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GOVERNMENT COPY

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2011, or fiscal year beginning \_\_\_\_\_, 2011, and ending \_\_\_\_\_, 20\_\_\_\_

**2011**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Name of exempt organization

Employer identification number

**LESEA GLOBAL FEED THE HUNGRY, INC**

**32-0053249**

Name and title of officer

**ANTONIO AGOSTINO  
CFO**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>13070559</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **STANFIELD & O'DELL, P.C.** to enter my PIN **53249**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**73283737377**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **SANDRA F. SIEGFRIED, CPA** Date ▶ **09/27/12**

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

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STATE COPY

LESEA GLOBAL FEED THE HUNGRY, INC  
61300 IRONWOOD ROAD  
SOUTH BEND, IN 46614

INDIANA DEPARTMENT OF REVENUE  
TAX ADMINISTRATION  
P.O. BOX 7147  
INDIANAPOLIS, INDIANA 46207-7147

FORM NP-20

**NP-20**

State Form 51062  
(R5 / 4-12)

Indiana Department of Revenue  
**Indiana Nonprofit Organization's Annual Report**

For the Calendar Year or Fiscal Year  
Beginning 01 01 2011 and Ending 12 31 2011  
MM/DD/YYYY MM/DD/YYYY

Check if:  Change of Address  
 Amended Report  
 Final Report: Indicate Date Closed \_\_\_\_\_

Due on the 15th day of the 5th month following the end of the tax year.  
**NO FEE REQUIRED.**

Name of Organization <b>LESEA GLOBAL FEED THE HUNGRY INC</b>		Telephone Number <b>574 291 3292</b>
Address <b>61300 IRONWOOD ROAD</b>	County <b>ST JOSEPH</b>	Indiana Taxpayer Identification Number
City <b>SOUTH BEND</b>	State <b>IN</b>	ZIP Code <b>46614</b>
Printed Name of Person to Contact <b>ANTONIO AGOSTINO</b>		Federal Identification Number <b>32 0053249</b>
		Contact's Telephone Number <b>574 291 3292</b>

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

**Note:** If your organization has unrelated business income of more than \$1,000 as defined under **Section 513** of the Internal Revenue Code, **you must also file Form IT-20NP.**

**Current Information**

1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.
2. Indicate number of years your organization has been in continuous existence. 9
3. Attach a schedule, listing the names, titles and addresses of your current officers. **SEE STATEMENT 1**
4. Briefly describe the purpose or mission of your organization below.

**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.**

*I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.*

Signature of Officer or Trustee _____	<b>CFO</b> Title _____	Date _____
---------------------------------------	---------------------------	------------

Name of Person(s) to Contact _____	Daytime Telephone Number _____
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**Important:** Please submit this completed form and/or extension to:  
Indiana Department of Revenue, Tax Administration  
P.O. Box 7147  
Indianapolis, IN 46207-7147  
Telephone: (317) 232-0129

**Extensions of Time to File**

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. **Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption.** Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 7147, Indianapolis, IN 46207-7147, (317) 232-0129.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.



FORM NP-20

LIST OF OFFICERS, DIRECTORS AND TRUSTEES

STATEMENT 1

## NAME AND ADDRESS

## TITLE

PETER A. SUMRALL  
61300 IRONWOOD ROAD  
SOUTH BEND, IN 46614

PRES &amp; CHAIRMAN

ANGELA N. GRABOWSKI  
61300 IRONWOOD ROAD  
SOUTH BEND, IN 46614

SECRETARY

DR. JOHN AVANZINI  
61300 IRONWOOD ROAD  
SOUTH BEND, IN 46614

DIRECTOR

PARTICIA AVANZINI  
61300 IRONWOOD ROAD  
SOUTH BEND, IN 46614

DIRECTOR

DAVID E. SUMRALL  
61300 IRONWOOD ROAD  
SOUTH BEND, IN 46614

TREASURER

DR. RODRIGO RODRIGUEZ  
61300 IRONWOOD ROAD  
SOUTH BEND, IN 46614

DIRECTOR

DR. TODD COONTZ  
61300 IRONWOOD ROAD  
SOUTH BEND, IN 46614

DIRECTOR

DAVID ELLSWORTH  
61300 IRONWOOD ROAD  
SOUTH BEND, IN 46614

FORMER CFO

STEFAN J. RADELICH  
61300 IRONWOOD ROAD  
SOUTH BEND, IN 46614

EXECUTIVE DIREC

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

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

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

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>LESEA GLOBAL FEED THE HUNGRY, INC</b>		<b>D Employer identification number</b> <b>32-0053249</b>
	Doing Business As		<b>E Telephone number</b> <b>574-291-3292</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G Gross receipts \$</b> <b>13,177,366.</b>
	<b>61300 IRONWOOD ROAD</b>		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
City or town, state or country, and ZIP + 4 <b>SOUTH BEND, IN 46614</b>		<b>H(c) Group exemption number</b> ▶	
F Name and address of principal officer: <b>ANTONIO AGOSTINO</b> <b>SAME AS C ABOVE</b>			
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> ▶ <b>WWW.FEEDTHEHUNGRY.ORG</b>			
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> <b>2003</b> <b>M State of legal domicile:</b> <b>IN</b>	

<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>PROVIDING FOOD AND NON-FOOD ASSISTANCE TO THE POOR AND HUNGRY, EMERGENCY RELIEF TO PEOPLE</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>7</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>6</b>
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	<b>14</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>11,334,534.</b>	<b>Current Year</b> <b>13,052,808.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>57,273.</b>	<b>17,751.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>	<b>0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>11,391,807.</b>	<b>13,070,559.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>7,692,236.</b>	<b>10,697,991.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>505,298.</b>	<b>516,564.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>192,060.</b>	<b>188,785.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>693,261.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,325,068.</b>	<b>1,863,234.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>9,714,662.</b>	<b>13,266,574.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>1,677,145.</b>	<b>-196,015.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>4,150,635.</b>	<b>End of Year</b> <b>3,972,496.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>511,908.</b>	<b>490,430.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>3,638,727.</b>	<b>3,482,066.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	▶ Signature of officer	Date			
	▶ <b>ANTONIO AGOSTINO, CFO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>SANDRA F. SIEGFRIED, CPA</b>	Preparer's signature <b>SANDRA F. SIEGFRIED,</b>	Date <b>09/27/12</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00037377</b>
	Firm's name ▶ <b>STANFIELD &amp; O'DELL, P.C.</b>	Firm's EIN ▶ <b>73-1293433</b>			
	Firm's address ▶ <b>3211 S. LAKEWOOD AVE.</b> <b>TULSA, OK 74135-4934</b>	Phone no. <b>918-628-0500</b>			

