

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

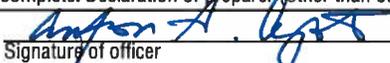
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LESEA GLOBAL FEED THE HUNGRY, INC Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 61300 IRONWOOD ROAD City or town, state or province, country, and ZIP or foreign postal code SOUTH BEND, IN 46614 F Name and address of principal officer: ANTONIO AGOSTINO SAME AS C ABOVE	D Employer identification number 32-0053249 E Telephone number 574-291-3292 G Gross receipts \$ 12,852,873. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.FEEDTHEHUNGRY.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
L Year of formation: 2003 M State of legal domicile: IN		

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: PROVIDING FOOD AND NON-FOOD ASSISTANCE TO THE POOR AND HUNGRY, EMERGENCY RELIEF TO PEOPLE		
Activities & Governance	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	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	17
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 11,569,767.	Current Year 12,758,012.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	126,032.	94,861.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,695,799.	12,852,873.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,350,919.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	598,362.	665,455.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	201,571.	354,363.
b		Total fundraising expenses (Part IX, column (D), line 25) 821,600.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,204,921.	2,228,541.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,355,773.	12,967,028.
	19	Revenue less expenses. Subtract line 18 from line 12	-1,659,974.	-114,155.
	20	Total assets (Part X, line 16)	Beginning of Current Year 2,636,742.	End of Year 2,422,414.
	21	Total liabilities (Part X, line 26)	814,649.	714,476.
22	Net assets or fund balances. Subtract line 21 from line 20	1,822,093.	1,707,938.	

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  ANTONIO AGOSTINO, CFO Type or print name and title	Date 8-18-2014			
Paid Preparer Use Only	Print/Type preparer's name DANIEL P. SKERBITZ, CPA	Preparer's signature DANIEL P. SKERBITZ,	Date 08/11/14	Check if self-employed <input type="checkbox"/>	PTIN P00254283
	Firm's name STANFIELD & O'DELL, P.C.			Firm's EIN 73-1293433	
	Firm's address 3211 S. LAKEWOOD AVE. TULSA, OK 74135-4934			Phone no. 918-628-0500	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE ORGANIZATION IS A NON-PROFIT 501(C)3 MISSION ORGANIZATION DEDICATED TO FEEDING THE HUNGRY AROUND THE WORLD AND PROVIDING EMERGENCY RELIEF TO THOSE IN NEED AS A RESULT OF FAMINE, DROUGHT, FLOOD, WAR, OR OTHER DISASTER.

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 12,023,093. including grants of \$ 9,718,669.) (Revenue \$) IN 2013 FEED THE HUNGRY'S "EVERY CHILD EVERY DAY PROGRAM" INCREASED THE NUMBER OF CHILDREN ENROLLED IN THE DAILY MEAL PROGRAM FROM 40,269 TO 62,335 CHILDREN ACROSS 20 NATIONS. A NEW FIELD OPERATION WAS OPENED IN LESOTHO WHERE 67% OF THE AGGREGATE POPULACE LIVES IN POVERTY.

"EVERY CHILD EVERY DAY" PROVIDES A NUTRITIOUS LUNCH WHICH HAS PROVEN EFFECTIVE IN INCREASING SCHOOL ENROLLMENT AND IMPROVING SCHOOL ATTENDANCE AND PERFORMANCE. OUR PROGRAM IN BURUNDI REPORTED IMPROVED ATTENDANCE RATES OF NEARLY 20% AND THE NUMBER OF STUDENTS PASSING THEIR YEAR-END EXAMS INCREASED BY 15% SINCE THE PROGRAMS INCEPTION. THE PROGRAM ALSO INTEGRATES CHRISTIAN DISCIPLESHIP AND BASIC HEALTH AND HYGIENE INSTRUCTION, INCLUDING WASH TRAINING.

