOLESALE FMV	FOOD	RELIEF
(199) MINISTERIOS MANANTIAL DE AMOR SFV 7590 VENTURA CANYON AVE, PANORAMA CITY, CA 91402	45-4837546	501(C)(3)		10,811	WHOLESALE FMV	FOOD	RELIEF
(200) MINISTERIOS PALABRA VERDAD Y VIDA 9140 HASKELL AVE, NORTH HILLS, CA 78237-0038	95-4575842	501(C)(3)		17,756	WHOLESALE FMV	FOOD	RELIEF
(201) MISION CRISTIANA FE Y COMPASION INC. 9292 BEACHY AVE, ARLETA, CA 78523-4114	74-2886682	501(C)(3)		17,187	WHOLESALE FMV	FOOD	RELIEF
(202) MISION EBENEZER DE LAS ASAMBLEAS DE DIOS 1207 VAN PELT AVE, LOS ANGELES, CA 90002	74-2886682	501(C)(3)		15,400	WHOLESALE FMV	FOOD	RELIEF
(203) MISSION BORDER HOPE 352 FILLMORE ST, EAGLE PASS, TX 78852	95-4575842	501(C)(3)		5,845	WHOLESALE FMV	FOOD	RELIEF
(204) MISSION EURASIA 612 HOUSTON AVE, WHEATON, IL 60187	74-2886682	501(C)(3)		296,662	WHOLESALE FMV	FOOD	RELIEF
(205) MISSIONARY CHURCH OF GOD IN CHRIST URBAN INITIATIVES 7460 S WESTMORELAND RD STE 105R, DALLAS, TX 75237	84-5082636	501(C)(3)		5,940	WHOLESALE FMV	FOOD	RELIEF

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(206) MOSAIC CHURCH SAN ANTONIO 10311 COUGAR HUNT, SAN ANTONIO, CA 78227	37-1576071	501(C)(3)		19,266	WHOLESALE FMV	FOOD	RELIEF
(207) MOVIMIENTO PENTECOSTES RIOS DE AGUA VIVA 11242 FERINA ST., NORWALK, CA 90650	95-4575842	501(C)(3)		15,071	WHOLESALE FMV	FOOD	RELIEF
(208) NEW HARVEST ASSEMBLY OF GOD 8435 TIMBER GLEN ST, SAN ANTONIO, TX 78250-4416	74-2886682	501(C)(3)		32,234	WHOLESALE FMV	FOOD	RELIEF
(209) NEW HOPE CHURCH 137 HAZEL ST, SAN ANTONIO, TX 78228	95-1684062	501(C)(3)		7,997	WHOLESALE FMV	FOOD	RELIEF
(210) NEW LIFE COMMUNITY CHURCH (FRISCO) 25631 SMOTHERMAN RD, FRISCO, TX 75035	46-4118960	501(C)(3)		9,576	WHOLESALE FMV	FOOD	RELIEF
(211) NEW MOUNT ROSE MISSIONARY BAPTIST CHURCH 2864 MISSISSIPPI AVE, FORT WORTH, TX 76105	95-4575842	501(C)(3)		7,038	WHOLESALE FMV	FOOD	RELIEF
(212) NEW VISION COMMUNITY CHURCH 7220 CP&L RD., LAREDO, TX 78041	95-4575842	501(C)(3)		238,921	WHOLESALE FMV	FOOD	RELIEF
(213) NORTH DALLAS FAMILY CHURCH 1700 S JOSEY LN, CARROLLTON, TX 75006	95-4575842	501(C)(3)		7,870	WHOLESALE FMV	FOOD	RELIEF
(214) NORTH VALLEY CARING SERVICES 15453 RAYEN ST, NORTH HILLS, CA 91343-5119	95-4575842	501(C)(3)		129,284	WHOLESALE FMV	FOOD	RELIEF
(215) NORTHWOODS BAPTIST CHURCH 5924 N MARKET ST, SHREVEPORT, LA 71107	84-5082636	501(C)(3)		8,924	WHOLESALE FMV	FOOD	RELIEF
(216) ONE CHURCH LAKEWOOD 11844 CENTRALIA ST, LAKEWOOD, CA 90715-1434	95-3316239	501(C)(3)		5,589	WHOLESALE FMV	FOOD	RELIEF
(217) ONE MORE CHILD PO BOX 8190, LAKELAND, FL 33815-4499	45-3175893	501(C)(3)		8,927,733	WHOLESALE FMV	FOOD	RELIEF
(218) PALLETS OF LOVE 2170 12 ST., IDAHO FALLS, ID 83404	37-1576071	501(C)(3)		876,494	WHOLESALE FMV	FOOD	RELIEF
(219) PALM HEIGHTS CHURCH OF GOD 235 LINARES ST, SAN ANTONIO, TX 78225-1826	45-4837546	501(C)(3)		10,113	WHOLESALE FMV	FOOD	RELIEF
(220) PALMDALE SPANISH CA FOURSQUARE CHURCH 360 GRAND CYPRESS AVE STE 303, PALMDALE, CA 93551-3646	95-4575842	501(C)(3)		14,729	WHOLESALE FMV	FOOD	RELIEF
(221) PASIÓN IGLESIA NW 6817 BEAR CANYON DR, OKLAHOMA CITY, OK 73142	74-2886682	501(C)(3)		6,225	WHOLESALE FMV	FOOD	RELIEF
(222) PATHWAY COMMUNITY CHURCH 7419 AURORA CIR, SAN ANTONIO, TX 78253	37-1861134	501(C)(3)		8,721	WHOLESALE FMV	FOOD	RELIEF
(223) PAZ MINISTRIES 352 FILLMORE ST, FILLMORE, CA 91384	74-2886682	501(C)(3)		948,046	WHOLESALE FMV	FOOD	RELIEF

