

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.*

Do Not File - Public Inspection Copy
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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.

2024

Open to Public
Inspection

A For the 2024 calendar year, or tax year beginning APR 1, 2024 and ending MAR 31, 2025

B Check if applicable:

- ☒ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ 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)

13931 BALBOA BLVD.

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

RANCHO CASCADES, CA 91342

F Name and address of principal officer: DAVID PHILLIPS

SAME AS C ABOVE

D Employer identification number

95-4335462

E Telephone number

(818) 979-7100

G Gross receipts \$

185,916,684.

H(a) Is this a group return

for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: CHILDRENSHUNGERFUND.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1991

M State of legal domicile: CA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: 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 12
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 11
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 111
	6	Total number of volunteers (estimate if necessary) 6 20000
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 133,765,925.
	9	Program service revenue (Part VIII, line 2g) 225,983.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 646,809.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -484,270.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 134,154,447.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 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) 8,997,868.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 982,817.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,118,491.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 132,665,528.
	19	Revenue less expenses. Subtract line 18 from line 12 1,488,919.
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 39,426,463.
	21	Total liabilities (Part X, line 26) 6,888,703.
	22	Net assets or fund balances. Subtract line 21 from line 20 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	Signature of officer	Date			
	DAVID PHILLIPS, PRESIDENT	8-28-25			
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	ANDREA SALAMY	ANDREA SALAMY	08/27/25	<input type="checkbox"/>	P00705827
Firm's name	CRI CAPIN CROUSE ADVISORS, LLC	Firm's EIN	33-2621854		
	Firm's address	345 MASSACHUSETTS AVENUE, SUITE 300	Phone no.	505-502-2746	
INDIANAPOLIS, IN 46204					

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

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

OUR MISSION IS TO DELIVER HOPE TO SUFFERING CHILDREN BY EQUIPPING
LOCAL CHURCHES FOR GOSPEL-CENTERED MERCY MINISTRY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

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

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

4a (Code:) (Expenses \$ 178,154,382. including grants of \$ 168,614,808.) (Revenue \$ 184,791.)
CHILDREN'S HUNGER FUND DISTRIBUTED MORE THAN \$168,000,000 IN FOOD,
CLOTHING, AND OTHER RELIEF SUPPLIES TO CHILDREN IN NEED ACROSS THE
UNITED STATES AND SELECTED DEVELOPING COUNTRIES WORLDWIDE. BY
PROVIDING FOR PHYSICAL NEEDS, CHILDREN'S HUNGER FUND PROGRAMS
FACILITATE RELATIONSHIPS AND PROVIDE LASTING IMPACT IN THE LIVES OF
THOSE IN NEED.

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

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

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses 178,154,382.

Form **990** (2024)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

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

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	X

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 111		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? 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		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
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		X
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	12		
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	11		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

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

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

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
ROGER BAYRAMIAN - (818) 979-7100
13931 BALBOA BLVD., RANCHO CASCADES, CA 91342

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID PHILLIPS PRESIDENT	40.00 2.00	X		X				250,765.	0.	66,083.
(2) MICHAEL RICHARDS SENIOR VICE PRESIDENT	40.00 1.00				X			181,763.	0.	47,456.
(3) JASON HARTUNG VICE PRESIDENT OF FINANCE (CFO)	40.00 1.00			X				169,508.	0.	58,650.
(4) BUDDY BREWER EXEC DIRECTOR, OPERATIONS	40.00				X			146,404.	0.	42,031.
(5) ROGER BAYRAMIAN CONTROLLER	40.00				X			144,111.	0.	30,085.
(6) TIMOTHY HACKETT SENIOR DIRECTOR, LOS ANGELES	40.00				X			119,563.	0.	37,055.
(7) MARIO AGUILAR EXEC DIRECTOR, MINISTRY DEVELOPMENT	40.00				X			121,324.	0.	32,575.
(8) DANA SCANNELL CHAIRMAN	2.00	X		X				0.	0.	0.
(9) STEVE MCCORMICK VICE CHAIR	1.00 1.00	X		X				0.	0.	0.
(10) JIM WICKER SECRETARY	1.00	X		X				0.	0.	0.
(11) MIKE TRUJILLO TREASURER	1.00	X		X				0.	0.	0.
(12) RICK DEMPSEY DIRECTOR	1.00	X						0.	0.	0.
(13) DICK GRIFFITH DIRECTOR	1.00 1.00	X						0.	0.	0.
(14) CHRIS LESNER DIRECTOR	1.00	X						0.	0.	0.
(15) SCOTT OLSON DIRECTOR	1.00	X						0.	0.	0.
(16) RICK PARKINSON DIRECTOR	1.00	X						0.	0.	0.
(17) MARK TATLOCK DIRECTOR/CHAPLAIN	2.00	X						0.	0.	0.

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
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(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KEVIN WALKUP	1.00									
DIRECTOR		X						0.	0.	0.
1b Subtotal								1,133,438.	0.	313,935.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,133,438.	0.	313,935.

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

11

		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>		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PROLOCITY TECHNOLOGY SOLUTIONS, LLC) PO BOX 360, BURLINGTON, KY 41005	IT SERVICES FOR SOFTWARE IMPLEMENTATION	419,593.
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		

Form **990** (2024)

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	41,565.			
	b	Membership dues	1b				
	c	Fundraising events	1c	1,961,018.			
	d	Related organizations	1d	3,553,900.			
	e	Government grants (contributions)	1e	96,962.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	177,877,636.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 165,745,452.			
	h	Total. Add lines 1a-1f		183,531,081.			
Program Service Revenue	2 a	RELIEF SERVICES	Business Code	624200	170,342.	170,342.	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		170,342.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		322,672.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	6a	(i) Real	(ii) Personal		
b		Less: rental expenses ...	6b				
c		Rental income or (loss)	6c				
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
b		Less: cost or other basis and sales expenses	7b	1,591,790.	310.		
c		Gain or (loss)	7c	265,751.	-310.		
d		Net gain or (loss)		265,441.			265,441.
8 a		Gross income from fundraising events (not including \$ 1,961,018. of contributions reported on line 1c). See Part IV, line 18	8a	0.			
b		Less: direct expenses	8b	497,428.			
c		Net income or (loss) from fundraising events		-497,428.			-497,428.
9 a		Gross income from gaming activities. See Part IV, line 19	9a				
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a	35,048.				
b	Less: cost of goods sold	10b	20,599.				
c	Net income or (loss) from sales of inventory		14,449.	14,449.			
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		183,806,557.	184,791.	0.	90,685.

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 ...	163,043,777.	163,043,777.		
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	5,571,031.	5,571,031.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	563,372.	377,459.	140,843.	45,070.
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	6,356,868.	4,259,101.	1,589,219.	508,548.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	226,219.	151,567.	56,555.	18,097.
9 Other employee benefits	1,739,555.	1,165,502.	434,889.	139,164.
10 Payroll taxes	521,065.	349,113.	130,266.	41,686.
11 Fees for services (nonemployees):				
a Management				
b Legal	8,876.		8,876.	
c Accounting	45,125.		45,125.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	7,758.		7,758.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	205,481.	1,131.	204,198.	152.
12 Advertising and promotion	99,480.		43,279.	56,201.
13 Office expenses	588,375.	437,110.	113,508.	37,757.
14 Information technology	578,698.	387,728.	138,887.	52,083.
15 Royalties				
16 Occupancy	955,079.	836,875.	90,607.	27,597.
17 Travel	459,752.	395,443.	34,400.	29,909.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	138,199.	129,907.	6,910.	1,382.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	767,258.	721,222.	38,364.	7,672.
23 Insurance	299,082.	259,419.	28,989.	10,674.
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 AND TRAINING	67,997.	67,997.		
b				
c				
d				
e All other expenses	6,825.			6,825.
25 Total functional expenses. Add lines 1 through 24e	182,249,872.	178,154,382.	3,112,673.	982,817.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,244,729.	1	860,226.
	2 Savings and temporary cash investments	3,029,394.	2	4,987,927.
	3 Pledges and grants receivable, net		3	16,143.
	4 Accounts receivable, net	1,236,553.	4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,643,070.	8	2,497,366.
	9 Prepaid expenses and deferred charges	796,780.	9	796,554.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 25,974,614.		
	b Less: accumulated depreciation	10b 6,396,094.		
	11 Investments - publicly traded securities	18,900,289.	10c	19,578,520.
	12 Investments - other securities. See Part IV, line 11	9,745,083.	11	9,511,434.
	13 Investments - program-related. See Part IV, line 11	40,790.	12	703,540.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	1,789,775.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	39,426,463.	15	2,218,471.	
17 Accounts payable and accrued expenses	966,308.	16	41,170,181.	
18 Grants payable		17	818,330.	
19 Deferred revenue	66,257.	18		
20 Tax-exempt bond liabilities		19	80,206.	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
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		21		
23 Secured mortgages and notes payable to unrelated third parties	4,163,637.	22		
24 Unsecured notes and loans payable to unrelated third parties		23	4,058,003.	
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	1,692,501.	24		
26 Total liabilities. Add lines 17 through 25	6,888,703.	25	2,172,059.	
27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		26	7,128,598.	
28 Net assets without donor restrictions	28,687,869.	27	30,591,714.	
29 Net assets with donor restrictions	3,849,891.	28	3,449,869.	
30 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.		29		
31 Capital stock or trust principal, or current funds		30		
32 Paid-in or capital surplus, or land, building, or equipment fund		31		
33 Retained earnings, endowment, accumulated income, or other funds	32,537,760.	32	34,041,583.	
34 Total net assets or fund balances	39,426,463.	33	41,170,181.	

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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	183,806,557.
2	Total expenses (must equal Part IX, column (A), line 25)	2	182,249,872.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,556,685.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	32,537,760.
5	Net unrealized gains (losses) on investments	5	-52,862.
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	34,041,583.

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		X
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	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2024

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

- 1** ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s). _____

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	123,548,394.	124,824,829.	176,452,542.	133,765,925.	183,531,081.	742,122,771.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	123,548,394.	124,824,829.	176,452,542.	133,765,925.	183,531,081.	742,122,771.
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)						92,647,987.
6 Public support. Subtract line 5 from line 4.						649,474,784.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	123,548,394.	124,824,829.	176,452,542.	133,765,925.	183,531,081.	742,122,771.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	33,964.	30,322.	163,658.	319,717.	322,672.	870,333.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	85,306.					85,306.
11 Total support. Add lines 7 through 10						743,078,410.
12 Gross receipts from related activities, etc. (see instructions)					12	972,942.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	87.40	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	84.66	%
16a 33 1/3% support test - 2024. 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 33 1/3% support test - 2023. 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 - 2024. 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 - 2023. 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"/>			

Schedule A (Form 990) 2024

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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 (explain in detail in Part VI):		
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).		