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 12,422,197. including grants of \$ 8,367,536. ) (Revenue \$ ) DISTRIBUTION OF FOOD AND RELIEF SUPPLIES TO THOSE IN NEED DUE TO DROUGHT, FLOOD, AND OTHER NATURAL DISASTERS, THROUGH COOPERATING CHURCHES IN THE UNITED STATE AND ABROAD. PROVIDED COMMODITIES FOR DAILY MEAL PREPARATION AND DISTRIBUTION TO MORE THAN 35,000 VULNERABLE CHILDREN IN 20 NATIONS THROUGH THE EVERY CHILD EVERY DAY INITIATIVE. CONTINUED PROVISION OF RELIEF SUPPLIES SHIPPED AND DISTRIBUTED THROUGH LOCAL ORGANIZATIONS TO EARTHQUAKE VICTIMS IN HAITI. PROVIDED MULTIPLE TRACTOR-TRAILER LOADS OF SUPPLIES TO NORTHEAST COMMUNITIES FLOODED IN THE WAKE OF HURRICANE IRENE AND TORNADO RAVAGED COMMUNITIES SURROUND ST. LOUIS, MO, TUSCALOOSA/BIRMINGHAM, AL, AND JOPLIN, MO.

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 12,422,197.



**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Main table with columns for question number, description, and Yes/No responses. Includes rows 1a-1c, 2a-2b, 3a-3b, 4a-4a, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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	
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?		X
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official		X
<b>15b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	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
<b>16b</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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **IN**
- 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
- 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 VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PETER A. SUMRALL PRES & CHAIRMAN	5.00	X		X				23,833.	0.	0.
(2) ANGELA N. GRABOWSKI SECRETARY	5.00	X		X				0.	0.	0.
(3) DR. JOHN AVANZINI DIRECTOR	1.00	X						0.	0.	0.
(4) PARTICIA AVANZINI DIRECTOR	1.00	X						0.	0.	0.
(5) DAVID E. SUMRALL TREASURER	5.00	X		X				0.	0.	0.
(6) DR. RODRIGO RODRIGUEZ DIRECTOR	1.00	X						0.	0.	0.
(7) DR. TODD COONTZ DIRECTOR	1.00	X						0.	0.	0.
(8) DAVID ELLSWORTH FORMER CFO	5.00			X				0.	0.	0.
(9) STEFAN J. RADELICH EXECUTIVE DIREC	40.00			X				58,659.	0.	39,213.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b> .....								82,492.	0.	39,213.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								82,492.	0.	39,213.

**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 **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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
<b>5</b> 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
DOUG SHAW & ASSOCIATES 490 E ROOSEVELT, WEST CHICAGO, IL 60185	NEWSLETTERS/APPEALS	404,612.
E&E INTERNATIONAL, 201 SEVILLA AVE, STE 306, CORAL GABLES, FL 33134	OVERSEAS CONTAINER SHIPPING	220,392.

**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 **2**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	13,052,808.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		9629243.				
	<b>h Total.</b> Add lines 1a-1f .....		13,052,808.				
	<b>Program Service Revenue</b>	<b>2 a</b> _____ <b>Business Code</b> _____					
		<b>b</b> _____					
<b>c</b> _____							
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		39,501.			39,501.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events .....					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions. ....			13,070,559.	0.	0.	17,751.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	8,367,536.	8,367,536.		
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	2,330,455.	2,330,455.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	82,492.	82,492.		
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	434,072.	206,303.	31,215.	196,554.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	188,785.			188,785.
f Investment management fees				
g Other	298,852.	191,995.	106,857.	
12 Advertising and promotion	319,793.	118,445.		201,348.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	52,206.	52,206.		
17 Travel	52,580.	45,349.	1,215.	6,016.
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	26,352.	26,352.		
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 <b>MISSIONS &amp; OUTREACH</b>	439,431.	439,431.		
b <b>SHIPPING</b>	404,056.	404,056.		
c <b>POSTAGE &amp; SHIPPING</b>	160,306.	65,240.		95,066.
d <b>BANK CHARGES &amp; FEES</b>	35,507.	34,236.		1,271.
e All other expenses	74,151.	58,101.	11,829.	4,221.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	13,266,574.	12,422,197.	151,116.	693,261.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	706,115.	264,254.	0.	441,861.



**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	181,051.	1	410,503.	
	<b>2</b> Savings and temporary cash investments .....		2		
	<b>3</b> Pledges and grants receivable, net .....		3		
	<b>4</b> Accounts receivable, net .....	426,409.	4	493,127.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		6		
	<b>7</b> Notes and loans receivable, net .....		7		
	<b>8</b> Inventories for sale or use .....	2,672,194.	8	2,058,154.	
	<b>9</b> Prepaid expenses and deferred charges .....	18,418.	9	8,268.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 730,326.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 612,105.	129,224.	<b>10c</b> 118,221.	
	<b>11</b> Investments - publicly traded securities .....	452,858.	11	412,080.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		12		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13		
	<b>14</b> Intangible assets .....		14		
	<b>15</b> Other assets. See Part IV, line 11 .....	270,481.	15	472,143.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	4,150,635.	16	3,972,496.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	172,392.	17	162,966.	
	<b>18</b> Grants payable .....		18		
	<b>19</b> Deferred revenue .....	42,241.	19	29,189.	
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	297,275.	25	298,275.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	511,908.	26	490,430.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	3,638,727.	27	3,482,066.	
	<b>28</b> Temporarily restricted net assets .....		28		
	<b>29</b> Permanently restricted net assets .....		29		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32		
	<b>33</b> Total net assets or fund balances .....	3,638,727.	33	3,482,066.	
<b>34</b> Total liabilities and net assets/fund balances .....	4,150,635.	34	3,972,496.		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,070,559.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,266,574.
3	Revenue less expenses. Subtract line 2 from line 1	3	-196,015.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,638,727.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	39,354.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,482,066.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2011**