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

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

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

4e Total program service expenses 12,023,093.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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>		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>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3) and 501(c)(4) 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>		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>		X
25b			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
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>		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
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>	X	
34		X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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>	X	
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>		X
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>		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	
38		X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Main table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

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

Check if Schedule O contains a response 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 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 in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?		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 in Schedule O		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?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in 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?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **IN, VA, AK, CO, HI, MD, ND, MN, MS, TN, WA, WV**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ANTONIO AGOSTINO - 574-231-5213**
61300 SOUTH IRONWOOD ROAD, SOUTH BEND, IN 46614

Part VIII Statement of Revenue

Check 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					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 12,758,012.					
	g Noncash contributions included in lines 1a-1f: \$	9,469,463.					
	h Total. Add lines 1a-1f		12,758,012.				
	Program Service Revenue	Business Code					
2 a							
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		94,861.			94,861.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			12,852,873.	0.	0.	94,861.	

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 governments and organizations in the United States. See Part IV, line 21	6,042,644.	6,042,644.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	3,676,025.	3,676,025.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	120,850.	120,850.		
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	544,605.	324,728.	39,636.	180,241.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	354,363.			354,363.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	319,275.	237,073.	82,202.	
12 Advertising and promotion	342,919.	136,726.		206,193.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	61,183.	61,183.		
17 Travel	137,013.	131,908.		5,105.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	28,977.	28,977.		
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SHIPPING	715,865.	715,847.		18.
b MISSIONS & OUTREACH	409,209.	409,209.		
c POSTAGE AND SHIPPING	123,063.	54,104.		68,959.
d BANK CHARGES & FEES	32,944.	27,625.	25.	5,294.
e All other expenses	58,093.	56,194.	472.	1,427.
25 Total functional expenses. Add lines 1 through 24e	12,967,028.	12,023,093.	122,335.	821,600.
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 checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	893,537.	308,390.	0.	585,147.

Part X Balance Sheet

Check 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	381,211.	1	284,010.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	346,096.	4	349,507.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	544,183.	8	636,490.	
	9 Prepaid expenses and deferred charges	20,129.	9	44,018.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 741,990.			
	b Less: accumulated depreciation	10b 670,337.	94,521.	10c 71,653.	
	11 Investments - publicly traded securities	452,795.	11	502,711.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	797,807.	15	534,025.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,636,742.	16	2,422,414.		
Liabilities	17 Accounts payable and accrued expenses	564,549.	17	464,376.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	250,100.	25	250,100.	
	26 Total liabilities. Add lines 17 through 25	814,649.	26	714,476.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	1,822,093.	27	1,707,938.	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	1,822,093.	33	1,707,938.		
34 Total liabilities and net assets/fund balances	2,636,742.	34	2,422,414.		

Part XI Reconciliation of Net Assets

Check 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	12,852,873.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,967,028.
3	Revenue less expenses. Subtract line 2 from line 1	3	-114,155.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,822,093.
5	Net unrealized gains (losses) on investments	5	
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,707,938.

Part XII Financial Statements and Reporting

Check 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 in 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
2b	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	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization <p align="center">LESEA GLOBAL FEED THE HUNGRY, INC</p>	Employer identification number <p align="center">32-0053249</p>
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 - 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
 - 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 - 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 - 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 - 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 - 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 - 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 - 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,343,430.	11,346,034.	13,052,808.	11,569,769.	12,758,012.	61,070,053.
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	12,343,430.	11,346,034.	13,052,808.	11,569,769.	12,758,012.	61,070,053.
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)						9,653,905.
6 Public support. Subtract line 5 from line 4.						51,416,148.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	12,343,430.	11,346,034.	13,052,808.	11,569,769.	12,758,012.	61,070,053.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	31,413.	17,763.	55,962.	75,018.	29,042.	209,198.
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 IV.)	9,074.					9,074.
11 Total support. Add lines 7 through 10						61,288,325.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	83.89 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	79.64 %
16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. 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 IV 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 - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 in 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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990**

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

LESEA GLOBAL FEED THE HUNGRY, INC

Employer identification number

32-0053249

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

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

Yes No

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? 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" to Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

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

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

- (i) unrelated organizations

	Yes	No
3a(i)		
- (ii) related organizations

	Yes	No
3a(ii)		

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

	Yes	No
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" to 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		6,670.		6,670.
b Buildings		455,066.	396,247.	58,819.
c Leasehold improvements				
d Equipment		260,359.	256,195.	4,164.
e Other		19,895.	17,895.	2,000.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				71,653.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) LT RECEIVABLE	435,811.
(2) CASH VALUE LIFE INSURANCE	98,214.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	534,025.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SPLIT INTEREST AGREEMENTS	250,100.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	250,100.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: **LESEA GLOBAL FEED THE HUNGRY, INC**
Employer identification number: **32-0053249**