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(224) PRIMERA IGLESIA BAUTISTA DE PARAMOUNT 8632 ROSECRANS, PARAMOUNT, CA 90723	95-1684062	501(C)(3)		18,494	WHOLESALE FMV	FOOD	RELIEF
(225) PRIMERA IGLESIA BAUTISTA DE PASADENA 612 HOUSTON AVE, PASADENA, TX 77502-2148	76-0225209	501(C)(3)		10,777	WHOLESALE FMV	FOOD	RELIEF
(226) PRIMERA IGLESIA BAUTISTA HISPANA 6502 SEVILLE AVE, HUNTINGTON PARK, CA 90255-4209	45-4837546	501(C)(3)		9,261	WHOLESALE FMV	FOOD	RELIEF
(227) PRIMERA IGLESIA BAUTISTA MEXICANA 3049 LIMA ST, BROWNSVILLE, TX 78521-4700	74-2886682	501(C)(3)		9,170	WHOLESALE FMV	FOOD	RELIEF
(228) PRIMERA IGLESIA DEL NAZARENO 819 E SAUNDERS ST, LAREDO, TX 78041-5823	95-4575842	501(C)(3)		5,319	WHOLESALE FMV	FOOD	RELIEF
(229) PUERTAS ABIERTAS 2846 WILTON AVE, DALLAS, TX 75211		501(C)(3)		12,236	WHOLESALE FMV	FOOD	RELIEF
(230) RANCHO DOS COUNTRIES 24510 OPEN RANGE RD, SAN ANTONIO, TX 78253	45-4837546	501(C)(3)		69,147	WHOLESALE FMV	FOOD	RELIEF
(231) REDEMPITIVE GRACE MINISTRIES 2240 FM 725, NEW BRAUNFELS, TX 78130	20-1764893	501(C)(3)		12,524	WHOLESALE FMV	FOOD	RELIEF
(232) REFUGE PORT MINISTRY 24510 OPEN RANGE RD, SAN ANTONIO, TX 78253	45-4837546	501(C)(3)		45,641	WHOLESALE FMV	FOOD	RELIEF
(233) RESTORATION BRIDGE INTERNATIONAL 7965 LATANA RD, LAKE WORTH, FL 33467	95-4575842	501(C)(3)		447,541	WHOLESALE FMV	FOOD	RELIEF
(234) RESTORATION CHURCH PO BOX 73, CASPER, WY 71118-2100	30-0697054	501(C)(3)		8,448	WHOLESALE FMV	FOOD	RELIEF
(235) S.O.S. LOCAL 3200 DALWORTH ST, ARLINGTON, TX 76262-8638	45-4837546	501(C)(3)		514,630	WHOLESALE FMV	FOOD	RELIEF
(236) SEMBRADORES CHURCH 324 SESPE AVE, FILLMORE, CA 93015	81-5284964	501(C)(3)		231,883	WHOLESALE FMV	FOOD	RELIEF
(237) SHALOM ADONAI EN GARDENA 1025 GARDENA AVE., GARDENA, CA 90247	45-4860088	501(C)(3)		19,740	WHOLESALE FMV	FOOD	RELIEF
(238) SHEKINA GLORY CHURCH 614 CHALMERS AVE, SAN ANTONIO, TX 78214-1629	46-2581993	501(C)(3)		7,254	WHOLESALE FMV	FOOD	RELIEF
(239) SOUTH EULESS BAPTIST CHURCH 1000 SIMMONS DR, EULESS, TX 76040	95-3316239	501(C)(3)		7,762	WHOLESALE FMV	FOOD	RELIEF
(240) ST. MATTHEW MISSIONARY BAPTIST CHURCH 5500 E BERRY ST, FORT WORTH, TX 76105	95-4575842	501(C)(3)		5,112	WHOLESALE FMV	FOOD	RELIEF
(241) SUMMER GROVE BAPTIST CHURCH 8924 JEWELLA AVE, SHREVEPORT, LA 71118-2100		501(C)(3)		58,654	WHOLESALE FMV	FOOD	RELIEF
(242) SYLMAR FOURSQUARE CHURCH 13390 BEAVER ST., SYLMAR, CA 91342	81-3373130	501(C)(3)		19,704	WHOLESALE FMV	FOOD	RELIEF