Open to Public Inspection

<b>Name of the organization</b> LESEA GLOBAL FEED THE HUNGRY, INC	<b>Employer identification number</b> 32-0053249
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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 - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	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 support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	12,417,423.	11,839,250.	12,343,430.	11,346,034.	13,052,808.	60,998,945.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	12,417,423.	11,839,250.	12,343,430.	11,346,034.	13,052,808.	60,998,945.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						14,561,284.
<b>6 Public support.</b> Subtract line 5 from line 4.						46,437,661.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 .....	12,417,423.	11,839,250.	12,343,430.	11,346,034.	13,052,808.	60,998,945.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	64,907.	40,285.	31,413.	17,763.	55,962.	210,330.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	-35,273.	12,175.	9,074.			-14,024.
<b>11 Total support.</b> Add lines 7 through 10						61,195,251.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input checked="" type="checkbox"/>

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

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

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

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

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

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

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

**19a 33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2011**

Name of the organization

Employer identification number

LESEA GLOBAL FEED THE HUNGRY, INC

32-0053249

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

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

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

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

**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	CHAD AND STEPHANIE WHITMIRE 6600 CLEVELAND HWY CLERMONT, GA 30527	\$ 16,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	DR THOMAS CLUTZ 5990 RICHMOND HWY ALEXANDRIA, VA 22303	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	DR. TODD COONTZ P O BOX 6177 AIKEN, SC 29804	\$ 215,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	JOHN A MILLER 1830 SOUTH RD STE 102 WAPPINGERS FALLS, NY 12590	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	JOHN AND LINDA MINI P O BOX 292 RUSSELL, IL 60075	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	LIGHT ON THE HILL FELLOWSHIP P O BOX 137 WILLIMANTIC, CT 06226	\$ 7,275.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>LESEA GLOBAL FEED THE HUNGRY, INC</b>	Employer identification number <b>32-0053249</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LIGHTHOUSE CHRISTIAN FELLOWSHIP PO BOX 211942 ANCHORAGE, AK 99521	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	LYSLE AND RICHELLE MILLER 556 E BIJOU ST COLORADO SPRINGS, CO 80903	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	MR AND MRS KARL D MILLER 13809 SPRINGMILL RD CARMEL, IN 46032	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	RENA ARDAN 2702 BIRDSEYE LANE BOWIE, MD 20715	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	ROBERT AND GWEN MCCULLOUGH P O BOX 1700 BROKEN ARROW, OK 74013	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	SEED OF LIFE WORLD MINISTRIES PO BOX 2320 DULUTH, GA 30096	\$ 27,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization <b>LESEA GLOBAL FEED THE HUNGRY, INC</b>	Employer identification number <b>32-0053249</b>
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**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
13	VICTORY CHRISTIAN CENTER INC 7700 S LEWIS AVE TULSA, OK 74136	\$ 72,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	WORD OF LIFE CHRISTIAN CENTER 550 QUEEN ST HONOLULU, HI 96813	\$ 25,242.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	LIBERTY CHRISTIAN CENTER 1550 WEBSTER ST STE A FAIRFIELD, CA 94533	\$ 13,457.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	LIFECHURCH 1401 E CEDAR ST ALLENTOWN, PA 18109	\$ 11,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	NATIONAL COLLEGIATE ATHLETIC ASSN PO BOX 6222 INDIANAPOLIS, IN 46206	\$ 10,685.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	LAVALE CHRISTIAN CENTER 25 DORIS ST LAVALE, MD 21502	\$ 10,522.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>LESEA GLOBAL FEED THE HUNGRY, INC</b>	Employer identification number <b>32-0053249</b>
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**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
19	ANDREW WOMMACK MINISTRIES INC PO BOX 3333 COLORADO SPRINGS, CO 80934	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	LAKE CENTER BIBLE CHURCH 805 E OSTERHOUT AVE PORTAGE, MI 49002	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	SCENT OF WATER MINISTRIES 208 BURKET DR ROARING SPRING, PA 16673	\$ 9,575.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	WENDELL P BACNIS 32531 8TH AVE SW FEDERAL WAY, WA 98023	\$ 7,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	BYRON AND DIANNE WALKER 387 SPAULDING DR KENT, OH 44240	\$ 7,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	RIVER OF LIFE FELLOWSHIP 10615 SE 216TH ST KENT, WA 98031	\$ 6,960.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>LESEA GLOBAL FEED THE HUNGRY, INC</b>	Employer identification number <b>32-0053249</b>
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**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
25	DR AND MRS LOWELL SMALLIGAN 8502 MONUMENT OAK BOERNE, TX 78015	\$ 6,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	DUANE AND MYRA SMITH 13141 GOLF LAKE DR TAYLOR, MI 48180	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	CONNIE DOTSON 730 TEXAS RD COLONY, KS 66015	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	EDWARD AND LINDA ASATO 91-215 NOPU PL KAPOLEI, HI 96707	\$ 5,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	RUTH ANNE LOGAN 7271 N 1300 E IDAVILLE, IN 47950	\$ 5,605.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	RICHARD AND CHERI HEADLEY 29725 57TH PL S AUBURN, WA 98001	\$ 5,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>LESEA GLOBAL FEED THE HUNGRY, INC</b>	Employer identification number <b>32-0053249</b>
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**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
31	TERRY AND ELLEN PETERSON 2035 LA CASA LN SE OWATONNA, MN 55060	\$ 5,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	PHILIP AND KRISTINE BARKER 507 KINGMAN CIR FAIRFIELD, IA 52556	\$ 5,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	STOP HUNGER NOW INC 2501 CLARK AVE STE 301 RALEIGH, NC 27607	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	STEPHEN Q ABAKAN 2622 25TH ST SANTA MONICA, CA 90405	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	JACK PETTIGREW ROUTE 6 BOX 1185 STILWELL, OK 74960	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	WEI MING SOH BEIJING, CHINA BEIJING, CHINA	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