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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
CENTRAL AMERICA	0	0	GRANTS		489,603.
EAST ASIA AND PACIFIC	0	0	GRANTS		1,397,276.
EUROPE	0	0	GRANTS		63,448.
SOUTH AMERICA	0	0	GRANTS		82,458.
SUB-SAHARAN AFRICA	0	0	GRANTS		1,643,240.
3 a Sub-total	0	0			3,676,025.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			3,676,025.

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA	RELIEF	8,998.	WIRE TRANSFER	0.		
		CENTRAL AMERICA	RELIEF	22,487.	WIRE TRANSFER	0.		
		CENTRAL AMERICA	RELIEF	40,494.	WIRE TRANSFER	0.		
		CENTRAL AMERICA	RELIEF	0.		275,919.	FOOD & NON-FOOD	FMV OR COST
		CENTRAL AMERICA	RELIEF	0.		141,705.	FOOD & NON-FOOD	FMV OR COST
		EAST ASIA & PACIFIC	RELIEF	2,810.	WIRE TRANSFER	0.		
		EAST ASIA & PACIFIC	RELIEF	4,600.	WIRE TRANSFER	0.		
		EAST ASIA & PACIFIC	RELIEF	12,000.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **17**

3 Enter total number of other organizations or entities **6**

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)
		EAST ASIA & PACIFIC	RELIEF	24,000.	WIRE TRANSFER	0.		
		EAST ASIA & PACIFIC	RELIEF	25,000.	WIRE TRANSFER	0.		
		EAST ASIA & PACIFIC	RELIEF	34,200.	WIRE TRANSFER	0.		
		EAST ASIA & PACIFIC	RELIEF	50,600.	WIRE TRANSFER	0.		
		EAST ASIA & PACIFIC	RELIEF	56,000.	WIRE TRANSFER	0.		
		EAST ASIA & PACIFIC	RELIEF	0.		704,275.	FOOD & NON-FOOD	FMV OR COST
		EAST ASIA & PACIFIC	RELIEF	0.		483,792.	FOOD & NON-FOOD	FMV OR COST
		EUROPE	RELIEF	3,325.	WIRE TRANSFER	0.		
		EUROPE	RELIEF	0.		60,123.	FOOD & NON-FOOD	FMV OR COST

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 AMERICA	RELIEF	0.		82,458.	FOOD & NON-FOOD	FMV OR COST
		SUB-SAHARAN AFRICA	RELIEF	600.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RELIEF	2,615.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RELIEF	4,400.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RELIEF	21,500.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RELIEF	40,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RELIEF	101,716.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RELIEF	0.		190,404.	FOOD & NON-FOOD	FMV OR COST
		SUB-SAHARAN AFRICA	RELIEF	0.		155,455.	FOOD & NON-FOOD	FMV OR COST

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	0.		69,853.	FOOD & NON-FOOD	FMV OR COST
		SUB-SAHARAN AFRICA	RELIEF	0.		154,570.	FOOD & NON-FOOD	FMV OR COST
		SUB-SAHARAN AFRICA	RELIEF	0.		177,322.	FOOD & NON-FOOD	FMV OR COST
		SUB-SAHARAN AFRICA	RELIEF	0.		73,725.	FOOD & NON-FOOD	FMV OR COST
		SUB-SAHARAN AFRICA	RELIEF	0.		74,425.	FOOD & NON-FOOD	FMV OR COST
		SUB-SAHARAN AFRICA	RELIEF	0.		82,220.	FOOD & NON-FOOD	FMV OR COST
		SUB-SAHARAN AFRICA	RELIEF	0.		308,309.	FOOD & NON-FOOD	FMV OR COST
		SUB-SAHARAN AFRICA	RELIEF	0.		186,125.	FOOD & NON-FOOD	FMV OR COST

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2013

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.