Schedule A (Form 990) 2024

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

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	Total of lines 3a through 3e			
g	Applied to under distributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

Schedule A (Form 990) 2024

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

INSURANCE CLAIM PROCEEDS

2020 AMOUNT: \$ 85,306.

**Schedule B
(Form 990)**(Rev. December 2024)
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

Name of the organization

CHILDREN'S HUNGER FUND

Employer identification number

95-4335462

Organization type (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)

Name of organization	Employer identification number
CHILDREN'S HUNGER FUND	95-4335462

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 95,558,866.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 13,436,958.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 9,343,259.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 8,632,271.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 6,685,600.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 4,190,626.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

95-4335462

Part I

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 4,070,972.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
CHILDREN'S HUNGER FUND	95-4335462

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD, BEVERAGES, HOUSEHOLD GOODS, HYGIENE	\$ 95,558,866.	03/31/25
2	WATER AND BEVERAGES	\$ 13,436,958.	03/31/25
3	FOOD	\$ 9,343,259.	03/31/25
4	FOOD AND BEVERAGES	\$ 8,632,271.	03/31/25
5	FOOD AND BEVERAGES	\$ 6,685,600.	03/31/25
6	FOOD, CLOTHING AND HOUSEHOLD GOODS, HYGIENE	\$ 4,190,626.	03/31/25

Employer identification number

95-4335462

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	CLOTHING AND HOUSEHOLD GOODS , TOYS 	\$ 4,070,972.	03/31/25
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 	\$	

Name of organization	Employer identification number
CHILDREN'S HUNGER FUND	95-4335462

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

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

(Rev. December 2024)

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

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.

Table with 3 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Form with multiple sections: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Includes sub-table: Held at the End of the Tax Year), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

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

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

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		9,782,102.		9,782,102.
b Buildings		10,240,755.	2,753,689.	7,487,066.
c Leasehold improvements				
d Equipment		2,149,938.	1,606,034.	543,904.
e Other		3,801,819.	2,036,371.	1,765,448.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				19,578,520.

Schedule D (Form 990) (Rev. 12-2024)

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, 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. (Col. (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) BENEFICIAL INTEREST IN TRUSTS	61,217.
(2) OPERATING LEASES	1,967,911.
(3) DEPOSITS	41,086.
(4) FINANCING LEASE	148,257.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	2,218,471.

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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) OPERATING LEASE OBLIGATION	2,003,856.
(3) FINANCING LEASE OBLIGATION	155,322.
(4) PAYABLE TO RELATED PARTY	12,881.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,172,059.

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 D (Form 990) (Rev. 12-2024)

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	183,744,523.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-52,862.
b	Donated services and use of facilities	2b	5,412.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-47,450.
3	Subtract line 2e from line 1	3	183,791,973.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,758.
b	Other (Describe in Part XIII.)	4b	6,826.
c	Add lines 4a and 4b	4c	14,584.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	183,806,557.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	182,240,700.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	5,412.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	5,412.
3	Subtract line 2e from line 1	3	182,235,288.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,758.
b	Other (Describe in Part XIII.)	4b	6,826.
c	Add lines 4a and 4b	4c	14,584.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	182,249,872.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES NETTED AGAINST REVENUE 6,826.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES NETTED AGAINST REVENUE 6,826.

SCHEDULE F
(Form 990)

(Rev. December 2024)
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

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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		1,745,610.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		921,353.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		157,391.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		226,860.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		552,338.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		245,720.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		791,964.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		123,500.
3 a Subtotal	0	0			4,764,736.
b Total from continuation sheets to Part I	0	0			902,678.
c Totals (add lines 3a and 3b)	0	0			5,667,414.

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

Schedule F (Form 990) (Rev. 12-2024)

Part I

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		806,295.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	SHIPPING	43,619.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	SHIPPING	15,230.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	SHIPPING	13,839.
SOUTH AMERICA	0	0	PROGRAM SERVICES	SHIPPING	23,695.
Totals					902,678.

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)
		CENTRAL AMERICA AND THE CARIBBEAN	RELIEF	177,500.	WIRE TRANSFER	120,703.	HOUSEHOLD GOODS, FOOD PAKS, AND TOYS	WHOLESALE FMV
		CENTRAL AMERICA AND THE CARIBBEAN	RELIEF	31,600.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	RELIEF	12,900.	WIRE TRANSFER	518,428.	DRINKS, FOOD PAKS, HOUSEHOLD GOODS, MIXED FOOD, HEALTH	WHOLESALE FMV
		CENTRAL AMERICA AND THE CARIBBEAN	RELIEF	150,476.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	RELIEF	89,900.	WIRE TRANSFER	62,400.		
		CENTRAL AMERICA AND THE CARIBBEAN	RELIEF	74,760.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	RELIEF	125,280.	WIRE TRANSFER	104,410.	SNACKS, FOOD PAKS, AND TOYS	WHOLESALE FMV
		CENTRAL AMERICA AND THE CARIBBEAN	RELIEF	7,500.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 46

3 Enter total number of other organizations or entities 0

Schedule F (Form 990) (Rev. 12-2024)

SEE PART V FOR COLUMN (H) DESCRIPTIONS

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	RELIEF	3,000.	WIRE TRANSFER	108,370.	SNACKS, FOOD PAKS, AND TOYS	WHOLESALE FMV
		CENTRAL AMERICA AND THE CARIBBEAN	RELIEF	9,500.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	RELIEF	3,000.	WIRE TRANSFER	145,883.	FOOD PAKS, MIXED FOOD, AND TOYS	WHOLESALE FMV
		EAST ASIA AND THE PACIFIC	RELIEF	153,480.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RELIEF	210,266.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RELIEF	129,320.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RELIEF	120,180.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RELIEF	12,500.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RELIEF	10,304.	WIRE TRANSFER	285,304.	FOOD PAKS, MIXED FOOD, AND TOYS	WHOLESALE FMV

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RELIEF	10,665.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RELIEF	17,809.	WIRE TRANSFER	128,917.	BOOKS, CLEANING PRODUCTS, FOOD PAKS, MIXED FOOD, TOYS, CLOTHES,	WHOLESALE FMV
		MIDDLE EAST AND NORTH AFRICA	RELIEF	140,800.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	RELIEF	86,060.	WIRE TRANSFER	0.		
		NORTH AMERICA	RELIEF	67,118.	WIRE TRANSFER	0.		
		NORTH AMERICA	RELIEF	52,200.	WIRE TRANSFER	0.		
		NORTH AMERICA	RELIEF	0.		427,212.	SNACKS, MIXED FOOD, DAIRY PRODUCTS, FOOD PAKS, CLOTHES,	WHOLESALE FMV
		NORTH AMERICA	RELIEF	0.		5,808.	FOOD	WHOLESALE FMV
		RUSSIA AND NEIGHBORING STATES	RELIEF	50,000.	WIRE TRANSFER	12,221.	FURNITURE, HOUSEHOLD GOODS	WHOLESALE FMV

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEIGHBORING STATES	RELIEF	30,450.	WIRE TRANSFER	33,449.	CLOTHES	WHOLESALE FMV
		RUSSIA AND NEIGHBORING STATES	RELIEF	54,800.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	RELIEF	48,800.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	RELIEF	16,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	RELIEF	70,815.	WIRE TRANSFER	479,049.	FOOD PAKS	WHOLESALE FMV
		SOUTH AMERICA	RELIEF	66,700.	WIRE TRANSFER	0.		
		SOUTH AMERICA	RELIEF	64,800.	WIRE TRANSFER	0.		
		SOUTH AMERICA	RELIEF	52,200.	WIRE TRANSFER	0.		
		SOUTH AMERICA	RELIEF	58,400.	WIRE TRANSFER	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	RELIEF	123,500.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RELIEF	71,600.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RELIEF	195,489.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RELIEF	95,060.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RELIEF	51,440.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RELIEF	79,300.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RELIEF	76,506.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RELIEF	63,300.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RELIEF	83,000.	WIRE TRANSFER	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	RELIEF	46,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RELIEF	40,000.	WIRE TRANSFER	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)

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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) (Rev. 12-2024)

Part V

Supplemental Information

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

PART I, LINE 2:
ONSITE VISITS NORMALLY OCCUR 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.

PART I, LINE 3:
THE ORGANIZATION TRACKED EXPENDITURES IN ACCORDANCE WITH ACCRUAL BASIS OF
ACCOUNTING USING PROJECT REPORTS.

PART II, COLUMN (H):
REGION: CENTRAL AMERICA AND THE CARIBBEAN
(H) DESCRIPTION OF NON-CASH ASSISTANCE: DRINKS, FOOD PAKS, HOUSEHOLD
GOODS, MIXED FOOD, HEALTH ITEMS, AND TOYS

REGION: EUROPE (INCLUDING ICELAND AND GREENLAND)
(H) DESCRIPTION OF NON-CASH ASSISTANCE: BOOKS, CLEANING PRODUCTS, FOOD
PAKS, MIXED FOOD, TOYS, CLOTHES, AND HOUSEHOLD GOODS

REGION: NORTH AMERICA
(H) DESCRIPTION OF NON-CASH ASSISTANCE: SNACKS, MIXED FOOD, DAIRY
PRODUCTS, FOOD PAKS, CLOTHES, AND MACARONI

SCHEDULE G
(Form 990)

(Rev. December 2024)
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

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 nongovernment grants
f Solicitation of government grants
g Special fundraising events
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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 a Total row at the bottom.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT (event type)	PRESIDENT'S RETREAT (event type)	NONE (total number)	
Revenue	1 Gross receipts	1,157,171.	803,847.		1,961,018.
	2 Less: Contributions	1,157,171.	803,847.		1,961,018.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	131,795.	74,632.		206,427.
	7 Food and beverages	72,032.	100,019.		172,051.
	8 Entertainment	56,500.	35,000.		91,500.
	9 Other direct expenses	7,137.	20,313.		27,450.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				497,428.
11 Net income summary. Subtract line 10 from line 3, column (d)				-497,428.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

Name _____

Address _____

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

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

c If "Yes," enter the 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.

Part IV	Supplemental Information <i>(continued)</i>
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**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CHILDREN'S HUNGER FUND

Employer identification number

95-4335462

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ILLINOIS PARTNERS IN HOPE 1315 S SCHOOLHOUSE RD UNIT 8 NEW LENOX, IL 60451	45-4837546	501(C)(3)	0.	23,222,760.	WHOLESALE FMV	FOOD	RELIEF
TEMPLO CALVARIO 2501 W 5TH ST SANTA ANA, CA 92703	95-3672630	501(C)(3)	0.	22,268,080.	WHOLESALE FMV	FOOD	RELIEF
LOVE COMMUNITY OUTREACH 1920 W CHESTNUT AVE SANTA ANA, CA 92703	95-4575842	501(C)(3)	0.	18,045,088.	WHOLESALE FMV	FOOD	RELIEF
CHRISTIAN APPALACHIAN PROJECT 6550 US 321 SOUTH HAGERHILL, KY 41222	61-0661137	501(C)(3)	0.	17,367,434.	WHOLESALE FMV	FOOD	RELIEF
HELPING HANDS SOCIETY OF LOS ANGELES - 2360 E 51ST ST - VERNON, CA 90058	85-3086233	501(C)(3)	0.	14,156,533.	WHOLESALE FMV	FOOD	RELIEF
CONASUPO 9225 GEENLEAF AV LOS ANGELES, CA 90670	92-0464700	501(C)(3)	0.	8,296,550.	WHOLESALE FMV	FOOD	RELIEF

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 304.

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.