**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
37	JEANY JOHANES JAKARTA, INDONESIA JAKARTA, INDONESIA	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	ADVANCED GENERIC CORPORATION TOTAL PO BOX 669384 MIAMI, FL 33166	\$ 12,896.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	AIPC TOTAL 4100 NORTH MULBERRY DR #20 KANSAS CITY, MO 64116	\$ 6,122.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	ALLENS TOTAL 305 E MAIN SILOAM SPRINGS, AR 72761	\$ 48,580.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	ALTOGETHER BLESSINGS TOTAL 3095 KENSKILL AVENUE WASHINGTON COURT HOUSE, OH 43160	\$ 19,892.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	AMERICAN FOOD SERVICE TOTAL 290 SE THOMPSON DR LEE'S SUMMIT, MO 64082	\$ 293,600.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>LESEA GLOBAL FEED THE HUNGRY, INC</b>	Employer identification number <b>32-0053249</b>
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**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
43	AMERICAN LICORICE TOTAL PO BOX 826 UNION CITY, CA 94587	\$ 108,166.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	AMERICAN TRANS. & DIST. TOTAL 10320 WERCH DRIVE WOODRIDGE, IL 60517	\$ 8,599.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	ANNIES TOTAL 1610 FIFTH STREET BERKELEY, CA 94710	\$ 111,304.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	ARMOUR TOTAL 1401 E EISENHOWER MASON CITY, IA 50401	\$ 14,354.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	ARMS FULL OF HELP TOTAL 5138 SUNSET #17 LOS ANGELES, CA 90027	\$ 12,597.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	BAY VALLEY FOODS TOTAL 1555 E HWY 151 PLATTEVILLE, WI 53818	\$ 249,481.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>LESEA GLOBAL FEED THE HUNGRY, INC</b>	Employer identification number <b>32-0053249</b>
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**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
49	BECK SEED TOTAL 6767 E. 276TH ST. ATLANTA, IN 46031	\$ 600,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	BLOMMER CHOCOLATE CO TOTAL 600 W KINZIE ST CHICAGO, IL 60654	\$ 52,718.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	BLUE BONNET NUTRITION TOTAL 12915 DAIRY ASHFORD SUGAR LAND, TX 77478	\$ 5,393.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	BRYANTSVILLE HUNGER RELIEF TOTAL P O BOX 1023 BEDFORD, IN 47421	\$ 15,503.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	BUCKEYE INTERNATIONAL TOTAL 2700 WAGNER PLACE MARYLAND HEIGHTS, MO 63043	\$ 111,042.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	CENTRAL AMERICAN GROUP TOTAL 10320 WERCH DRIVE WOODRIDGE, IL 60517	\$ 15,874.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

**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
55	CERTOL TOTAL 6120 E. 58TH AVE COMMERCE CITY, CO 80022	\$ 14,563.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56	CHRISTMAS BEHIND BARS TOTAL PO BOX 474 BLUFFTON, IN 46714	\$ 42,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57	CONVOY OF HOPE TOTAL 300 S PATTERSON SPRINGFIELD, MO 65802	\$ 135,178.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58	CTL TOTAL 11697 W GRAND AVE NORTHLAKE, IL 60164	\$ 31,760.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59	CULVER MILITARY ACADEMY TOTAL 1300 ACADEMY ROAD CULVER, IN 46511	\$ 6,025.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60	DELMONTE TOTAL ONE MARITIME PLAZA SAN FRANCISCO, CA 94111	\$ 159,496.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization <b>LESEA GLOBAL FEED THE HUNGRY, INC</b>	Employer identification number <b>32-0053249</b>
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**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
61	EUROPASTRY USA TOTAL 8000 NW 31ST ST DORAL, FL 33122	\$ 33,589.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62	FINE ITALIANA FOOD TOTAL 2608 FLAGSTONE CIRCLE NAPERVILLE, IL 60564	\$ 6,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63	GLEANINGS FOR THE HUNGRY TOTAL P O BOX 1053 DINUBA, CA 93618	\$ 108,267.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64	GNC TOTAL 360 6TH AVE PITTSBURGH, PA 15222	\$ 36,581.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65	GOLD 3PL TOTAL 1740 HURD DRIVE IRVING, TX 75038	\$ 15,631.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66	GOLDEN MALTED TOTAL 4101 WILIAM RICHARDSON DRIVE SOUTH BEND, IN 46628	\$ 21,319.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>LESEA GLOBAL FEED THE HUNGRY, INC</b>	Employer identification number <b>32-0053249</b>
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**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
67	HANDS OF HOPE TOTAL 204 OAKLEAF COURT JOLIET, IL 60436	\$ 19,828.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68	HARRIS SEED TOTAL 355 PAUL ROAD ROCHESTER, NY 14624	\$ 15,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69	JACOBSON TOTAL 3811 DIXON STREET DES MOINES, IA 50313	\$ 53,676.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70	JANA KLAUER MD TOTAL 780 PARK AVE NEW YORK, NY 10021	\$ 258,892.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71	KIDS AROUND THE WORLD TOTAL 2420 CHARLES ST ROCKFORD, IL 61108	\$ 174,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72	LAGRAU TOTAL 4124 S RACINE CHICAGO, IL 60609	\$ 10,190.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