SCHEDULE F, PART 1, LINE 1

EXPLANATION: LESEA GLOBAL FEED THE HUNGRY (LGFTH) MONITORS THE USE OF CASH AND NON-CASH GRANTS USED OUTSIDE OF THE UNITED STATES VIA MANDATORY QUARTERLY REPORTS SUBMITTED BY EACH GRANTEE AS WELL AS THROUGH SITE VISITS AND INSPECTIONS PERFORMED BY LGFTH PERSONNEL.

IN ORDER TO RECEIVE FOOD OR NON-FOOD RELIEF AN APPLICATION FORM MUST BE SUBMITTED BY THE REQUESTING ORGANIZATION. LGFTH MAINTAINS RECORDS OF ALL DISBURSEMENTS (WIRE TRANSFERS, CASH DISBURSEMENTS, SHIPMENTS OF GOODS) AND OUR BOOKS ARE AUDITED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT, BUT THE ORGANIZATION DOES NOT MAINTAIN WRITTEN RECORD OF GRANTEE'S ELIGIBILITY STATUS OR OF THEIR SELECTION CRITERIA.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity operated in:

13a		%
13b		%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: **DUNHAM & COMPANY**

(I) ADDRESS OF FUNDRAISER: **2400 DALLAS PARKWAY, STE 400, PLANO, TX 75093**

(I) NAME OF FUNDRAISER: **DOUG SHAW & ASSOCIATES**

(I) ADDRESS OF FUNDRAISER: **1717 PARK STREET STE #300, NAPERVILLE, IL 60563**

PART 1, LINE 3: STATE REGISTRATIONS

Part IV Supplemental Information *(continued)*

EXPLANATION: THE ORGANIZATION UTILIZES A PROFESSIONAL FUNDRAISER AND
THUS IS REQUIRED TO SUBMIT CHARITABLE REGISTRATIONS IN STATES WHERE
SOLICITATIONS ARE MADE. THE ORGANIZATION HAS DONORS IN VIRTUALLY ALL
STATES IN THE US. AS A RESULT, THE ORGANIZATION MAINTAINS CURRENT
REGISTRATIONS WITH ALL STATES THAT REQUIRE IT, AND SOME STATES DO ALLOW
EXEMPTIONS FOR RELIGIOUS ORGANIZATIONS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

LESEA GLOBAL FEED THE HUNGRY, INC

Employer identification number

32-0053249

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARMS FULL OF HELP 5138 SUNSET #17 LOS ANGELES, CA 90027	71-0593529	501C3	0.	542,327.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
HANDS OF HOPE 2104 OAK LEAF CT. JOLIET, IL 60436	26-0643414	501C3	0.	534,928.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
BAY AREA DREAM CENTER 7285 TULIPWOOD CIR PLEASANTON, CA 94588	94-3335309	501C3	0.	428,860.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
CHURCH COMMUNITY SERVICES 907 OAKLAND AVE ELKHART, IN 46516	35-1155054	501C3	0.	371,753.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
MERCY & SHARING 201 N. MILL ST., #201 ASPEN, CO 81611	84-1323007	501C3	0.	369,594.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
FOOD FOR THE POOR 6401 LYONS ROAD COCONUT CREEK, FL 33073	59-2174510	501C3	0.	280,000.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **53.**