Schedule I (Form 990) (Rev. 12-2024)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDWEST FOOD BANK 2031 WAREHOUSE RD NORMAL, IL 61761	41-2120170	501(C)(3)	0.	7,966,593.	WHOLESALE FMV	FOOD	RELIEF
VALLEY BAPTIST MISSIONS EDUCATION CENTER - 1600 E BUSINESS HIGHWAY 83 - MISSION, TX 78572	75-6044885	501(C)(3)	0.	7,230,711.	WHOLESALE FMV	FOOD	RELIEF
ONE MORE CHILD PO BOX 8190 LAKELAND, FL 33802	45-3175893	501(C)(3)	0.	5,692,553.	WHOLESALE FMV	FOOD	RELIEF
THE KALEO FOUNDATION 301 E HILL ST OKLAHOMA CITY, OK 73105	47-4978469	501(C)(3)	0.	4,613,491.	WHOLESALE FMV	FOOD	RELIEF
TEMPLO CRISTIANO AGAPE 2355 W PIONEER DR IRVING, TX 75061	75-2737893	501(C)(3)	0.	4,510,458.	WHOLESALE FMV	FOOD	RELIEF
MIDWEST FOOD BANK 2031 WAREHOUSE RD NORMAL, IL 61761	41-2120170	501(C)(3)	0.	2,500,239.	WHOLESALE FMV	FOOD	RELIEF
DAILY BREAD MINISTRIES 3559 BELGIUM LN SAN ANTONIO, TX 78219	74-2863470	501(C)(3)	0.	2,461,202.	WHOLESALE FMV	FOOD	RELIEF
PALLETS OF LOVE 2170 12 ST. IDAHO FALLS, ID 83404	82-0374687	501(C)(3)	0.	1,673,852.	WHOLESALE FMV	FOOD	RELIEF
180 DISASTER RELIEF 17307 EAST PINE ST. TULSA, OK 74037	73-1427376	501(C)(3)	0.	1,311,581.	WHOLESALE FMV	FOOD	RELIEF

Schedule I (Form 990)

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

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BROWNSVILLE COMMUNITY CENTER 3545 E 14TH ST STE H BROWNSVILLE, TX 78521	83-2758743	501(C)(3)	0.	1,083,085.	WHOLESALE FMV	FOOD	RELIEF
NEW VISION COMMUNITY CHURCH 7220 CP&L RD. LAREDO, TX 78041	04-3745810	501(C)(3)	0.	1,042,314.	WHOLESALE FMV	FOOD	RELIEF
S.O.S. INTERNATIONAL 3200 DALWORTH ST ARLINGTON, TX 76011	87-0657642	501(C)(3)	0.	852,897.	WHOLESALE FMV	FOOD	RELIEF
SEMBRADORES CHURCH 324 SESPE AVE FILLMORE, CA 93015	81-5284964	501(C)(3)	0.	830,629.	WHOLESALE FMV	FOOD	RELIEF
JESUS CHRIST REVEALED MINISTRIES 521 S HIGH ST UVALDE, TX 78801	81-1152386	501(C)(3)	0.	755,624.	WHOLESALE FMV	FOOD	RELIEF
FOUNTAIN OF HOPE, INC 1400 VETERAN MEMORIAL HWY MABLETON, GA 30126	95-4630328	501(C)(3)	0.	701,888.	WHOLESALE FMV	FOOD	RELIEF
A CHILD'S HOPE INTERNATIONAL (CHI) 2430 E KEMPER RD CINCINNATI, OH 45241	83-2758743	501(C)(3)	0.	539,692.	WHOLESALE FMV	FOOD	RELIEF
LAREDO STEPPING STONE PO BOX 450749 LAREDO, TX 78045	74-2952983	501(C)(3)	0.	471,081.	WHOLESALE FMV	FOOD	RELIEF
PAZ MINISTRIES 352 FILLMORE ST FILLMORE, CA 93015	82-0927194	501(C)(3)	0.	470,695.	WHOLESALE FMV	FOOD	RELIEF

Schedule I (Form 990)

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

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CHURCH OF GLAD TIDINGS PO BOX 1630 YUBA CITY, CA 95992	94-2326543	501(C)(3)	0.	420,885.	WHOLESALE FMV	FOOD	RELIEF
CORNERSTONE BAPTIST CHURCH PO BOX 152551 DALLAS, TX 75315	75-1882212	501(C)(3)	0.	405,626.	WHOLESALE FMV	FOOD	RELIEF
UNION RESCUE MISSION 545 S SAN PEDRO ST LOS ANGELES, CA 90013	95-1709293	501(C)(3)	0.	265,736.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA EL NUEVO NACIMIENTO INC. 1231 WEST BLVD APT 105 LOS ANGELES, CA 90019	26-0072438	501(C)(3)	0.	265,539.	WHOLESALE FMV	FOOD	RELIEF
NORTH VALLEY CARING SERVICES 15453 RAYEN ST NORTH HILLS, CA 91343	95-4444561	501(C)(3)	0.	259,267.	WHOLESALE FMV	FOOD	RELIEF
CASA DE DIOS CENTRO DE AVIVAMIENTO 3402 AYERS ST CORPUS CHRISTI, TX 78415	33-1044549	501(C)(3)	0.	246,613.	WHOLESALE FMV	FOOD	RELIEF
RANCHO DOS COUNTRIES 217 CHAPMAN RD DEL RIO, TX 78840	20-5997734	501(C)(3)	0.	237,445.	WHOLESALE FMV	FOOD	RELIEF
CHILDREN'S HUNGER FUND LEGACY FOUNDATION - 13931 BALBOA BLVD. - RANCHO CASCADES, CA 91342	91-1851417	501(C)(3)	211,937.	0.			RELIEF
BUCKNER CHILDREN AND FAMILY SERVICES - 5405 SHOE DR - MESQUITE, TX 75149	75-2571395	501(C)(3)	0.	161,269.	WHOLESALE FMV	FOOD	RELIEF

Schedule I (Form 990)

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IGLESIA NUEVA VIDA 38450 27TH ST. E PALMDALE, CA 93550	93-2554689	501(C)(3)	0.	160,089.	WHOLESALE FMV	FOOD	RELIEF
THE CHURCH ON THE WAY 14300 SHERMAN WAY VAN NUYS, CA 91405	95-2818293	501(C)(3)	0.	151,676.	WHOLESALE FMV	FOOD	RELIEF
CHRISTIAN COMMUNITY ACTION 200 S MILL ST LEWISVILLE, TX 75057	23-7319371	501(C)(3)	0.	149,389.	WHOLESALE FMV	FOOD	RELIEF
STAY FOCUSED MINISTRIES PO BOX 5814 BAKERSFIELD, CA 93388	77-0527535	501(C)(3)	0.	124,620.	WHOLESALE FMV	FOOD	RELIEF
VOICE OF TRUTH CHRISTIAN CHURCH 446 GILBERT LN SAN ANTONIO, TX 78213	37-1537473	501(C)(3)	0.	112,583.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA CRISTIANA AGAPE 2901 LAYTON AVE HALTOM CITY, TX 76117	75-2646030	501(C)(3)	0.	93,874.	WHOLESALE FMV	FOOD	RELIEF
TRINITY HARVEST, INC. 9845 E PALMDALE BLVD PALMDALE, CA 93591	30-0997331	501(C)(3)	0.	92,992.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA CRISTIANA EL CAMINO 8118 TEZEL RD SAN ANTONIO, TX 78250	56-2542458	501(C)(3)	0.	88,520.	WHOLESALE FMV	FOOD	RELIEF
MOSAIC CHURCH SAN ANTONIO 10311 COUGAR HUNT SAN ANTONIO, TX 78251	47-5596373	501(C)(3)	0.	87,178.	WHOLESALE FMV	FOOD	RELIEF

Schedule I (Form 990)

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

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IGLESIA HOREB 984 YALE ST. LOS ANGELES, CA 90012	26-3577817	501(C)(3)	0.	85,020.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA BAUTISTA VEN A EL 1323 SAN CASIMIRO SAN ANTONIO, TX 78214	74-2869831	501(C)(3)	0.	82,410.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA DE DIOS ESPERANZA DE VIDA 10720 BRAES BEND DR HOUSTON, TX 77071	46-2918813	501(C)(3)	0.	67,797.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA AGUA VIVA 2738 MACARTHUR VW SAN ANTONIO, TX 78217	74-1464209	501(C)(3)	0.	63,808.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA TEMPLO BAUTISTA 402 LOMA PARK DR SAN ANTONIO, TX 78228	74-2586461	501(C)(3)	0.	62,676.	WHOLESALE FMV	FOOD	RELIEF
SALVATION ARMY 521 W ELMIRA ST SAN ANTONIO, TX 78212	95-1684062	501(C)(3)	0.	62,041.	WHOLESALE FMV	FOOD	RELIEF
GLEANINGS FOR THE HUNGRY 43029 ROAD 104 DINUBA, CA 93618	77-0170546	501(C)(3)	0.	60,386.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA BAUTISTA LA RESURRECCION 1400 S EASTERN AVE COMMERCE, CA 90040	47-0871675	501(C)(3)	0.	60,148.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA BAUTISTA SUR ZARZAMORA 9339 S ZARZAMORA ST SAN ANTONIO, TX 78224		501(C)(3)	0.	59,276.	WHOLESALE FMV	FOOD	RELIEF

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HOLY ONE CHURCH 379 E PETALUMA BLVD SAN ANTONIO, TX 78221	45-4673237	501(C)(3)	0.	58,744.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA EL CAMINO DOWNEY PO BOX 1173 DOWNEY, CA 90240	74-1507717	501(C)(3)	0.	57,126.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA JESUCRISTO ES MI REFUGIO 6108 S FLORES ST SAN ANTONIO, TX 78214	26-1224635	501(C)(3)	0.	55,501.	WHOLESALE FMV	FOOD	RELIEF
YOUNG LIFE, NORTH CENTRAL TEXAS 11300 N CENTRAL EXPY DALLAS, TX 75243-6717	84-0385934	501(C)(3)	0.	55,128.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA BAUTISTA EL SHADDAI 703 E ASHLEY RD SAN ANTONIO, TX 78221	47-5520346	501(C)(3)	0.	53,047.	WHOLESALE FMV	FOOD	RELIEF
NEW HARVEST ASSEMBLY OF GOD 8435 TIMBER GLEN ST SAN ANTONIO, TX 78250	46-4118960	501(C)(3)	0.	49,593.	WHOLESALE FMV	FOOD	RELIEF
CENTRO DE ORACION Y RESTAURACION PO BOX 1920 THREE RIVERS, TX 78071	35-2628823	501(C)(3)	0.	45,928.	WHOLESALE FMV	FOOD	RELIEF
FUENTE DE VIDA CHURCH 2483 W SOUTHCROSS BLVD SAN ANTONIO, TX 78211	27-2877461	501(C)(3)	0.	45,839.	WHOLESALE FMV	FOOD	RELIEF
CATHEDRAL OF FAITH 1349 STONEWALL ST SAN ANTONIO, TX 78211	74-2545236	501(C)(3)	0.	43,983.	WHOLESALE FMV	FOOD	RELIEF