**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
73	LALA USA TOTAL 8750 N CENTRAL EXPWY DALLAS, TX 75231	\$ 356,955.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74	LETICA TOTAL 52585 DEQUINDRE ROAD ROCHESTER, MI 48308	\$ 26,760.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75	LIDESTRI FOODS TOTAL 815 W. WHITNEY ROAD FAIRPORT, NY 14450	\$ 18,834.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76	LIEB FOODS, INC TOTAL 10 E BRUNEAU AVENUE KENNEWICK, WA 99336	\$ 19,055.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
77	LIFE SOLUTIONS TOTAL 2465 ASH STREET VISTA, CA 92081	\$ 10,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
78	LLORENS TOTAL 6852 NW 77 COURT MIAMI, FL 33166	\$ 88,594.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>LESEA GLOBAL FEED THE HUNGRY, INC</b>	Employer identification number <b>32-0053249</b>
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**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
79	LORINA TOTAL 2655 S LE JEUNE RD CORAL GABLES, FL 33134	\$ 67,461.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
80	MCR AMERICAN PHARMACEUTICALS TOTAL 16255 AVIATION LOOP BROOKVILLE, FL 34604	\$ 354,715.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
81	MISSION HARVEST TOTAL 69 COPELAND STREET JACKSONVILLE, FL 32204	\$ 17,237.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
82	MUNCIE TOTAL 108 E COLUMBUS MUNCIE, IN 47305	\$ 15,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
83	NASFT TOTAL 136 MADISON AVE NEW YORK, NY 10016	\$ 622,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
84	NELSONS TOTAL 21 HIGH STREET NORTH ANDOVER, MD 01845	\$ 41,089.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>LESEA GLOBAL FEED THE HUNGRY, INC</b>	Employer identification number <b>32-0053249</b>
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	NEW YORK TOTAL 251 HEINTERSFIELD ROAD PRATTSVILLE, NY 12468	\$ 112,689.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
86	NIAGARA BEVERAGE TOTAL 2560 E PHILADELPHIA STREET ONTARIO, CA 91761	\$ 12,517.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
87	NORM FULLER (KAH) TOTAL 525 E 200 N ANGOLA, IN 46703	\$ 10,260.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
88	NUTRIBIOTIC TOTAL 865 PARALLEL DRIVE LAKEPORT, CA 95453	\$ 25,415.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
89	PEPSI TOTAL 700 ANDERSON HILL RD PURCHASE NY, NY 10577	\$ 819,865.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
90	PREGIS TOTAL 1411 PIDCO DRIVE PLYMOUTH, IN 46563	\$ 20,008.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	QUAKER OATS TOTAL P O BOX 049003 CHICAGO, IL 60604	\$ 528,333.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
92	REACH NOW INTL. TOTAL P O BOX 35133 TULSA, OK 74153	\$ 219,387.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
93	RUSSELL E WOMACK, INC. TOTAL 1300 E 42ND ST LUBBOCK, TX 79404	\$ 11,440.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
94	SCOTT SEED TOTAL 114 NEW YORK ST. HEREFORD, TX 79045	\$ 57,200.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
95	STARPORT FOODS TOTAL 535 CONCORD AVE FULLERTON, CA 92831	\$ 6,076.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
96	STOP HUNGER NOW TOTAL 615 HILLSBOROUGH ST. STE #200 RALEIGH, NC 27603	\$ 784,080.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

**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
97	SUN AMERICA TOTAL 2777 ALLEN PARKWAY SUITE 487 HOUSTON, TX 77019	\$ 38,367.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
98	TIGI LINEA TOTAL 1655 WATERS RIDGE DRIVE LEWISVILLE, TX 75057	\$ 224,846.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
99	TREE TOP TOTAL 220 E SECOND AVE SELAH, WA 98942	\$ 54,157.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
100	TRINITY CROSS STITCHERS TOTAL PO BOX 7002 LAKE WORTH, FL 33466	\$ 12,695.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
101	VITAMIN ANGEL TOTAL 915 DE LA VINA SANTA BARBARA, CA 93101	\$ 957,065.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
102	WAH KING NOODLE CO. TOTAL 2201 E 7TH ST LOS ANGELES, CA 90023	\$ 22,541.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>LESEA GLOBAL FEED THE HUNGRY, INC</b>	Employer identification number <b>32-0053249</b>
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	<u>WEEK SEED CO. TOTAL</u>  <u>1050 MOYE BLVD</u>  <u>GREENVILLE, NC 27834</u>	\$ <u>1,209,600.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



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

**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
38	MEDICATION & MEDICAL SUPPLIES	\$ 12,896.	04/11/11
39	PASTA	\$ 6,122.	05/11/11
40	CANNED GOODS - MIXED	\$ 48,580.	09/14/11
41	TORTILLA CHIPS	\$ 19,892.	01/21/11
42	FRESH FRUITS & VEGETABLE	\$ 293,600.	12/31/11
43	ASSORTED LICORICE	\$ 108,166.	06/28/11

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LESEA GLOBAL FEED THE HUNGRY, INC	32-0053249

**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
44	CANNED GOODS - MIXED	\$ 8,599.	06/27/11
45	FOOD	\$ 111,304.	12/31/11
46	PLATES & SUPPLIES	\$ 14,354.	09/06/11
47	FOOD	\$ 12,597.	04/29/11
48	FOOD	\$ 249,481.	12/31/11
49	SOYBEAN SEED	\$ 600,000.	09/12/11

Name of organization <b>LESEA GLOBAL FEED THE HUNGRY, INC</b>	Employer identification number <b>32-0053249</b>
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**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
50	ASSORTED FOOD ITEMS	\$ 52,718.	12/31/11
51	VITAMINS	\$ 5,393.	03/11/11
52	CORN	\$ 15,503.	09/26/11
53	HAND SANITIZER	\$ 111,042.	05/11/11
54	CANNED GOODS - MIXED	\$ 15,874.	12/15/11
55	MEDICAL SUPPLIES	\$ 14,563.	02/17/11

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LESEA GLOBAL FEED THE HUNGRY, INC	32-0053249

**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
56	PRETZELS	\$ 42,500.	12/31/11
57	VITAMIN WATER/FOOD	\$ 135,178.	01/27/11
58	TOTE BAGS, ETC.	\$ 31,760.	12/31/11
59	CLOTHING	\$ 6,025.	03/18/11
60	CANNED GOODS, ETC.	\$ 159,496.	06/30/11
61	VARIOUS BREAD & PASTRIES	\$ 33,589.	12/07/11