3 Enter total number of other organizations listed in the line 1 table ▶ **4.**

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

Schedule I (Form 990) (2013)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METRO MINISTRIES 17 MENAHAN ST. BROOKLYN, NY 11221	11-3382193	501C3	0.	253,907.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
TULSA DREAM CENTER 200 WEST 46TH ST NORTH TULSA, OK 74126	73-1610216	501C3	0.	222,202.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
FEED THE CHILDREN 333 N MERIDIAN AVE OKLAHOMA CITY, OK 73107	73-6108657	501C3	0.	211,709.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
UNION GOSPEL MISSION 1331 EAST LANCASTER AVENUE FORT WORTH, TX 76102	75-6003612	501C3	0.	207,900.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
LA DREAM CENTER 2301 BELLEVUE AVE LOS ANGELES, CA 90026	95-1803686	501C3	0.	200,700.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
PALM BEACH HARVEST FOOD BANK PO BOX 540508 LAKE WORTH, FL 33454	65-0867851	501C3	0.	179,531.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
VICTORY CHRISTIAN CENTER 7700 SOUTH LEWIS AVE. TULSA, OK 74136	73-1118610	501C3	0.	156,924.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
HARVEST TIME INTERNATIONAL 225 KENNEL ROAD SANFORD, FL 32771	54-1698630	501C3	0.	153,112.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
THE LIFE CHURCH 1800 N GERMANTOWN PKWY CORDOVA, TN 38016	62-1644529	501C3	0.	150,568.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BORDERLAND FOOD BANK 180 EAST TERMINAL PRODUCE DRIVE NOGALES, AZ 85621	73-1330955	501C3	0.	136,350.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
COVENANT FELLOWSHIP CHURCH 625 S DENTON DRIVE LAKE DALLAS, TX 75065	73-1626322	501C3	0.	125,498.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
CONVOY OF HOPE 330 S PATTERSON SPRINGFIELD, MO 65802	68-0051386	501C3	0.	123,803.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
HOPE THE FOOD BANK OF NOLA 13150A 1-10 SERVICE ROAD NEW ORLEANS, LA 70128		501C3	0.	101,527.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
JOURNEY CHURCH 3801 JOURNEY PKWY NORMAN, OK 73073	73-1616487	501C3	0.	101,382.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
JUBILEE CHRISTIAN CENTER 105 NORTECH PKWY SAN JOSE, CA 95137	77-0195311	501C3	0.	100,170.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
OREGON FOOD BANK PO BOX 55370 PORTLAND, OR 97238	93-0785786	501C3	0.	99,035.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
BUFFALO DREAM CENTER PO BOX 934 BUFFALO, NY 14201	16-1450334	501C3	0.	77,735.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
BLESSINGS FROM JESUS 4730 ORANGE BLVD SANFORD, FL 32771	30-0327341	501C3	0.	73,919.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DETROIT WORLD OUTREACH 28055 WICK ROAD ROMULUS, MI 48174	38-1501142	501C3	0.	73,387.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
SHEPHERD COMMUNITY CENTER 201 S. RURAL STREET INDIANAPOLIS, IN 46201	35-1765846	501C3	0.	71,994.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
WESTSIDE MINISTRIES 952 COLUMBIA AVE TURLOCK, CA 95380		501C3	0.	65,180.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
NORTHERN ARIZONA FOOD BANK 3805 E. HUNTINGTON DR. FLAGSTAFF, AZ 86004	73-1330955	501C3	0.	64,422.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
LIVING HOPE CHRISTIAN CENTER 25 NE A ST MADRAS, OR 97741 MADRAS, OR 97741	93-0877838	501C3	0.	63,861.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
INTERNATIONAL GATEWAY COMMUNITY PANTRY - 4501 W. 38TH STREET - INDIANAPOLIS, IN 46254		501C3	0.	56,550.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
NEW HOME CHURCH 1616 CARONDELET STREET NEW ORLEANS, LA 70130		501C3	0.	50,841.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
ATLANTA BASKETBALL HOST COMMITTEE 285 ANDREW YOUNG INTERNATIONAL BLVD ATLANTA, GA 30313	91-1984510		0.	48,147.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
LAFAYETTE SQUARE MALL 3919 LAFAYETTE RD INDIANAPOLIS, IN 46254			0.	46,333.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PINE RIDGE INDIAN RESERVATION			0.	43,234.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
MT. PISGAH MISSIONARY BAPTIST CHURCH - 1599 E. SYCAMORE ST. - KOKOMO, IN 46901	35-1604437	501C3	0.	42,354.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
THE LOVE PROJECT 73 VICTORY ROAD CUMBERLAND, KY 40823	90-0775544	501C3	0.	42,278.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
SOMEBODY CARES 5005 W 34TH ST # 101A HOUSTON, TX 77092	31-1703150	501C3	0.	34,806.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
GLEANINGS FOR THE HUNGRY 43029 ROAD 104 DINUBA, CA 93618	77-0170546	501C3	0.	33,284.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
CHURCH ON THE STREET PO BOX 7863 TUCSON, AZ 85725	04-3694876	501C3	0.	10,207.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
CHRIST THE KING ASSEMBLY 2312 RIFLE RANGE ROAD MOUNT PLEASANT, SC 29466		501C3	0.	10,097.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
OPERATION FOOD SEARCH 6282 OLIVE BLVD. ST. LOUIS, MO 63130		501C3	0.	8,045.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
PORTLAND RESCUE MISSION P.O. BOX 3713 PORTLAND, OR 97208	93-0429004	501C3	0.	7,262.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEN STAND UP 1560 HARVARD AVE. COLLEGE PARK, GA 30337	45-4271911	501C3	0.	7,092.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
COLORADO FLOOD RELIEF		501C3	0.	6,403.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
MY SISTERS HOUSE 921 HOWELL MILL RD NW ATLANTA, GA 30318	58-0572430	501C3	0.	5,272.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
FEED IOWA FIRST 1622 42ND ST CEDAR RAPIDS, IA 52402	45-4058376	501C3	0.	5,272.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY