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(243) TABERNACULO BIBLICO BAUTISTA AMIGOS DE ISRAEL 6611 BISSONNET ST STE 112, HOUSTON, TX 77074-6525	47-4310683	501(C)(3)		10,685	WHOLESALE FMV	FOOD	RELIEF
(244) TABERNACULO BIBLICO BAUTISTA AMIGOS DE ISRAEL HOLLYWOOD 470 N ST ANDREW PL, LOS ANGELES, CA 90004	27-3498131	501(C)(3)		13,606	WHOLESALE FMV	FOOD	RELIEF
(245) TABERNACULO BIBLICO BAUTISTA AMIGOS DE ISRAEL VSF 7400 VAN NUYS BLVD STE 201, VAN NUYS, CA 91405-1972	45-4568218	501(C)(3)		18,117	WHOLESALE FMV	FOOD	RELIEF
(246) TABERNACULO BIBLICO BAUTISTA, CALIFORNIA USA 8126 STATE ST, SOUTH GATE, CA 90280	45-2444019	501(C)(3)		14,955	WHOLESALE FMV	FOOD	RELIEF
(247) TARZANA/RESEDA HISPANIC FOURSQUARE CHURCH 39253 CHANTILLY LN, PALMDALE, CA 93551-1587	26-0073966	501(C)(3)		22,537	WHOLESALE FMV	FOOD	RELIEF
(248) TEMPLO CALVARIO 511 N FAIRVIEW, SANTA ANA, CA 92703	95-3672630	501(C)(3)		16,603,498	WHOLESALE FMV	FOOD	RELIEF
(249) TEMPLO CRISTIANO AGAPE 2355 W PIONEER DR, ORVOMG, TX 75061-6853	75-2737893	501(C)(3)		4,167,716	WHOLESALE FMV	FOOD	RELIEF
(250) TEMPLO CRISTIANO DE LIBERACION 5414 S COCKRELL HILL RD, DALLAS, TX 75236	46-3727277	501(C)(3)		9,190	WHOLESALE FMV	FOOD	RELIEF
(251) TEMPLO CRISTIANO UVALDE 231 N PARK ST, UVALDE, TX 78801	47-3476220	501(C)(3)		5,808	WHOLESALE FMV	FOOD	RELIEF
(252) TEMPLO CRISTO LA ROCA 5213 ASHLEY AVE, EDINBURG, TX 78542-3367	30-0836692	501(C)(3)		7,726	WHOLESALE FMV	FOOD	RELIEF
(253) TEMPLO EVANGELICO LA VID VERDADERA 2507 INGERSOLL ST, LOS ANGELES, CA 90002	75-2737893	501(C)(3)		12,226	WHOLESALE FMV	FOOD	RELIEF
(254) TEMPLO FAMILIAR EMMANUEL 1204 S TOWER RD, EDINBURG, TX 98542-3623	46-5050313	501(C)(3)		8,448	WHOLESALE FMV	FOOD	RELIEF
(255) TEMPLO REY DE GLORIA 210 E 6TH ST, GRAND PRAIRIE, TX 75050		501(C)(3)		6,946	WHOLESALE FMV	FOOD	RELIEF
(256) TEMPLO SHADDAI ASAMBLEA DE DIOS 1610 N PENNSYLVANIA ST, MISSION, TX 78573-0786	47-1001801	501(C)(3)		6,041	WHOLESALE FMV	FOOD	RELIEF
(257) TEMPLO SINAI ASAMBLEA DE DIOS 3820 CAPPS DR, DALLAS, TX 75229	75-2880086	501(C)(3)		10,642	WHOLESALE FMV	FOOD	RELIEF
(258) THE CHURCH ON THE WAY 14300 SHERMAN WAY, VAN NUYS, CA 91405	95-2818293	501(C)(3)		25,209	WHOLESALE FMV	FOOD	RELIEF
(259) THE CRIMSON TABERNACLE CHURCH 512 N WATERFORD OAKS DR, CEDAR HILL, TX 75104	95-4575842	501(C)(3)		6,686	WHOLESALE FMV	FOOD	RELIEF