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**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
62	PASTA	\$ 6,000.	02/10/11
63	SOUP MIX, ETC.	\$ 108,267.	06/08/11
64	SUPPLEMENTS	\$ 36,581.	06/09/11
65	HAND SANITIZER	\$ 15,631.	05/10/11
66	PANCAKE MIX	\$ 21,319.	08/09/11
67	VARIOUS FOOD	\$ 19,828.	07/20/11

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LESEA GLOBAL FEED THE HUNGRY, INC	32-0053249

**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
68	CORN, GREEN BEAN SEED	\$ 15,000.	09/22/11
69	VARIOUS FOOD ITEMS	\$ 53,676.	10/28/11
70	NUTRITION SHAKE MIXES	\$ 258,892.	05/20/11
71	PLAYGROUND EQUIPMENT	\$ 174,000.	06/09/11
72	VARIOUS FOOD ITEMS	\$ 10,190.	09/28/11
73	VARIOUS FOOD ITEMS	\$ 356,955.	07/15/11

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LESEA GLOBAL FEED THE HUNGRY, INC	32-0053249

**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
74	PLACTIC WARE	\$ 26,760.	04/11/11
75	VARIOUS FOOD ITEMS	\$ 18,834.	07/05/11
76	VARIOUS FOOD/DRINK ITEMS	\$ 19,055.	01/21/11
77	LIQUID MULTI-VITAMINS	\$ 10,500.	07/06/11
78	SUPPLEMENTS	\$ 88,594.	08/05/11
79	VARIOUS FOOD/DRINK ITEMS	\$ 67,461.	03/25/11

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LESEA GLOBAL FEED THE HUNGRY, INC	32-0053249

**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
80	COUGH/COLD MEDS	\$ 354,715.	09/02/11
81	BOTTLED WATER	\$ 17,237.	04/29/11
82	MRE 'S	\$ 15,000.	05/20/11
83	ASSORTED FOOD ITEMS	\$ 622,000.	01/21/11
84	ASSORTED MEDICATION & TOILETRY ITEMS	\$ 41,089.	12/05/11
85	MRE 'S	\$ 112,689.	08/30/11



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**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
86	VITAMIN WATER	\$ 12,517.	05/14/11
87	RICE	\$ 10,260.	05/09/11
88	RICE PROTEIN	\$ 25,415.	03/25/11
89	VARIOUS DRINK ITEMS	\$ 819,865.	12/31/11
90	PACKAGING MATERIALS	\$ 20,008.	12/05/11
91	GATORADE & VARIOUS FOOD ITEMS	\$ 528,333.	12/31/11

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**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
92	VARIOUS FOOD ITEMS	\$ 219,387.	11/15/11
93	PINTO BEANS	\$ 11,440.	03/15/11
94	ONION SEED	\$ 57,200.	02/23/11
95	VARIOUS FOOD ITEMS	\$ 6,076.	10/11/11
96	DEHYD. RICE - SOY MEALS	\$ 784,080.	12/15/11
97	MRE 'S	\$ 38,367.	03/24/11

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LESEA GLOBAL FEED THE HUNGRY, INC	32-0053249

**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
98	TOILETRY ITEMS	\$ 224,846.	12/07/11
99	APPLE CIDER	\$ 54,157.	07/18/11
100	CROSS STICED CROSSES	\$ 12,695.	05/13/11
101	VARIOUS VITAMINS	\$ 957,065.	12/21/11
102	NOODLE END CUTS	\$ 22,541.	12/31/11
103	VARIOUS SEED PACKETS	\$ 1,209,600.	08/05/11

Name of organization <b>LESEA GLOBAL FEED THE HUNGRY, INC</b>	Employer identification number <b>32-0053249</b>
--	---

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

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization

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

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

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

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

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

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

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

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

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount    |
|---------------------------------|-----------|
| c Beginning balance             | <b>1c</b> |
| d Additions during the year     | <b>1d</b> |
| e Distributions during the year | <b>1e</b> |
| f Ending balance                | <b>1f</b> |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment \_\_\_\_\_ %
  - c Temporarily restricted endowment \_\_\_\_\_ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| (i) unrelated organizations   | <b>3a(i)</b>  |    |
| (ii) related organizations  | <b>3a(ii)</b> |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		14,493.		14,493.
b Buildings		445,863.	347,385.	98,478.
c Leasehold improvements				
d Equipment		252,075.	246,825.	5,250.
e Other		17,895.	17,895.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>118,221.</b>

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

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

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

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

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

(a) Description	(b) Book value
(1) CASH SURRENDER VALUE LIFE INSURANCE	75,066.
(2) LT RECEIVABLE	345,175.
(3) NR LAND CONTRACT	51,902.
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	472,143.

**Part X Other Liabilities.** 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) DEFERRED REVENUE	48,175.
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
(11) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	298,275.

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

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

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" to 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		444,739.
EAST ASIA AND PACIFIC	0	0	GRANTS		228,030.
EUROPE	0	0	GRANTS		281,612.
SOUTH AMERICA	0	0	GRANTS		111,431.
SUB-SAHARAN AFRICA	0	0	GRANTS		1,264,643.
<b>3 a</b> Sub-total .....	0	0			2,330,455.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			2,330,455.

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000  Part II can be duplicated if additional space is needed.