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

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

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:

EXPLANATION: ALL GRANTS CONSISTED OF FOOD AND NON-PERISHABLE ITEMS AND ARE MADE MAINLY TO ELIGIBLE TAX EXEMPT CHARITABLE ORGANIZATIONS. SELECTION IS BASED ON THE NEED OF THE ORGANIZATION AND ITS ABILITY TO USE AND/OR DISTRIBUTE FOOD AND NON-PERISHABLE ITEMS TO THE NEEDY.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization **LESEA GLOBAL FEED THE HUNGRY, INC** Employer identification number **32-0053249**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		104,414.	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	241	7,784,265.	
20 Drugs and medical supplies	X	5	603,754.	
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SEED)	X	5	708,100.	
26 Other ▶ (TOILETRIES)	X	3	123,023.	
27 Other ▶ (PAPER/SERVING)	X	4	59,454.	
28 Other ▶ (VITAMINS)	X	2	23,226.	

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

PART I, OTHER TYPES OF PROPERTY:

OTHER

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 3

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 5947.

(D) METHOD OF DETERMINING REVENUE:

SCHEDULE M, LINE 32B:

EXPLANATION: SCHEDULE M LINE 32B: LESEA GLOBAL FEED THE HUNGRY CONTRACTED WITH DOUG SHAW & ASSOCIATES, INC. AND NOW WITH DUNHAM & COMPANY TO PROVIDE CONSULTING, MARKETING, AND DIRECT MAIL SERVICES. DUNHAM & COMPANY PROVIDES CONSULTATION SERVICES FOR FUNDRAISING CAMPAIGNS TO BENEFIT THE HUNGRY AROUND THE WORLD AND THE NON-CASH AND CASH RESOURCES PROVIDE EMERGENCY RELIEF TO THOSE IN NEED AS A RESULT OF FAMINE, DROUGHT, FLOOD, WAR, AND OTHER DISASTERS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
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Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

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

AFFECTED BY FAMINE, FLOOD, WAR, OR OTHER DISASTER. IN PARTNERSHIP WITH
INDIGENOUS LOCAL CHURCHES AND COMMUNITIES OF FAITH WE PROMOTE
SPIRITUAL, EMOTIONAL AND PHYSICAL WELFARE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FEED THE HUNGRY CONTINUED TO EXPAND THE OUTREACH TO REFUGEES IN CRISIS
THAT IS QUIETLY EXPANDING IN WESTERN UGANDA. OVER TWO-HUNDRED THOUSAND
REFUGEES FROM THE DEMOCRATIC REPUBLIC OF CONGO HAVE FLED FOR SAFETY
INTO NEIGHBORING NATIONS AS MILITIAS BATTLE THE CONGOLESE GOVERNMENT.
FEED THE HUNGRY MOBILIZED RESOURCES TO ESTABLISH FIVE CRITICAL DEEDING
CENTERS WITHIN THE RWAMWANJA RESETTLEMENT CAMP. THE OFFICE OF THE PRIME
MINISTER FORGES A MEMORANDUM OF UNDERSTANDING WITH FEED THE HUNGRY EAST
AFRICA TO STREAMLINE THE PROCESS OF AID IMPORTATION SO THAT CONTINUED
NUTRITIONAL SECURITY COULD BE PROVIDED TO THE 13,000 CONGOLESE REFUGEE
CHILDREN LIVING WITHIN THE CAMP.