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(260) THE HOLY ONE CHURCH 379 E PETALUMA BLVD, SAN ANTONIO, TX 78221	95-4575842	501(C)(3)		15,872	WHOLESALE FMV	FOOD	RELIEF
(261) THE KALEO FOUNDATION 301 E HILL ST, OKLAHOMA CITY, OK 73105	75-2880086	501(C)(3)		2,776,913	WHOLESALE FMV	FOOD	RELIEF
(262) THE LIVING STONE BAPTIST CHURCH 133 NICKLAUS NOOK, LANCASTER, TX 75146	82-3015580	501(C)(3)		7,762	WHOLESALE FMV	FOOD	RELIEF
(263) THE NEXT LEVEL MINISTRY 6701 11TH AVE, LOS ANGELES, CA 90043-4729	95-4575842	501(C)(3)		9,983	WHOLESALE FMV	FOOD	RELIEF
(264) THE VALLEY VINEYARD CHRISTIAN FELLOWSHIP 6642 RESEDA BLVD, RESEDA, CA 91335	95-3419526	501(C)(3)		17,258	WHOLESALE FMV	FOOD	RELIEF
(265) THE WAY MINISTRIES 1980 HORAL ST APT 311, SAN ANTONIO, TX 78227	93-3419227	501(C)(3)		5,143	WHOLESALE FMV	FOOD	RELIEF
(266) TREE OF LIFE IGLESIA CRISTIANA 3612 S OLIE AVE, OKLAHOMA CITY, OK 73109	46-4405001	501(C)(3)		7,778	WHOLESALE FMV	FOOD	RELIEF
(267) TREEVALLEY CHURCH 1066 N. MACLAY AVE., SAN FERNANDO, CA 91340	81-3021197	501(C)(3)		17,971	WHOLESALE FMV	FOOD	RELIEF
(268) TRINITY CHURCH BISHOP ARTS CAMPUS 1231 E PLEASANT RUN RD, CEDAR HILL, TX 75104	75-1690634	501(C)(3)		12,172	WHOLESALE FMV	FOOD	RELIEF
(269) TRINITY RESOURCE MINISTRY 15222 KING RD STE 303, FRISCO, TX 75034	04-3789537	501(C)(3)		7,762	WHOLESALE FMV	FOOD	RELIEF
(270) TRIUMPHAL CHRISTIAN FELLOWSHIP 200 N MONROE ST, WAXAHACHIE, TX 75165	86-2440024	501(C)(3)		7,640	WHOLESALE FMV	FOOD	RELIEF
(271) TRUE FOUNDATION FULL GOSPEL BAPTIST CHURCH 2035 CANADA DR, DALLAS, TX 75212	82-3839292	501(C)(3)		7,038	WHOLESALE FMV	FOOD	RELIEF
(272) UN NUEVO AMANECER PO BOX 63474, PIPE CREEK, TX 78063	61-1610450	501(C)(3)		5,940	WHOLESALE FMV	FOOD	RELIEF
(273) UNBOUND CHURCH 711 S KELLY AVE, EDMOND, OK 73003	27-1216672	501(C)(3)		5,808	WHOLESALE FMV	FOOD	RELIEF
(274) UNION RESCUE MISSION 545 S SAN PEDRO ST, LOS ANGELES, CA 90013	95-1709293	501(C)(3)		189,268	WHOLESALE FMV	FOOD	RELIEF
(275) UNITED BAPTIST CHURCH OF LAREDO 811 INTERNATIONAL BLVD, LAREDO, TX 78045-6250	74-2799559	501(C)(3)		6,763	WHOLESALE FMV	FOOD	RELIEF
(276) UNITED OUTREACH CHURCH 456 WALLER AVE, BOSSIER CITY, LA 71111	46-3972480	501(C)(3)		7,640	WHOLESALE FMV	FOOD	RELIEF
(277) VALLEY BAPTIST MISSIONS EDUCATION CENTER 1600 E BUSINESS HIGHWAY 83, MISSION, TX 78550	75-6044885	501(C)(3)		2,841,089	WHOLESALE FMV	FOOD	RELIEF