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.		80,691.	FOOD & NON-FOOD	FMV OR COST
		SUB-SAHARAN AFRICA	RELIEF	0.		82,899.	FOOD & NON-FOOD	FMV OR COST
		SUB-SAHARAN AFRICA	RELIEF	0.		232645.	FOOD & NON-FOOD	FMV OR COST
		SUB-SAHARAN AFRICA	RELIEF	41,586.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RELIEF	3,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RELIEF	0.		147100.	FOOD & NON-FOOD	FMV OR COST
		SUB-SAHARAN AFRICA	RELIEF	0.		158628.	FOOD & NON-FOOD	FMV OR COST
		SUB-SAHARAN AFRICA	RELIEF	0.		76,960.	FOOD & NON-FOOD	FMV OR COST

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 8

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	5,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RELIEF	0.		81,974.	FOOD & NON-FOOD	FMV OR COST
		SUB-SAHARAN AFRICA	RELIEF	12,600.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RELIEF	0.		153380.	FOOD & NON-FOOD	FMV OR COST
		SUB-SAHARAN AFRICA	RELIEF	9,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RELIEF	96,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RELIEF	0.		83,180.	FOOD & NON-FOOD	FMV OR COST
		EAST ASIA	RELIEF	24,000.	WIRE TRANSFER	0.		
		EAST ASIA	RELIEF	83,670.	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)
		EAST ASIA	RELIEF	2,700.	WIRE TRANSFER	0.		
		EAST ASIA	RELIEF	0.		13,434.	FOOD & NON-FOOD	FMV OR COST
		EAST ASIA	RELIEF	10,000.	WIRE TRANSFER	0.		
		EAST ASIA	RELIEF	26,625.	WIRE TRANSFER	0.		
		EAST ASIA	RELIEF	50,000.	WIRE TRANSFER	0.		
		EAST ASIA	RELIEF	17,600.	WIRE TRANSFER	0.		
		CENTRAL AMERICA	RELIEF	6,000.	WIRE TRANSFER	0.		
		CENTRAL AMERICA	RELIEF	3,700.	WIRE TRANSFER	285447.	FOOD & NON-FOOD	FMV OR COST
		CENTRAL AMERICA	RELIEF	2,000.	WIRE TRANSFER	147593.	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.		111431.	FOOD & NON-FOOD	FMV OR COST
		EUROPE	RELIEF	0.		281612.	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) 2011

**Part V Supplemental Information**

Complete this part to 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.

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	<b>1</b> Gross receipts .....				
	<b>2</b> Less: Charitable contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				

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

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

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

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

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

<b>13a</b>		%
<b>13b</b>		%
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: DOUG SHAW & ASSOCIATES

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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

**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. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALPHA & OMEGA 7800 SW 56 ST MIAMI, FL 33155	73-1156796	501C3	0.	14,544.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
ARMS FULL OF HELP 5138 SUNSET #17 LOS ANGELES, CA 90027	71-0593529	501C3	0.	916,957.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
BAMP MARKETING & CONSULTING 9101 LIKEN ROAD SEBEWAING, MI 48759	30-0327341		0.	12,760.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
BORDERLAND FOOD BANK 3805 E HUNTINGTON DRIVE LAKE DALLAS, TX 75065	73-1330955	501C3	0.	123,528.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
CHRISTIAN CENTER CHURCH 530 E IRELAND RD SOUTH BEND, IN 46614	71-0593529	501C3	0.	272,914.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
CHRISTMAS BEHIND BARS 811 KIMBERLEY DR BLUFFTON, IN 46714	26-4458163	501C3	0.	94,481.	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 **60.**
- 3** Enter total number of other organizations listed in the line 1 table **3.**

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

Schedule I (Form 990) (2011)