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IGLESIA DE JESUCRISTO CAPERNAUM 555 PCH 104 LONG BEACH, CA 90806	95-4499225	501(C)(3)	0.	43,767.	WHOLESALE FMV	FOOD	RELIEF
THE MOUNT BIBLE CHURCH 20553 SHERMAN WAY WINNETKA, CA 91306	47-3621583	501(C)(3)	0.	43,212.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA CRISTIANA MONTE DE SION 1221 W. 130TH ST. GARDENA, CA 90247	27-2520756	501(C)(3)	0.	42,463.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA DE DIOS RIOS DE AGUA VIVA 4739 RITTIMAN RD SAN ANTONIO, TX 78218	14-1908430	501(C)(3)	0.	40,592.	WHOLESALE FMV	FOOD	RELIEF
NEIGHBORS NOURISHING NEIGHBORS PO BOX 441 PROSPER, TX 75078	46-1062609	501(C)(3)	0.	38,439.	WHOLESALE FMV	FOOD	RELIEF
OPERATION CHRISTMAS CHILD 801 BAMBOO RD BOONE, NC 28607	58-1437002	501(C)(3)	0.	37,535.	WHOLESALE FMV	FOOD	RELIEF
LOUISIANA BAPTIST CHILDREN'S HOME 7200 DESIARD ST MONROE, LA 71203	72-6000696	501(C)(3)	0.	37,529.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA CRISTIANA DIOS ES AMOR 9511 HARRELL ST PICO RIVERA, CA 90660	95-4039697	501(C)(3)	0.	36,411.	WHOLESALE FMV	FOOD	RELIEF
PALM HEIGHTS CHURCH OF GOD 235 LINARES ST SAN ANTONIO, TX 78225	74-2295160	501(C)(3)	0.	34,819.	WHOLESALE FMV	FOOD	RELIEF

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKESHORE BAPTIST CHURCH 308 LAKESHORE DR MONROE, LA 71203-4947	72-0567729	501(C)(3)	0.	34,211.	WHOLESALE FMV	FOOD	RELIEF
VALLEY BAPTIST CHURCH 4800 FRUITVALE AVE BAKERSFIELD, CA 93308	77-0105090	501(C)(3)	0.	33,685.	WHOLESALE FMV	FOOD	RELIEF
COMFORTER CHRISTIAN CENTER 1202 SMALL ST GRAND PRAIRIE, TX 75050	82-2819364	501(C)(3)	0.	33,216.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA NUEVA VIDA SAN ANTONIO 214 N GUILFORD DR SAN ANTONIO, TX 78217	47-4851793	501(C)(3)	0.	32,780.	WHOLESALE FMV	FOOD	RELIEF
LAST CHANCE MINISTRIES 404 BRADY BLVD SAN ANTONIO, TX 78207	27-5170958	501(C)(3)	0.	32,595.	WHOLESALE FMV	FOOD	RELIEF
REDEMPITIVE GRACE MINISTRIES 2240 FM 725 NEW BRAUNFELS, TX 78130	81-4462252	501(C)(3)	0.	32,404.	WHOLESALE FMV	FOOD	RELIEF
CHURCH LYFE 605 S GREENVILLE AVE ALLEN, TX 75002	25-3969946	501(C)(3)	0.	32,303.	WHOLESALE FMV	FOOD	RELIEF
FUENTE VIVA CHURCH 4431 CULEBRA RD SAN ANTONIO, TX 78228	45-4300097	501(C)(3)	0.	31,772.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA CRISTIANA EL SEMBRADOR P. O BOX 1690 FONTANA, CA 92334	80-0371267	501(C)(3)	0.	30,544.	WHOLESALE FMV	FOOD	RELIEF

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHESDA CHURCH OF GOD 527 MENEFEE BLVD SAN ANTONIO, TX 78207	42-1580012	501(C)(3)	0.	30,510.	WHOLESALE FMV	FOOD	RELIEF
WESTLAWN UNITED METHODIST CHURCH 122 S SAN MANUEL ST SAN ANTONIO, TX 78237	74-2769878	501(C)(3)	0.	29,789.	WHOLESALE FMV	FOOD	RELIEF
LAWNDALE FOURSQUARE CHURCH "LA GLORIA DE DIOS" - 4560 W 154TH ST - LAWNDALE, CA 90260	95-3804345	501(C)(3)	0.	28,167.	WHOLESALE FMV	FOOD	RELIEF
PRIMERA IGLESIA BAUTISTA SAN MARCOS - 501 S GUADALUPE ST - SAN MARCOS, TX 78666	74-2859735	501(C)(3)	0.	27,097.	WHOLESALE FMV	FOOD	RELIEF
COUNTRYSIDE BIBLE CHURCH 250 COUNTRYSIDE CT SOUTHLAKE, TX 76092	75-1652328	501(C)(3)	0.	26,811.	WHOLESALE FMV	FOOD	RELIEF
TRI-AREA BAPTIST ASSOCIATION 1100 WEST MANANA BOULEVARD CLOVIS, NM 88101	85-3454130	501(C)(3)	0.	25,995.	WHOLESALE FMV	FOOD	RELIEF
MADE THROUGH FIRE MINISTRIES 2355 DELGADO ST SAN ANTONIO, TX 78228	26-1982130	501(C)(3)	0.	25,863.	WHOLESALE FMV	FOOD	RELIEF
(COMPASSION 360) SUMMER GROVE BAPTIST CHURCH - 8924 JEWELLA AVE - SHREVEPORT, LA 71118	47-5556528	501(C)(3)	0.	13,894.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA PODER DE DIOS 18825 SATICOY ST RESEDA, CA 91335	95-4420685	501(C)(3)	0.	24,066.	WHOLESALE FMV	FOOD	RELIEF

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRO CRISTIANO DE RESTAURACION FAMILIAR - 713 N SCHUERBACH RD - MISSION, TX 78572	30-0697054	501(C)(3)	0.	23,797.	WHOLESALE FMV	FOOD	RELIEF
BETHEL COVENANT ASSEMBLY OF GOD 10802 W LOOP 1604 N SAN ANTONIO, TX 78254	45-4851340	501(C)(3)	0.	23,703.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA CRISTIANA DE LAS AMERICAS 24317 NEWHALL AVE SANTA CLARITA, CA 91321	27-3986222	501(C)(3)	0.	23,339.	WHOLESALE FMV	FOOD	RELIEF
FIRE SCENE REHAB 1245 BOLING BROOK ST SAN ANTONIO, TX 78245	14-1925868	501(C)(3)	0.	23,187.	WHOLESALE FMV	FOOD	RELIEF
FIELDER CHURCH 1323 W PIONEER PKWY ARLINGTON, TX 76013-6248	74-2952983	501(C)(3)	0.	23,181.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA BAUTISTA EL BUEN PASTOR 11137 HERRICK AVE PACOIMA, CA 91331	26-2269061	501(C)(3)	0.	22,257.	WHOLESALE FMV	FOOD	RELIEF
TABERNACULO BIBLICO BAUTISTA AMIGOS DE ISRAEL HOLLYWOOD - 470 N ST ANDREWS PL - LOS ANGELES, CA 90004	27-3498131	501(C)(3)	0.	22,125.	WHOLESALE FMV	FOOD	RELIEF
EMANUEL COMMUNITY CHURCH 2908 MISSION RD SAN ANTONIO, TX 78214	74-2845930	501(C)(3)	0.	22,107.	WHOLESALE FMV	FOOD	RELIEF
COMUNIDAD CRISTIANA HIGH DESERT CHURCH - 13600 PAWNEE RD - APPLE VALLEY, CA 92308	85-3038417	501(C)(3)	0.	20,863.	WHOLESALE FMV	FOOD	RELIEF

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BECAUSE WE BELIEVE MINISTRIES 3243 MARINE AVE. UNIT 1 GARDENA, CA 90249	84-5082636	501(C)(3)	0.	20,384.	WHOLESALE FMV	FOOD	RELIEF
SYLMAR FOURSQUARE CHURCH 13390 BEAVER ST. SYLMAR, CA 91342	81-3373130	501(C)(3)	0.	19,935.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA EVANGELICA BAUTISTA INC 8480 CALIFORNIA AVE SOUTH GATE, CA 90280	95-4039927	501(C)(3)	0.	19,917.	WHOLESALE FMV	FOOD	RELIEF
TABERNACULO BIBLICO BAUTISTA AMIGOS DE ISRAEL HOLLYWOOD - 470 N ST ANDREWS PL - LOS ANGELES, CA 90004	27-3498131	501(C)(3)	0.	32,911.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA FAMILIAR NUEVA VIDA 1520 PEARL ST SANTA MONICA, CA 90405	90-0453373	501(C)(3)	0.	19,744.	WHOLESALE FMV	FOOD	RELIEF
LA IGLESIA EN EL CAMINO VAN NUYS 14300 SHERMAN WAY VAN NUYS, CA 91405	90-0918579	501(C)(3)	0.	19,602.	WHOLESALE FMV	FOOD	RELIEF
MISION CRISTIANA FE Y COMPASION INC. - 9292 BEACHY AVE - ARLETA, CA 91331	46-2043260	501(C)(3)	0.	19,442.	WHOLESALE FMV	FOOD	RELIEF
CENTRO CRISTIANO AGAPE 320 W 130TH ST LOS ANGELES, CA 90061	32-0165378	501(C)(3)	0.	19,403.	WHOLESALE FMV	FOOD	RELIEF
CENTRO FAMILIAR NUEVA ESPERANZA 4680 ALAMO ST SIMI VALLEY, CA 93063	25-1915952	501(C)(3)	0.	18,967.	WHOLESALE FMV	FOOD	RELIEF

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IGLESIA DE DIOS DE RESEDA 18236 STRATHERN ST RESEDA, CA 91335	26-4051609	501(C)(3)	0.	18,835.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA DE DIOS LA CASA DEL MEJOR AMIGO - 5615 CAHUENGA BLVD - NORTH HOLLYWOOD, CA 91601	20-3861219	501(C)(3)	0.	18,796.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA REY SOBERANO 8515 RESEDA BLVD NORTHRIDGE, CA 91324	83-1269517	501(C)(3)	0.	18,658.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA CONFRATERNIDAD CRISTIANA 777 E ALOSTA AVE AZUSA, CA 91702	95-4680130	501(C)(3)	0.	18,606.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA DE DIOS MANANTIAL DE VIDA LANCASTER - 654 E AVENUE G - LANCASTER, CA 93535	84-1702695	501(C)(3)	0.	18,290.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA CASA DE FE 13820 STUDEBAKER RD NORWALK, CA 90650	95-1534943	501(C)(3)	0.	18,182.	WHOLESALE FMV	FOOD	RELIEF
MINISTERIOS CASA DE DIOS VALLE DEL ANTELOPE - 2728 E PALMDALE BLVD - PALMDALE, CA 93550	81-5018335	501(C)(3)	0.	18,070.	WHOLESALE FMV	FOOD	RELIEF
BELL BAPTIST CHURCH 4900 CLARA ST. CUDAHY, CA 90200	95-1921154	501(C)(3)	0.	17,864.	WHOLESALE FMV	FOOD	RELIEF
GLOBAL CITIZEN USA 7600 ROOSEVELT RD STE 51 FOREST PARK, IL 60130-2279	83-0910034	501(C)(3)	0.	17,809.	WHOLESALE FMV	FOOD	RELIEF