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(278) VISION INTERNACIONAL BETHEL 1017 E OLEANDER ST, PHARR, TX 78577	75-2880086	501(C)(3)		36,339	WHOLESALE FMV	FOOD	RELIEF
(279) VOICE OF TRUTH CHRISTIAN CHURCH 446 GILBERT LN, SAN ANTONIO, TX 78213-3609	37-1537473	501(C)(3)		31,656	WHOLESALE FMV	FOOD	RELIEF
(280) WAY OF THE CROSS MINISTRIES INTERNATIONAL 224 N F ST, HARLINGEN, TX 78550	74-2585510	501(C)(3)		48,044	WHOLESALE FMV	FOOD	RELIEF
(281) WESTLAWN UNITED METHODIST CHURCH 122 S SAN MANUEL ST, SAN ANTONIO, TX 78237-2051	74-2769878	501(C)(3)		13,309	WHOLESALE FMV	FOOD	RELIEF
(282) WHEAT MISSION MINISTRIES 3435 WILSHIRE BLVD STE 450, LOS ANGELES, CA 90010-1918	41-2193769	501(C)(3)		135,075	WHOLESALE FMV	FOOD	RELIEF
(283) WILLOWBROOK IGLESIA HISPANA 12726 S. MONA ST., COMPTON, CA 90222	95-1684062	501(C)(3)		17,593	WHOLESALE FMV	FOOD	RELIEF
(284) WORLD MISSION MARANATHA 9140 ALONDRA BLVD, BELLFLOWER, CA 90706	95-4520654	501(C)(3)		8,323	WHOLESALE FMV	FOOD	RELIEF

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	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.
(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	A CHILD'S HOPE INTERNATIONAL (CHI) 2430 E KEMPER RD, RANCHO CUCAMONGA, CA 91730-7699
(5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	AGAPE ALL NATIONS CHURCH 1501 N COUNTRY CLUB RD, GARLAND, TX 78225-1855
(10) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BECAUSE WE BELIEVE MINISTRIES 3243 MARINE AVE. UNIT 1, GARDENA, CA 78207-7835

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CHILDREN'S HUNGER FUND

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

2023

**Open to Public
Inspection**

Employer identification number

95-4335462

Part I Questions Regarding Compensation

	Yes	No
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. <div><input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account</div> <div><input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</div>		
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	1b	
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?	2	
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. <div><input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations</div> <div><input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee</div>		
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.	4a 4b 4c	 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
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.	5a 5b	 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
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.	6a 6b	 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
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	7	<input checked="" type="checkbox"/>
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	8	<input checked="" type="checkbox"/>
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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	(i) 234,234	(ii) 0	(iii) 0	10,841	55,616	300,691	0
	PRESIDENT	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
2	MICHAEL RICHARDS	(i) 166,750	(ii) 0	(iii) 0	7,596	39,573	213,919	0
	SENIOR VICE PRESIDENT	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
3	JASON HARTUNG	(i) 157,889	(ii) 0	(iii) 0	7,773	45,366	211,028	0
	VICE PRESIDENT OF FINANCE (CFO)	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
4	BUDDY BREWER	(i) 129,618	(ii) 0	(iii) 0	5,251	31,086	165,955	0
	EXEC DIRECTOR, OPERATIONS	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
5	ROGER BAYRAMIAN	(i) 125,904	(ii) 0	(iii) 0	6,208	23,285	155,397	0
	CONTROLLER	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
6		(i)	(ii)	(iii)				
		(ii)						
7		(i)	(ii)	(iii)				
		(ii)						
8		(i)	(ii)	(iii)				
		(ii)						
9		(i)	(ii)	(iii)				
		(ii)						
10		(i)	(ii)	(iii)				
		(ii)						
11		(i)	(ii)	(iii)				
		(ii)						
12		(i)	(ii)	(iii)				
		(ii)						
13		(i)	(ii)	(iii)				
		(ii)						
14		(i)	(ii)	(iii)				
		(ii)						
15		(i)	(ii)	(iii)				
		(ii)						
16		(i)	(ii)	(iii)				
		(ii)						