**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
CHURCH BUILDERS TABERNACLE 127 E FREEMONT AVE SPARTANBURG, SC 29303	56-2112045	501C3	0.	36,581.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
CHURCH COMMUNITY SERVICES 907 OAKLAND AVE ELKHART, IN 46516	35-1155054	501C3	0.	211,962.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
CHURCH OF THE HIGHLANDS 4700 HIGHLANDS WAY BIRMINGHAM, AL 35210	63-1258442	501C3	0.	75,077.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
CHURCH WITH CHRIST 1025 ROBINSON HILL ROAD JOHNSON CITY, NY 13790		501C3	0.	59,084.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
CONVOY OF HOPE 300 S PATTERSON SPRINGFIELD, MO 65802	68-0051386	501C3	0.	122,058.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
COVENANT FELLOWSHIP 625 S DENTON DRIVE LAKE DALLAS, TX 75065	73-1626322	501C3	0.	200,890.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
DETROIT HCC 28055 WICK ROUD ROIMULUS, MI 48174	38-1501142	501C3	0.	635,825.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
FB OF THE RIO GRANDE VALLEY 2601 ZINNIA AVENUE MCALLEN, TX 78504	74-2421560	501C3	0.	21,044.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
FEED THE CHILDREN P O BOX 36 OKLAHOMA CITY, OK 73101	73-6108657	501C3	0.	189,023.	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
FIRST NATIONS (PORTLAND) P.O. BOX 30055 PORTLAND, OR 97294		501C3	0.	37,548.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
FIT FOR THE KINGDOM 341 W LINCOLN WAY WEST SOUTH BEND, IN 46001	01-2077939	501C3	0.	24,617.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
FOOD BANK OF LINCOLN 4840 DORIS BAIR CIR STE A LINCOLN, NE 68504	47-0640293	501C3	0.	9,792.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
FOOD FOR THE POOR 6401 LYONS RD COCONUT CREEK, FL 33073	59-2174510	501C3	0.	45,907.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
GLEANINGS FOR THE HUNGRY P O BOX 1053 DINUBA, CA 93618	77-0170546	501C3	0.	108,500.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
HANDS OF HOPE 204 OAKLEAF COURT JOLIET, IL 60436	26-0643414	501C3	0.	133,250.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
HARVEST TIME INT. 2225 N KENNEL RD. SANFORD, FL 32771	54-1698630	501C3	0.	531,253.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
HARVESTING INTERNATIONAL 560 EASY DRIVE MANSFIELD, TX 76063	74-2775755	501C3	0.	24,197.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
HEROES CAMP P O BOX 6564 SOUTH BEND, IN 46660	12-6163111	501C3	0.	28,797.	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
HOPE INTERNATIONAL PO BOX 857 DEXTER, MO 63841	35-1038532	501C3	0.	162,451.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
HOPE RESTORATION CHURCH 117 NEW YORK 296 WINDHAM, NY 12496	14-1616584	501C3	0.	115,807.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
IGNITE CHURCH 710 S. MAIDEN LANE JOPLIN, MO 64801		501C3	0.	42,648.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
JESUS PEOPLE 2946 NORTH WESTERN AVENUE CHICAGO, IL 60618		501C3	0.	5,173.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
KIDS AROUND THE WORLD 2424 CHARLES STREET ROCKFORD, IL 61108	36-4007250	501C3	0.	20,441.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
LA DREAM CENTER 2301 BELLEVUE AVENUE LOS ANGELES, CA 90026	95-1803686	501C3	0.	784,546.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
LIFE CENTER 8902 VINCENNES CIRCLE INDIANAPOLIS, IN 46268		501C3	0.	37,148.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
LIFE FOCUS & TRUE ADVENTURE 13102 ALABAMA HWY 176 FORT PAYNE, AL 35967	20-2891024	501C3	0.	16,043.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
METRO MINISTRIES 17 MENAHAN ST BROOKLYN, NY 11221	11-3382193	501C3	0.	8,892.	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
MISSION HARVEST 69 COPELAND JACKSONVILLE, FL 32204	31-1567889	501C3	0.	271,119.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
NO. ARIZONA FOOD BANK 3805 E HUNTINGTON DR FLAGSTAFF, AZ 86004	73-1330955	501C3	0.	54,252.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
OPERATION COMPASSION 1120 URBANE ROAD CLEVELAND, TN 37312	62-1697490	501C3	0.	257,143.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
OPERATION FOOD SEARCH 6282 OLIVE BLVD SAINT LOUIS, MO 63130	43-1241854	501C3	0.	70,250.	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.	31,941.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
RIVER OF LIFE 530 E IRELAND ROAD SOUTH BEND, IN 46614		501C3	0.	5,985.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
SHELTER ROCK 170 BENNETT WAY BOONE, NC 28607	56-2266292	501C3	0.	32,524.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
STAR OF HOPE MISSION 6897 ARDMORE STREET HOUSTON, TX 77054	74-1152599	501C3	0.	62,050.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
THE BRIDGE CHURCH 505 E CHESNUT ST OXFORD, OH 45056	26-2165818	501C3	0.	22,735.	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
THE DEPOT 1313 DIVISION ST. GOSHEN, IN 46528	35-1882448	501C3	0.	194,402.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
TRANSFORMATION CHRISTIAN CENTER 4141 COOK AVENUE ST. LOUIS, MO 63113		501C3	0.	38,286.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
TULSA DREAM CENTER 7700 SOUTH LEWIS TULSA, OK 74136	73-1610216	501C3	0.	197,303.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
UNION GOSPEL MISSION 1331 EAST LANCASTER AVENUE FORT WORTH, TX 76102	75-6003612	501C3	0.	105,600.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
VENDORS & TRANSPORTATION 5612 GLENVIEW DRIVE HAMILTON CITY, TX 76117			0.	85,971.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
VERMONT			0.	65,556.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
VICTORY CHRISTIAN CENTER 7700 SOUTH LEWIS TULSA, OK 74136	73-1118610	501C3	0.	13,300.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
VICTORY KIDS 7700 SOUTH LEWIS TULSA, OK 74136	73-1118610	501C3	0.	18,656.	FMV	FOOD AND NON-PERISHABLE ITEMS	RELIEF TO NEEDY
VOICE MINISTRIES 1610 S NAPPANEE STREET ELKHART, IN 46516	35-2045646	501C3	0.	944,428.	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. Complete this part to provide the information required in Part I, line 2, and any other additional information.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **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		92,194.	
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	195	5,657,534.	
20 Drugs and medical supplies	X	28	1,617,540.	
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( SEED )	X	5	1,881,800.	
26 Other ▶ ( TOILETRIES )	X	11	254,512.	
27 Other ▶ ( PLAYGROUND EQ )	X	2	102,000.	
28 Other ▶ ( PACKAGING SUP )	X	3	20,008.	

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

PART I, OTHER TYPES OF PROPERTY:

CLEANING SUPPLIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 4

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 3655.

(D) METHOD OF DETERMINING REVENUE:

SCHEDULE M, LINE 32B: SCHEDULE M LINE 32B: LESEA GLOBAL FEED THE HUNGRY USES DOUG SHAW & ASSOCIATES, INC. TO PROVIDE CONSULTING, MARKETING, AND DIRECT MAIL SERVICES. DOUGLAS SHAW & ASSOC. 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  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

LESEA GLOBAL FEED THE HUNGRY, INC

Employer identification number

32-0053249

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:

PROCURED, SHIPPED, AND COORDINATED LARGE SCALE RELIEF CAMPAIGN IN  
NORTHERN KENYA IN RESPONSE TO THE HORN OF AFRICA DROUGHT EMERGENCY.

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: LINE 2 EXPLANATION - PETER A.

Name of the organization LESEA GLOBAL FEED THE HUNGRY, INC	Employer identification number 32-0053249
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SUMRALL/ANGELA N. GRABOWSKI - FAMILY RELATIONSHIP

DR. JOHN AVANZINI/PATRICIA AVANZINI - FAMILY RELATIONSHIP

FORM 990, PART VI, SECTION A, LINE 8B: LINE 9 EXPLANATION - THE ORGANIZATION DOES NOT HAVE ANY SUB-COMMITTEES.

FORM 990, PART VI, SECTION B, LINE 11: LINE 11A EXPLANATION - EACH BOARD MEMBER WILL RECEIVE AN 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: 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, SECTION C, LINE 19: THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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

PRIOR PERIOD ADJUSTMENTS: 39,354.

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

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

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

(a) Name, address, and EIN 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" to 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" to Form 990, Part IV, line 34, 35, 35a, 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
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Sale of assets to related organization(s) .....		X
<b>g</b> Purchase of assets from related organization(s) .....		X
<b>h</b> Exchange of assets with related organization(s) .....		X
<b>i</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>k</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>n</b> Sharing of paid employees with related organization(s) .....		X
<b>o</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>p</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>q</b> Other transfer of cash or property to related organization(s) .....	X	
<b>r</b> 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 other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) FTH LOGISTICS, INC	Q	51,880.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