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PROPOSITO LA 2231 E AVENUE Q PALMDALE, CA 93550	84-3554614	501(C)(3)	0.	17,380.	WHOLESALE FMV	FOOD	RELIEF
LA IGLESIA EN EL CAMINO LOS ANGELES - 2416 E 11TH ST - LONG BEACH, CA 90804	90-0546767	501(C)(3)	0.	17,222.	WHOLESALE FMV	FOOD	RELIEF
TEXAS DIAPER BANK 1803 GRANDSTAND DR. SAN ANTONIO, TX 78238-4702	74-2886380	501(C)(3)	0.	17,178.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA CRISTIANA ALTAR DE DIOS 18933 KNAPP ST. NORTHRIDGE, CA 91324	94-1347058	501(C)(3)	0.	17,116.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA CAPILLA DE LA BIBLIA 846 N. ORANGE AVE. LA PUENTE, CA 91744	47-3069007	501(C)(3)	0.	17,022.	WHOLESALE FMV	FOOD	RELIEF
EL ENCINO COVENANT CHURCH 11045 ADOREE ST. NORWALK, CA 90605	43-1966383	501(C)(3)	0.	16,980.	WHOLESALE FMV	FOOD	RELIEF
SHALOM ADONAI EN GARDENA 1025 GARDENA AVE. GARDENA, CA 90247	45-4860088	501(C)(3)	0.	16,945.	WHOLESALE FMV	FOOD	RELIEF
WILLOWBROOK IGLESIA HISPANA 12726 S. MONA ST. COMPTON, CA 90222	95-1684062	501(C)(3)	0.	16,907.	WHOLESALE FMV	FOOD	RELIEF
COMUNIDAD CRISTIANA CAMPAMENTO DE DIOS - 2808 W TEMPLE ST - LOS ANGELES, CA 90026	75-2995139	501(C)(3)	0.	16,836.	WHOLESALE FMV	FOOD	RELIEF

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COMUNIDAD CRISTIANA IPE 5260 LINCOLN AVE LOS ANGELES, CA 90042	32-0515038	501(C)(3)	0.	16,831.	WHOLESALE FMV	FOOD	RELIEF
THE VALLEY VINEYARD CHRISTIAN FELLOWSHIP - 6642 RESEDA BLVD - RESEDA, CA 91335	95-3419526	501(C)(3)	0.	16,754.	WHOLESALE FMV	FOOD	RELIEF
GREATER NEW ANTIOCH BAPTIST CHURCH 301 SHERROUSE AVE MONROE, LA 71203	85-1490850	501(C)(3)	0.	16,662.	WHOLESALE FMV	FOOD	RELIEF
MINISTERIOS PALABRA VERDAD Y VIDA 9140 HASKELL AVE NORTH HILLS, CA 91343	61-1851443	501(C)(3)	0.	16,530.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA PENTECOSTAL ESMIRNA 544 N FIGUEROA STREET HIGHLAND PARK, CA 90042	26-0062173	501(C)(3)	0.	16,420.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA CIUDAD DE AVIVAMIENTO 14717 SPINNING AVE GARDENA, CA 90249	47-2170161	501(C)(3)	0.	16,232.	WHOLESALE FMV	FOOD	RELIEF
CHAPEL OF THE CROSS 10000 SEPULVEDA BLVD MISSION HILLS, CA 91345	95-6005751	501(C)(3)	0.	16,071.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA BAUTISTA FE Y ESPERANZA 17003 GLEDHILL ST NORTHRIDGE, CA 91325		501(C)(3)	0.	16,015.	WHOLESALE FMV	FOOD	RELIEF
MINISTERIO PENTECOSTES LA NUEVA JERUSALEN - 3107 E. AVE. R-5 - PALMDALE, CA 93550	82-4772186	501(C)(3)	0.	15,981.	WHOLESALE FMV	FOOD	RELIEF

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TARZANA/RESEDA HISPANIC FOURSQUARE CHURCH - 39253 CHANTILLY LN - PALMDALE, CA 93551	26-0073966	501(C)(3)	0.	15,701.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA DE RESTAURACION LA SENDA ANTIGUA - 127 W NORBERRY ST - LANCASTER, CA 93534	48-0699199	501(C)(3)	0.	15,109.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA CASA DE ORACION SYLMAR 1998 TERRABELLA ST. APT. 101 SYLMAR, CA 91342	87-1084303	501(C)(3)	0.	15,018.	WHOLESALE FMV	FOOD	RELIEF
WEST DALLAS COMMUNITY CHURCH 2215 CANADA DR BLDG A DALLAS, TX 75212	75-1844573	501(C)(3)	0.	15,003.	WHOLESALE FMV	FOOD	RELIEF
FOREST MEADOW BAPTIST CHURCH 9150 CHURCH RD DALLAS, TX 75231	75-1381536	501(C)(3)	0.	14,946.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA BAUTISTA JESUCRISTO ES EL CAMINO - 1966 7TH ST. - SAN FERNANDO, CA 91340	75-3189831	501(C)(3)	0.	14,908.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA DE DIOS CAMINO DE SANTIDAD LOS ANGELES - P.O BOX 82372 - LOS ANGELES, CA 90044	95-4231542	501(C)(3)	0.	14,818.	WHOLESALE FMV	FOOD	RELIEF
MONTE SION CENTER 4405 EAST OLYMPIC BOULEVARD LOS ANGELES, CA 90023	95-4603541	501(C)(3)	0.	14,615.	WHOLESALE FMV	FOOD	RELIEF
EMMANUEL COVENANT CHURCH NORTHRIDGE - 17645 SATICOY ST - NORTHRIDGE, CA 91325	95-1776099	501(C)(3)	0.	14,447.	WHOLESALE FMV	FOOD	RELIEF

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TABERNACULO BIBLICO BAUTISTA AMIGOS DE ISRAEL VSF - 7400 VAN NUYS BLVD STE 201 - VAN NUYS, CA 91405	45-4568218	501(C)(3)	0.	13,589.	WHOLESALE FMV	FOOD	RELIEF
PRIMERA IGLESIA BAUTISTA HISPANA 6502 SEVILLE AVE HUNTINGTON PARK, CA 90255	95-3958053	501(C)(3)	0.	14,014.	WHOLESALE FMV	FOOD	RELIEF
BASTROP FIRST ASSEMBLY OF GOD PO BOX 846 BASTROP, TX 78602-0846	74-2402239	501(C)(3)	0.	13,976.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA CRISTIANA BETEL ASAMBLEAS DE DIOS - 17813 LANARK ST - RESEDA, CA 91335	77-0594512	501(C)(3)	0.	13,874.	WHOLESALE FMV	FOOD	RELIEF
CENTRO CRISTIANO ELOHIM 7811 ALBERTO RD EDINBURG, TX 78542	81-3175324	501(C)(3)	0.	13,859.	WHOLESALE FMV	FOOD	RELIEF
ABUNDANT HOPE CHRISTIAN CENTER 10335 PARAMOUNT BLVD DOWNEY, CA 90241	95-6083242	501(C)(3)	0.	13,808.	WHOLESALE FMV	FOOD	RELIEF
FRISCO BIBLE CHURCH 8000 SANCTUARY DR FRISCO, TX 75033	75-2543496	501(C)(3)	0.	13,794.	WHOLESALE FMV	FOOD	RELIEF
ALAMO COMMUNITY CHURCH 5354 TALLEY RD SAN ANTONIO, TX 78253	27-2170408	501(C)(3)	0.	13,622.	WHOLESALE FMV	FOOD	RELIEF
NEW HOPE CHURCH 137 HAZEL ST SAN ANTONIO, TX 78207	85-3631561	501(C)(3)	0.	13,531.	WHOLESALE FMV	FOOD	RELIEF

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IGLESIA EL GIGANTE ES JESUCRISTO 31938 EMERALD LN. CASTAIC, CA 91384	83-1296535	501(C)(3)	0.	13,398.	WHOLESALE FMV	FOOD	RELIEF
MOVIMIENTO PENTECOSTES RIOS DE AGUA VIVA - 11242 FERINA ST. - NORWALK, CA 90650	95-4554328	501(C)(3)	0.	13,241.	WHOLESALE FMV	FOOD	RELIEF
LA TRINIDAD CHURCH PALMDALE 38110 ASPENCADE CT. PALMDALE, CA 93552	95-3165061	501(C)(3)	0.	13,169.	WHOLESALE FMV	FOOD	RELIEF
THE WAY MINISTRIES 1980 HORAL ST APT 311 SAN ANTONIO, TX 78227	93-3419227	501(C)(3)	0.	12,984.	WHOLESALE FMV	FOOD	RELIEF
MINISTERIOS MANANTIAL DE AMOR SFV 7590 VENTURA CANYON AVE VAN NUYS, CA 91402	47-1821174	501(C)(3)	0.	12,913.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA DE CRISTO EL ROI 25440 VIA GRACIOSO SANTA CLARITA, CA 91355	45-4070551	501(C)(3)	0.	12,811.	WHOLESALE FMV	FOOD	RELIEF
TREEVALLEY CHURCH 1066 N. MACLAY AVE. SAN FERNANDO, CA 91340	81-3021197	501(C)(3)	0.	12,770.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA CRISTIANA TIERRA PROMETIDA INC. - 2718 FRONTIER DR - SAN ANTONIO, TX 78227	47-4727662	501(C)(3)	0.	12,439.	WHOLESALE FMV	FOOD	RELIEF
GREATER REALNESS CATHEDRAL 3831 OLD STERLINGTON RD MONROE, LA 71203-3024	72-1360986	501(C)(3)	0.	12,427.	WHOLESALE FMV	FOOD	RELIEF

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MISION EBENEZER DE LAS ASAMBLEAS DE DIOS - 1207 VAN PELT AVE - LOS ANGELES, CA 90063	26-0062181	501(C)(3)	0.	12,065.	WHOLESALE FMV	FOOD	RELIEF
JERUSALEM BAPTIST CHURCH 990 BRITTON RD CALHOUN, LA 71225	90-0316970	501(C)(3)	0.	11,700.	WHOLESALE FMV	FOOD	RELIEF
THE WELL CHURCH 1307 SYCAMORE ST MONROE, LA 71202-5032	83-3868829	501(C)(3)	0.	11,268.	WHOLESALE FMV	FOOD	RELIEF
TABERNACULO BIBLICO BAUTISTA, CALIFORNIA USA - 8126 STATE ST - SOUTH GATE, CA 90280	45-2444019	501(C)(3)	0.	11,247.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA PRESBITERIANA EL SINAI 35461 87TH STREET LITTLE ROCK, CA 93543	27-1159095	501(C)(3)	0.	11,210.	WHOLESALE FMV	FOOD	RELIEF
SHEKINA GLORY CHURCH 614 CHALMERS AVE SAN ANTONIO, TX 78214	46-2581993	501(C)(3)	0.	11,149.	WHOLESALE FMV	FOOD	RELIEF
PRIMERA IGLESIA CRISTIANA FILADELFIA - 3170 PYRITES ST - LOS ANGELES, CA 90032	95-4293929	501(C)(3)	0.	11,111.	WHOLESALE FMV	FOOD	RELIEF
PATHWAY SFV 9950 BALBOA BLVD. NORTHRIDGE, CA 91325	95-3258661	501(C)(3)	0.	11,109.	WHOLESALE FMV	FOOD	RELIEF
FIRST MEXICAN BAPTIST CHURCH 4151 ROYAL LN DALLAS, TX 75229	75-1046988	501(C)(3)	0.	11,019.	WHOLESALE FMV	FOOD	RELIEF