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2023

**Open to Public
Inspection**

Name of the organization

CHILDREN'S HUNGER FUND

Employer identification number

95-4335462

Part I Bond Issues

(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	11/05/2020	4,588,500	(SEE STATEMENT)		✓		✓		✓
B											
C											
D											

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	353,126							
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							
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)?	Yes	No	Yes	No	Yes	No	Yes	No
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	✓							
16	Has the final allocation of proceeds been made?	✓							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓							

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?		✓						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		✓						
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		✓						
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?		✓						
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 government		0.00 %		%		%		%
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 government		0.00 %		%		%		%
6	Total of lines 4 and 5		0.00 %		%		%		%
7	Does the bond issue meet the private security or payment test?		✓						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✓						
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?	✓							

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?		✓						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	✓							
b	Exception to rebate?		✓						
c	No rebate due?		✓						
	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?		✓						

Part VI

Supplemental Information. Supplemental Information Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE ISSUER NAME: CA ENTERPRISE DEVELOPMENT AUTHORITY	REFINANCE LOAN DATED 10/9/13, USED FOR CAPITAL EXPENDITURES

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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	✓		638	MARKET VALUE
5 Clothing and household goods	✓		26,794,782	MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	17	375,868	MARKET VALUE
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	✓	1	507,600	MARKET VALUE
19 Food inventory	✓	2,564	76,390,666	MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>TOYS</u>)	✓	68	7,257,505	MARKET VALUE
26 Other (<u>VITAMINS/SUPPLEMEN</u>)	✓	16	2,092,608	MARKET VALUE
27 Other (<u>WATER & BEVERAGES</u>)	✓	241	1,551,506	MARKET VALUE
28 Other ()			2	

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** 2

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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.		

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.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	THE NUMBER OF CONTRIBUTIONS REPRESENT THE NUMBER OF CONTRIBUTIONS RECEIVED, NOT THE NUMBER OF ITEMS DONATED.

SCHEDULE O (Form 990) Department of Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
		2023 Open to Public Inspection
Name of the Organization CHILDREN'S HUNGER FUND		Employer Identification Number 95-4335462

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	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, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	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, LINE 12C - CONFLICT OF INTEREST POLICY	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, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	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.
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	WAGES FOR OTHER OFFICERS ARE DETERMINED BY THE PRESIDENT USING SURVEYS 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 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	CA, CO, CT, DE, FL, GA, HI, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NM, NY, OH, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CHILDREN'S HUNGER FUND

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

2023

**Open to Public
Inspection**

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CHILDREN'S HUNGER FUND LEGACY FOUNDATION (91-1851417) PO BOX 8181, MISSION HILLS, CA 91346	SUPPORT CHILDREN'S HUNGER FUND	CA	501(C)(3)	12 TYPE I	CHILDREN'S HUNGER FUND	✓	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

(a) 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	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) 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
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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	✓
b Gift, grant, or capital contribution to related organization(s)	1b	✓
c Gift, grant, or capital contribution from related organization(s)	1c	✓
d Loans or loan guarantees to or for related organization(s)	1d	✓
e Loans or loan guarantees by related organization(s)	1e	✓
f Dividends from related organization(s)	1f	✓
g Sale of assets to related organization(s)	1g	✓
h Purchase of assets from related organization(s)	1h	✓
i Exchange of assets with related organization(s)	1i	✓
j Lease of facilities, equipment, or other assets to related organization(s)	1j	✓
k Lease of facilities, equipment, or other assets from related organization(s)	1k	✓
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	✓
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	✓
o Sharing of paid employees with related organization(s)	1o	✓
p Reimbursement paid to related organization(s) for expenses	1p	✓
q Reimbursement paid by related organization(s) for expenses	1q	✓
r Other transfer of cash or property to related organization(s)	1r	✓
s Other transfer of cash or property from related organization(s)	1s	✓

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	88,500	CASH
(2) CHILDREN'S HUNGER FUND LEGACY FOUNDATION	C	4,426,424	CASH
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													