DURING THE FOURTH QUARTER OF 2013, FEED THE HUNGRY RESPONDED WITH
EMERGENCY AID TO ASSIST VICTIMS TRAUMATIZED BY TYPHOON HAIYAN IN THE
PHILIPPINES. FEED THE HUNGRY IMMEDIATELY PURCHASED \$25,000 OF CRITICAL
FOOD SUPPLIES IN THE REGION FOR IMMEDIATE DISTRIBUTION AND FOLLOWED UP
BY SHIPPING MORE THAN FOUR MILLION MEAL RATIONS TO CHURCH MINISTRY
PARTNERS WITHIN THE CENTRAL VISAYAS ISLANDS. TO ASSIST THE NATION AS IT
REBUILDS, FEED THE HUNGRY PLANS TO INITIATE AN EVERY CHILD EVERY DAY
PROGRAM IN THE PHILIPPINES IN 2014.

Name of the organization LESEA GLOBAL FEED THE HUNGRY, INC	Employer identification number 32-0053249
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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

DISTRIBUTION OF FOOD AND RELIEF SUPPLIES TO THOSE IN NEED DUE TO FAMINE, DROUGHT, FLOOD, WAR, OR OTHER NATURAL DISASTER. FOOD AND RELIEF SUPPLIES WERE DISTRIBUTED TO 22 COUNTRIES THROUGH THE PASTOR-TO-PASTOR AND CHURCH-TO-CHURCH PROGRAMS.

PROVIDED DAILY SUSTENANCE TO OVER 31,000 NEEDY CHILDREN THROUGH THE EVERY CHILD EVERY DAY PROGRAM IN HAITI, AFRICA, CENTRAL AMERICAN AND ASIA.

CONDUCTED RESPONSE TO EARTHQUAKE IN HAITI - PROVIDED RELIEF SUPPLIES, SHIPPING OF CONTAINERS AND COORDINATED DISTRIBUTION WITH LOCAL ORGANIZATIONS. ALSO DISTRIBUTED 5,000 CREOLE NEW TESTAMENTS.

DISTRIBUTED OVER 31,000 LBS OF FOOD THROUGH A LOCAL CHURCH IN DETROIT, MI.

PROVIDED RELIEF TO FLOOD VICTIMS IN PAKISTAN INCLUDING TENTS, MEDICAL SUPPLIES, FOOD AND WATER.

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: LINE 2 EXPLANATION - PETER A. SUMRALL/ANGELA N. GRABOWSKI - FAMILY RELATIONSHIP

DR. JOHN AVANZINI/PATRICIA AVANZINI - FAMILY RELATIONSHIP

FORM 990, PART VI, SECTION A, LINE 8B:

EXPLANATION: LINE 9 EXPLANATION - THE ORGANIZATION DOES NOT HAVE ANY SUB-COMMITTEES.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: LINE 11A EXPLANATION - EACH BOARD MEMBER WILL RECEIVE AN

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ELECTRONIC COPY OF FORM 990 FOR INDEPENDENT REVIEW. EACH BOARD MEMBER WILL THEN RESPOND TO THE CFO AND CONTROLLER WITH ANY SPECIFIC QUESTIONS OR COMMENTS SO THE ORGANIZATION HAS TIME TO FOLLOW-UP AND OBTAIN ACCURATE ANSWERS. BASED ON THE QUESTIONS, IF NECESSARY, THE ORGANIZATION WILL SCHEDULE AND HAVE A CONFERENCE CALL TO DISCUSS. OTHERWISE, THE ORGANIZATION WILL FOLLOW-UP WITH EACH MEMBER TO CONFIRM THEY HAVE REVIEWED THE FORM 990 AND HAVE NO QUESTIONS.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: COMPLIANCE IS CARRIED OUT BY ANNUAL COMMUNICATION OF THE CONFLICT OF INTEREST POLICY TO MANAGEMENT STAFF AND EMPLOYEES AND BY ADHERENCE TO SECTION 6 OF THE POLICY, DISCLOSURE AND PROCEDURE.

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

IN, VA, AK, CO, HI, MD, ND, MN, MS, TN, WA, WV, WI, NH

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

**SCHEDULE R
(Form 990)**

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. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

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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

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.

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	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) FTH LOGISTICS, INC	R	3,762.FMV	
(2)			
(3)			
(4)			
(5)			
(6)			