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HUDSON BAPTIST ASSOCIATION PO BOX 3324 SCHENECTADY, NY 12303	16-1291910	501(C)(3)	0.	10,977.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA BIBLICA BAUTISTA PACER 2606 LAFFERTY RD PASADENA, TX 77502-5129	30-0683437	501(C)(3)	0.	10,834.	WHOLESALE FMV	FOOD	RELIEF
MINISTERIOS BETESDA 888 W. SANTA ANA BLVD. SANTA ANA, CA 92701	02-0722005	501(C)(3)	0.	10,542.	WHOLESALE FMV	FOOD	RELIEF
FRATERNIDAD CRISTIANA DE MONTEBELLO - 809 W. BEVERLY BLVD. - MONTEBELLO, CA 90640	82-1225038	501(C)(3)	0.	10,120.	WHOLESALE FMV	FOOD	RELIEF
CORONA DE VIDA 914 SW 37TH ST SAN ANTONIO, TX 78237	74-2886682	501(C)(3)	0.	10,104.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA LUZ Y VERDAD ALFA Y OMEGA 901 AVENUE H SAN LEON, TX 77539-2100	86-2762782	501(C)(3)	0.	10,037.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA CRISTIANA DIVINO SALVADOR 4715 DON DR DALLAS, TX 75247	81-2177405	501(C)(3)	0.	9,802.	WHOLESALE FMV	FOOD	RELIEF
DIVINE SUMMIT OF WORSHIP CHURCH 3129 INTERSTATE HWY 30 MESQUITE, TX , TX 75150	75-6044885	501(C)(3)	0.	9,705.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA BAUTISTA DIOS TE AMA 5101 WELLVIEW AVE FORT WORTH, TX 76115	75-2851357	501(C)(3)	0.	9,699.	WHOLESALE FMV	FOOD	RELIEF

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TEMPLO SINAI ASAMBLEA DE DIOS 3820 CAPPS DR DALLAS, TX 75209	75-2880086	501(C)(3)	0.	9,650.	WHOLESALE FMV	FOOD	RELIEF
PRIMERA IGLESIA BAUTISTA DE ELGIN 700 E 10TH ST ELGIN, TX 78621	36-3937283	501(C)(3)	0.	9,540.	WHOLESALE FMV	FOOD	RELIEF
FAITH COMMUNITY CHURCH 24620 MEADOWRIDGE DR SANTA CLARITA, CA 91321	95-3955508	501(C)(3)	0.	9,383.	WHOLESALE FMV	FOOD	RELIEF
CORNERSTONE CHRISTIAN MINISTRIES 7633 KINGSMILL TER FORT WORTH, TX 76112	02-0795198	501(C)(3)	0.	9,370.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA BAUTISTA NUEVA VIDA (DALLAS) - 2626 GUS THOMASSON RD - DALLAS, TX 75228	75-1764934	501(C)(3)	0.	9,352.	WHOLESALE FMV	FOOD	RELIEF
PUERTAS ABIERTAS 2846 WILTON AVE DALLAS, TX 75211	47-3186709	501(C)(3)	0.	9,321.	WHOLESALE FMV	FOOD	RELIEF
FARRIS ASSEMBLY OF GOD 3419 ALLSTAR BLVD ATOKA, OK 74525	44-0577787	501(C)(3)	0.	9,292.	WHOLESALE FMV	FOOD	RELIEF
ALL FOR GOD CHRISTIAN CENTER 2206 S JUPITER RD GARLAND, TX 75041	47-1570133	501(C)(3)	0.	9,261.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA FE, ESPERANZA Y AMOR 114 S JUSTIN AVE DALLAS, TX 75211	27-5108930	501(C)(3)	0.	9,136.	WHOLESALE FMV	FOOD	RELIEF

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IGLESIA NUEVA VIDA/NEW LIFE ASSEMBLY - 135 W WINTERGREEN RD - DESOTO, TX 75115	75-2667236	501(C)(3)	0.	9,125.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA AMOR FE Y ESPERANZA 202 E IRVING BLVD IRVING, TX 75060	47-1202645	501(C)(3)	0.	9,092.	WHOLESALE FMV	FOOD	RELIEF
TRINITY RESOURCE MINISTRY 15222 KING RD STE 303 FRISCO, TX 75036	04-3789537	501(C)(3)	0.	9,079.	WHOLESALE FMV	FOOD	RELIEF
AVENUE CHURCH 910 MANOR DR SAN ANTONIO, TX 78228	92-0771165	501(C)(3)	0.	9,069.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA GENESIS UN NUEVO COMIENZO 3221 HOWELL STREET ARLINGTON, TX 76010	47-2847841	501(C)(3)	0.	9,050.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA BAUTISTA FE 2813 SAPPINGTON PLACE FORT WORTH, TX 76116	93-1387646	501(C)(3)	0.	9,048.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA RECONCILIACION 2435 HEBRON PARKWAY CARROLLTON, TX 75010	75-0912756	501(C)(3)	0.	9,048.	WHOLESALE FMV	FOOD	RELIEF
THE ROCK CHURCH AND WORLD OUTREACH CENTER - 2345 S WATERMAN AVE - SAN BERNARDINO, CA 92408	95-3824225	501(C)(3)	0.	8,939.	WHOLESALE FMV	FOOD	RELIEF
VISION INTERNACIONAL BETHEL 1017 E OLEANDER ST FORT WORTH, TX 76104	73-6109354	501(C)(3)	0.	8,740.	WHOLESALE FMV	FOOD	RELIEF

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IGLESIA EVANGELICA BAUTISTA LUZ Y VERDAD - 9919 SUNLAND BLVD - SUNLAND, CA 91040	56-2411195	501(C)(3)	0.	8,723.	WHOLESALE FMV	FOOD	RELIEF
TEMPLO CRISTIANO DE LIBERACION 5414 S COCKRELL HILL RD DALLAS, TX 75236	46-3727277	501(C)(3)	0.	8,696.	WHOLESALE FMV	FOOD	RELIEF
CALVARY BAPTIST CHURCH/CAMINO AL CIELO - 913 N NURSERY RD - IRVING, TX 75061	80-0295512	501(C)(3)	0.	8,578.	WHOLESALE FMV	FOOD	RELIEF
CENTRO DE RESTAURACION ESPERANZA Y ADORACION - 837 PINOAK DR - GRAND PRAIRIE, TX 75052	75-2952156	501(C)(3)	0.	8,564.	WHOLESALE FMV	FOOD	RELIEF
LEGACY BIBLE CHURCH 4818 FM 691 DENISON, TX 75020	75-2874919	501(C)(3)	0.	8,517.	WHOLESALE FMV	FOOD	RELIEF
NORTH DALLAS FAMILY CHURCH 1700 S JOSEY LN CARROLLTON, TX 75006	20-0375303	501(C)(3)	0.	8,506.	WHOLESALE FMV	FOOD	RELIEF
UNITED OUTREACH CHURCH 456 WALLER AVE BOSSIER CITY, LA 71112-2748	46-3972480	501(C)(3)	0.	8,314.	WHOLESALE FMV	FOOD	RELIEF
AGAPE ALL NATIONS CHURCH 1501 N COUNTRY CLUB RD GARLAND, TX 75040	33-1081478	501(C)(3)	0.	8,299.	WHOLESALE FMV	FOOD	RELIEF
TEMPLO BETEL ASAMBLEA DE DIOS 404 BAILEY AVE DUMAS, TX 79029	45-5007655	501(C)(3)	0.	8,272.	WHOLESALE FMV	FOOD	RELIEF

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IGLESIA CASA DE ORACION Y CAMINO DE SANTIDAD - 2718 KIMSEY DR - DALLAS, TX 75235	46-5332185	501(C)(3)	0.	8,241.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA IMPACTO DE AMOR INC 2300 N RANCHO AVE COLTON, CA 92324	82-2089139	501(C)(3)	0.	8,140.	WHOLESALE FMV	FOOD	RELIEF
TEMPLO EVANGELICO LA VID VERDADERA 2507 INGERSOLL ST DALLAS, TX 75212	81-1352203	501(C)(3)	0.	8,080.	WHOLESALE FMV	FOOD	RELIEF
COMUNIDAD MISIONERA NATANAEL ASSEMBLY OF GOD - 4019 N SHERWOOD FOREST DR - BATON ROUGE, LA 70814-5145	26-0317668	501(C)(3)	0.	8,005.	WHOLESALE FMV	FOOD	RELIEF
SOUTH EULESS BAPTIST CHURCH 1000 SIMMONS DR EULESS, TX 76040	75-2085033	501(C)(3)	0.	7,998.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA BAUTISTA EBEN-EZER (DENTON) - 1731 STUART RD - DENTON, TX 76209	75-2925545	501(C)(3)	0.	7,977.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA DE DIOS CAMINO DE SANTIDAD HIGHLAND PARK - PO BOX 4131 - COVINA, CA 91722	74-2863470	501(C)(3)	0.	7,967.	WHOLESALE FMV	FOOD	RELIEF
CENTRO FAMILIAR CRISTIANO BETESDA 3729 WILLIAMS BLVD STE 6 KENNER, LA 70065-3071	74-2863470	501(C)(3)	0.	7,920.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA BAUTISTA LA ROCA DE VIDA 301 N. O ST. LOMPOC, CA 93436	47-2343696	501(C)(3)	0.	7,920.	WHOLESALE FMV	FOOD	RELIEF

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IGLESIA CRISTIANA LA ROCA ETERNA 4300 LONYO ST DETROIT, MI 48210-2189	82-1960253	501(C)(3)	0.	7,920.	WHOLESALE FMV	FOOD	RELIEF
UN NUEVO AMANECER PO BOX 63474 PIPE CREEK, TX 78063	61-1610450	501(C)(3)	0.	7,920.	WHOLESALE FMV	FOOD	RELIEF
STARLIGHT BETHEL MBC 3163 CEDAR CREST BLVD DALLAS, TX 75203	30-1166203	501(C)(3)	0.	7,731.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA JESUCRISTO ROCA MIA 801 S SHERMAN ST RICHARDSON, TX 75081		501(C)(3)	0.	7,721.	WHOLESALE FMV	FOOD	RELIEF
VICTORY OUTREACH SAN ANTONIO WEST PO BOX 37038 SAN ANTONIO, TX 78237	46-0843702	501(C)(3)	0.	7,719.	WHOLESALE FMV	FOOD	RELIEF
THE LIVING STONE BAPTIST CHURCH 133 NICKLAUS NOOK LANCASTER, TX 75146	31-1576442	501(C)(3)	0.	7,705.	WHOLESALE FMV	FOOD	RELIEF
FIRST LATIN ASSEMBLY OF GOD PO BOX 363 SEGUIN, TX 78156	45-2703333	501(C)(3)	0.	7,693.	WHOLESALE FMV	FOOD	RELIEF
UNBOUND CHURCH 711 S KELLY AVE EDMOND, OK 73003	27-1216672	501(C)(3)	0.	7,548.	WHOLESALE FMV	FOOD	RELIEF
GENESIS LIFE FELLOWSHIP CHURCH 201 S DALLAS AVE LANCASTER, TX 75146	84-1654216	501(C)(3)	0.	7,470.	WHOLESALE FMV	FOOD	RELIEF

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IGLESIA RESTAURACION Y LUZ 330 NW 2ND ST GRAND PRAIRIE, TX 75050	45-4323386	501(C)(3)	0.	7,361.	WHOLESALE FMV	FOOD	RELIEF
CHURCH AT THE CREEK PO BOX 1589 PLANO, TX 75025	75-2335554	501(C)(3)	0.	7,312.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA DE DIOS PENTECOSTAL MI VIVIENDO POR FE - 2301 SW 41ST ST - OKLAHOMA CITY, OK 73119	85-2139075	501(C)(3)	0.	7,312.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA BAUTISTA HOREB 309 N VERMILLION AVE BROWNSVILLE, TX 78521	32-0007852	501(C)(3)	0.	7,260.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA BAUTISTA JERICO 3000 CENTRAL BLVD STE 1 BROWNSVILLE, TX 78520	82-4143845	501(C)(3)	0.	7,260.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA BAUTISTA WEST BROWNSVILLE 925 W SAINT CHARLES ST BROWNSVILLE, TX 78520	74-2948084	501(C)(3)	0.	7,260.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA CASA DE ADORACION 214 E PRICE RD BROWNSVILLE, TX 78521	27-0956723	501(C)(3)	0.	7,260.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA CRISTIANA MISERICORDIA 4519 E DEL MAR BLVD LAREDO, TX 78041	74-2733709	501(C)(3)	0.	7,260.	WHOLESALE FMV	FOOD	RELIEF
LOMA ALTA BAPTIST CHURCH 620 E LYON ST LAREDO, TX 78040-2641	45-4091636	501(C)(3)	0.	7,260.	WHOLESALE FMV	FOOD	RELIEF

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THE BODY OF JESUS CHRIST CHURCH 512 N WATERFORD OAKS DR CEDAR HILL, TX 75104	81-2420549	501(C)(3)	0.	7,235.	WHOLESALE FMV	FOOD	RELIEF
MINISTERIO EVANGELISMO Y MISIONES 4720 LYNNACRE DR DALLAS, TX 75211	82-2068980	501(C)(3)	0.	7,172.	WHOLESALE FMV	FOOD	RELIEF
LIVING WATER CHURCH 260 MILL ST POUGHKEEPSIE, NY 12601	74-2886682	501(C)(3)	0.	7,029.	WHOLESALE FMV	FOOD	RELIEF
CROSSROADS UNITED METHODIST CHURCH 10030 SCARSDALE BLVD HOUSTON, TX 77089	47-4314557	501(C)(3)	0.	6,797.	WHOLESALE FMV	FOOD	RELIEF
NORTH GATE COMMUNITY CHURCH 30010 DATE PLAN DR. CATHEDRAL CITY, CA 92234	95-1642379	501(C)(3)	0.	6,662.	WHOLESALE FMV	FOOD	RELIEF
FIRST BAPTIST CHURCH (BLANCHARD) 201 N ATTAWAY AVE SHREVEPORT, LA 71107-1815	82-4161696	501(C)(3)	0.	6,547.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA NUEVA GENERACION A/D 417 PANTHER WAY SEGUIN, TX 78155-2874	13-4148824	501(C)(3)	0.	6,434.	WHOLESALE FMV	FOOD	RELIEF
DAVENPORT CHURCH OF CHRIST PO BOX 583 DAVENPORT, OK 74026	20-8173645	501(C)(3)	0.	6,402.	WHOLESALE FMV	FOOD	RELIEF
SHEPHERD CHURCH 19700 RINALDI ST PORTER RANCH, CA 91326	95-4584021	501(C)(3)	0.	6,400.	WHOLESALE FMV	FOOD	RELIEF

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TINY PINE FOUNDATION PO BOX 1583 OROVILLE, CA 95965	84-3455731	501(C)(3)	0.	6,285.	WHOLESALE FMV	FOOD	RELIEF
FRIENDSHIP BAPTIST CHURCH (LAWTON) 1421 SW NEW YORK AVE LAETON, OK 73501-8017	85-3038417	501(C)(3)	0.	6,230.	WHOLESALE FMV	FOOD	RELIEF
PRIMERA IGLESIA BAUTISTA DE SOUTH GATE - 8691 CALIFORNIA AVE - SOUTH GATE, CA 90280	95-1684062	501(C)(3)	0.	6,224.	WHOLESALE FMV	FOOD	RELIEF
CASA DEL ALFARERO 2045 N 800 E NORTH LOGAN, UT 84341	90-0530694	501(C)(3)	0.	6,223.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA REFORMADA GRACIA LATINA 3101 WELLS BRANCH PKWY APT 827 AUSTIN, TX 78728-6624	86-3590486	501(C)(3)	0.	6,223.	WHOLESALE FMV	FOOD	RELIEF
JACOB'S WELL CHURCH 3340 LINEVILLE RD GREEN BAY, WI 54313-7237	27-0612471	501(C)(3)	0.	6,223.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA BIBLICA VIDA NUEVA 1115 S 5TH AVE. YAKIMA, WA 98908	91-2127643	501(C)(3)	0.	6,223.	WHOLESALE FMV	FOOD	RELIEF
TRINITY CHURCH BISHOP ARTS CAMPUS 1231 E PLEASANT RUN RD CEDAR HILL, TX 75104	75-1690634	501(C)(3)	0.	6,127.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA DE DIOS VIDA 3516 OATES DR MESQUITE, TX 75150	75-2900084	501(C)(3)	0.	6,070.	WHOLESALE FMV	FOOD	RELIEF

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LIVING LIGHTHOUSE CHURCH PO BOX 405 ROCKSPRINGS, TX 78880-0405	82-3299476	501(C)(3)	0.	6,009.	WHOLESALE FMV	FOOD	RELIEF
TRIUMPHAL CHRISTIAN FELLOWSHIP 200 N MONROE ST WAXAHACHIE, TX 75165	86-2440024	501(C)(3)	0.	5,980.	WHOLESALE FMV	FOOD	RELIEF
ADONAI LORD OF THE HEAVEN 938 CENTER ST RIVERSIDE, CA 92507	95-2504543	501(C)(3)	0.	5,940.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA HOGAR 2222 HIGHWAY 21 E PAIGE, TX 78659	84-4628271	501(C)(3)	0.	5,940.	WHOLESALE FMV	FOOD	RELIEF
NEW JOURNEY CHURCH 1755 E GARRISON ST EAGLE PASS, TX 78852	35-2730139	501(C)(3)	0.	5,940.	WHOLESALE FMV	FOOD	RELIEF
REVOLVE BIBLE CHURCH 27121 CALLE ARROYO STE 2200 SAN JUAN CAPISTRANO, CA 92675	81-2586177	501(C)(3)	0.	5,940.	WHOLESALE FMV	FOOD	RELIEF
SEMBRADORES CHURCH - FLORIDA 7126 NW 49TH CT. LAUDERHILL, FL 33319	81-5284964	501(C)(3)	0.	5,940.	WHOLESALE FMV	FOOD	RELIEF
SENDERO DE LA CRUZ 711 ANDRADE AVE CALEXICO, CA 92231	26-0079107	501(C)(3)	0.	5,940.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA BAUTISTA VIDA 8400 PARK VISTA BLVD FORT WORTH, TX 76137	88-3172752	501(C)(3)	0.	5,930.	WHOLESALE FMV	FOOD	RELIEF

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MISSIONARY CHURCH OF GOD IN CHRIST URBAN INITIATIVES - 7460 S WESTMORELAND RD STE 105R - DALLAS, TX 75237	82-3015580	501(C)(3)	0.	5,854.	WHOLESALE FMV	FOOD	RELIEF
FREEDOM LIFE BAPTIST CHURCH 2721 RYDER LN AUBREY, TX 76227	92-1025237	501(C)(3)	0.	5,835.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA BAUTISTA ESPERANZA 2400 E GRAUWYLER RD IRVING, TX 75061	47-4040446	501(C)(3)	0.	5,818.	WHOLESALE FMV	FOOD	RELIEF
BETHEL CHURCH RGV 502 S 17 ST DONNA, TX 78537	37-2018559	501(C)(3)	0.	5,808.	WHOLESALE FMV	FOOD	RELIEF
CENTRO DE COMUNIDAD CRISTIANA ASAMBLEA DE DIOS - 3215 S MONTEVIDEO AVE - EDINBURG, TX 78539	45-3730079	501(C)(3)	0.	5,808.	WHOLESALE FMV	FOOD	RELIEF
CHRIST THE KING MINISTRIES INTERNATIONAL INC. - 4507 SANTA ANITA LOOP - LAREDO, TX 78046	83-2121367	501(C)(3)	0.	5,808.	WHOLESALE FMV	FOOD	RELIEF
COMUNIDAD GRACIA SUBLIME 2914 STITES RD DONNA, TX 78537	46-1170696	501(C)(3)	0.	5,808.	WHOLESALE FMV	FOOD	RELIEF
FAMILY CHRISTIAN ASSEMBLY 18010 DATE PALM DR PENITAS, TX 78576	82-4161696	501(C)(3)	0.	5,808.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA BAUTISTA BETANIA 5334 LOS ARBOLES AVE BROWNSVILLE, TX 78520	85-0829605	501(C)(3)	0.	5,808.	WHOLESALE FMV	FOOD	RELIEF

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IGLESIA BAUTISTA CAPERNAUM 6480 FARM TO MARKET ROAD 1732 BROWNSVILLE, TX 78520	90-0890536	501(C)(3)	0.	5,808.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA BAUTISTA NAZARET 401 PARKWAY AVENUE RIO HONDO, TX 78583	74-2948084	501(C)(3)	0.	5,808.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA BAUTISTA SOUTHMOST 2515 INTERNATIONAL BLVD BROWNSVILLE, TX 78521	74-2522696	501(C)(3)	0.	5,808.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA COMPANERISMO CRISTIANO FE 817 W SABATINI AVE PHARR, TX 78577	61-1730505	501(C)(3)	0.	5,808.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA CRISTIANA EMMANUEL 2315 BIG VALLEY CIR EDINBURG, TX 78541	06-1645296	501(C)(3)	0.	5,808.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA CRISTIANA RESPLANDECE 1005 WITHER RD EDINBURG, TX 78541	20-8886550	501(C)(3)	0.	5,808.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA ENCUENTRO CON DIOS PENIEL 309 S 21ST AVE EDINBURG, TX 78539	81-0714276	501(C)(3)	0.	5,808.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA JEHOVA RAFA 427 FLEETWOOD DR ALAMO, TX 78516	92-3957986	501(C)(3)	0.	5,808.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA METODISTA UNIDA LA TRINIDAD - PO BOX 1477 - LAREDO, TX 78042	90-0589448	501(C)(3)	0.	5,808.	WHOLESALE FMV	FOOD	RELIEF

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IGLESIA PROPOSITO Y DESTINO 2005 N CORIA ST BROWNSVILLE, TX 78520	46-2992826	501(C)(3)	0.	5,808.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA VIVA EDINBURG 2731 AZURE ST ALAMO, TX 78516	37-1701665	501(C)(3)	0.	5,808.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA VIVA PHARR 1325 W MINNESOTA RD PHARR, TX 78577-9695	37-1701665	501(C)(3)	0.	5,808.	WHOLESALE FMV	FOOD	RELIEF
LA CAPILLA DEL SENOR 431 E EGLY AVE PHARR, TX 78577-4044	74-1985927	501(C)(3)	0.	5,808.	WHOLESALE FMV	FOOD	RELIEF
MINISTERIO CASA DE ADORACION 110 W 7TH ST LOS FRESNOS, TX 78566-3721	82-1147038	501(C)(3)	0.	5,808.	WHOLESALE FMV	FOOD	RELIEF
MINISTERIOS LA VID VERDADERA 6816 N LA HOMA RD MISSION, TX 78574-0812	37-1576071	501(C)(3)	0.	5,808.	WHOLESALE FMV	FOOD	RELIEF
PRIMERA IGLESIA BAUTISTA MEXICANA 3049 LIMA ST BROWNSVILLE, TX 78521-4700	74-1703793	501(C)(3)	0.	5,808.	WHOLESALE FMV	FOOD	RELIEF
PRIMERA IGLESIA DEL NAZARENO 819 E SAUNDERS ST LAREDO, TX 78041-5823	20-1764893	501(C)(3)	0.	5,808.	WHOLESALE FMV	FOOD	RELIEF
RESTORATION CHURCH 713 SCHUERBACH RD MISSION, TX 78572-6992	30-0697054	501(C)(3)	0.	5,808.	WHOLESALE FMV	FOOD	RELIEF

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TABERNACULO BIBLICO BAUTISTA RIO BRAVO - 925 W SAINT CHARLES ST - BROWNSVILLE, TX 78520-6403	74-2948084	501(C)(3)	0.	5,808.	WHOLESALE FMV	FOOD	RELIEF
TEMPLO CRISTO LA ROCA 5213 ASHLEY AVE EDINBURG, TX 78542-3367	30-0836692	501(C)(3)	0.	5,808.	WHOLESALE FMV	FOOD	RELIEF
TEMPLO FAMILIAR EMMANUEL 1204 S TOWER RD EDINBURG, TX 78542-3623	46-5050313	501(C)(3)	0.	5,808.	WHOLESALE FMV	FOOD	RELIEF
TEMPLO SHADDAI ASAMBLEA DE DIOS 1610 N PENNSYLVANIA ST MISSION, TX 78573-0786	47-1001801	501(C)(3)	0.	5,808.	WHOLESALE FMV	FOOD	RELIEF
THE FATHER'S HOUSE IGLESIA CRISTIANA - 916 E BUSINESS 83 - SAN JUAN, TX 78589-4628	88-3243001	501(C)(3)	0.	5,808.	WHOLESALE FMV	FOOD	RELIEF
VIDA NUEVA CHRISTIAN CHURCH PO BOX 4114 BROWNSVILLE, TX 78523-4114	45-3554308	501(C)(3)	0.	5,808.	WHOLESALE FMV	FOOD	RELIEF
AYDELOTTE BAPTIST CHURCH 10201 N HARRISON SHAWNEE, OK 74804-7510	73-1201669	501(C)(3)	0.	5,779.	WHOLESALE FMV	FOOD	RELIEF
ST. MATTHEW MISSIONARY BAPTIST CHURCH - 5500 E BERRY ST - FORT WORTH, TX 76119	82-1351662	501(C)(3)	0.	5,667.	WHOLESALE FMV	FOOD	RELIEF
VALENCIA HILLS COMMUNITY CHURCH 25583 AVENUE STANFORD VALENCIA, CA 91355	95-4821531	501(C)(3)	0.	5,661.	WHOLESALE FMV	FOOD	RELIEF

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALVARY MISSIONARY BAPTIST CHURCH 8041 NW 10TH ST OKLAHOMA CITY, OK 73127	75-3222489	501(C)(3)	0.	5,655.	WHOLESALE FMV	FOOD	RELIEF
PRIMERA IGLESIA BAUTISTA DE PARAMOUNT - 8632 ROSECRANS - PARAMOUNT, CA 90723	95-3329049	501(C)(3)	0.	5,509.	WHOLESALE FMV	FOOD	RELIEF
GRACE ASSEMBLY 8606 WILEY POST AVE LOS ANGELES, CA 90045-4217	95-3658547	501(C)(3)	0.	5,451.	WHOLESALE FMV	FOOD	RELIEF
KINGDOM LIFE CHANGING INTERNATIONAL MINISTRIES - 1108 EL CAMINO REAL APT 231 - EULESS, TX 76040	82-3158571	501(C)(3)	0.	5,446.	WHOLESALE FMV	FOOD	RELIEF
NEW LIFE COMMUNITY CHURCH (FRISCO) 25631 SMOTHERMAN RD FRISCO, TX 75033	20-8420776	501(C)(3)	0.	5,446.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA DE DIOS LOVE FIELD 2634 LANGDON AVENUE DALLAS, TX 75235	47-4834211	501(C)(3)	0.	5,367.	WHOLESALE FMV	FOOD	RELIEF
PASION IGLESIA NW 6817 BEAR CANYON DR OKLAHOMA CITY, OK 73162-6651	22-3950770	501(C)(3)	0.	5,295.	WHOLESALE FMV	FOOD	RELIEF
ELEVATE CHURCH (MOORE) 210 S BROADWAY ST MOORE, OK 73160-5214	45-2703333	501(C)(3)	0.	5,289.	WHOLESALE FMV	FOOD	RELIEF
IGLESIA EVANGELICA SOL DE JUSTICIA 6701 DARBY AVE RESEDA, CA 91335-5427	85-3086233	501(C)(3)	0.	5,128.	WHOLESALE FMV	FOOD	RELIEF

Schedule I (Form 990)

Part III

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

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

Part IV

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

PART I, LINE 2:

THE GRANT MONITORING PROCESS FOR NON-CASH GRANTS INCLUDES SITE VISITS, PHOTOS SENT BY RECIPIENTS, AND REVIEW OF SHIPPING DOCUMENTS AND RECEIPTS.

THE GRANT MONITORING PROCESS FOR THE CASH GRANT IS DONE WITH A RELATED ORGANIZATION THROUGH COMMON MANAGEMENT REPORTS.

SCHEDULE J
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

CHILDREN'S HUNGER FUND

Employer identification number

95-4335462

Part I Questions Regarding Compensation

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

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

- b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

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

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

- a Receive a severance payment or change-of-control payment?
- b Participate in or receive payment from a supplemental nonqualified retirement plan?
- c Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a The organization?
- b Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a The organization?
- b Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAVID PHILLIPS PRESIDENT	(i)	250,765.	0.	0.	12,775.	53,308.	316,848.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL RICHARDS SENIOR VICE PRESIDENT	(i)	176,001.	5,762.	0.	8,800.	38,656.	229,219.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JASON HARTUNG VICE PRESIDENT OF FINANCE (CFO)	(i)	169,508.	0.	0.	8,725.	49,925.	228,158.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BUDDY BREWER EXEC DIRECTOR, OPERATIONS	(i)	146,004.	400.	0.	7,313.	34,718.	188,435.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ROGER BAYRAMIAN CONTROLLER	(i)	139,111.	5,000.	0.	7,003.	23,082.	174,196.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) TIMOTHY HACKETT SENIOR DIRECTOR, LOS ANGELES	(i)	119,563.	0.	0.	0.	37,055.	156,618.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARIO AGUILAR EXEC DIRECTOR, MINISTRY DEVELOPMENT	(i)	121,324.	0.	0.	4,863.	27,712.	153,899.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

THE BOARD APPROVED NONFIXED PAYMENTS MADE IN THE FORM OF DISCRETIONARY BONUSES.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

CHILDREN'S HUNGER FUND

Employer identification number

95-4335462

Part I	SEE PART VI FOR COLUMN (F) CONTINUATIONS												
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing		
							Yes	No	Yes	No	Yes	No	
A	CA ENTERPRISE DEVELOPMENT AUTHORITY	33-2273601	NONE	11/05/20	4,588,500.	REFINANCE 10/9/13 LOAN, USED FOR CAPITAL EXPENDIT		X		X		X	
B													
C													
D													

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	462,537.							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	4,588,500.							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	4,588,500.							
12	Other unspent proceeds								
13	Year of substantial completion	2013							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X						
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X							
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Schedule K (Form 990) (Rev. 12-2024)

Part III Private Business Use

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

Part IV Arbitrage

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

OMB No. 1545-0047

2024

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	X		299,927.	MARKET VALUE
5 Clothing and household goods	X		43,976,374.	MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	29	1,754,152.	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				
19 Food inventory	X	1,720	67,724,839.	MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (WATER / BEVERAG)	X	540	18,701,259.	MARKET VALUE
26 Other (HYGIENE)	X	19	18,527,113.	MARKET VALUE
27 Other (SUPPLIES)	X	8	10,898,559.	MARKET VALUE
28 Other (TOYS)	X	63	3,863,229.	MARKET VALUE

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

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

Yes No

30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2024

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.

THE NUMBER OF CONTRIBUTIONS REPRESENT THE NUMBER OF CONTRIBUTIONS
RECEIVED, NOT THE NUMBER OF ITEMS DONATED.

SCHEDULE O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization	Employer identification number
CHILDREN'S HUNGER FUND	95-4335462

FORM 990, PART VI, SECTION A, LINE 1A:
THE ORGANIZATION HAS AN EXECUTIVE COMMITTEE THAT HAS THE BROAD AUTHORITY TO
ACT ON BEHALF OF THE FULL BOARD. THE EXECUTIVE COMMITTEE IS COMPRISED OF
THE CHAIRMAN, VICE CHAIRMAN, SECRETARY, TREASURER, PRESIDENT AND CHAPLAIN.

FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM AND REVIEWED IN DETAIL
BY THE CONTROLLER AND VICE PRESIDENT OF FINANCE (CFO). THE REVIEWED 990 IS
DISTRIBUTED BY PDF TO BOARD MEMBERS FOR REVIEW BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS AND OFFICERS SIGN A CONFLICT OF INTEREST ACKNOWLEDGEMENT EACH
YEAR AT A BOARD MEETING. THE SIGNED ACKNOWLEDGMENTS ARE REVIEWED BY THE
CHAIRMAN OF THE BOARD. THE CHAIRMAN OF THE BOARD'S STATEMENT IS REVIEWED BY
THE PRESIDENT. IF A CONFLICT OF INTEREST IS IDENTIFIED, THE PERSON(S) WITH
THE CONFLICT ARE REMOVED FROM ANY DISCUSSION AND BOARD ACTION ON THE
MATTER.

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

LINE 15B:
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, LIST OF STATES RECEIVING COPY OF FORM 990:
AL,AK,AZ,AR,CA,CO,CT,DE,FL,GA,HI,KS,KY,LA,MA,MD,ME,MI,MN,MO,MS,NH,NJ,NM,NY
NC,ND,OH,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

FORM 990, PART VI, SECTION C, LINE 19:
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL
STATEMENTS ARE AVAILABLE UPON REQUEST.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

Name of the organization

CHILDREN'S HUNGER FUND

Employer identification number

95-4335462

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

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

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

(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
CHILDREN'S HUNGER FUND LEGACY FOUNDATION - 91-1851417, 13931 BALBOA BLVD., RANCHO CASCADES, CA 91342	SUPPORT CHILDREN'S HUNGER FUND	CALIFORNIA	501(C)(3)	LINE 12A, I	CHILDREN'S HUNGER FUND	X	

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

Schedule R (Form 990) (Rev. 1-2025)

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHILDREN'S HUNGER FUND LEGACY FOUNDATION	B	211,937.	CASH
(2) CHILDREN'S HUNGER FUND LEGACY FOUNDATION	C	3,553,900.	CASH
(3)			
(4)			
(5)			
(6)			

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

[illegible]

Part VII Supplemental Information

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

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