

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning and ending

| | | | |
|--|---|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization LESEA GLOBAL FEED THE HUNGRY, INC | | D Employer identification number 32-0053249 |
| | Doing business as | | E Telephone number (574) 291-3292 |
| | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 61300 IRONWOOD ROAD | | G Gross receipts \$ 73,946,032. |
| | City or town, state or province, country, and ZIP or foreign postal code SOUTH BEND, IN 46614 | | |
| | F Name and address of principal officer: ANTONIO AGOSTINO 61300 IRONWOOD ROAD, SOUTH BEND, IN 46614 | | |

| |
|--|
| H(a) Is this a group return for subsidiaries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| H(b) Are all subsidiaries included? <input type="checkbox"/> Yes <input type="checkbox"/> No |

If "No," attach a list. See instructions.

| |
|--|
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 |
|--|

| | |
|---|------------------------------------|
| J Website: WWW.FEEDTHEHUNGRY.ORG | H(c) Group exemption number |
|---|------------------------------------|

| | | |
|---|----------------------------------|--------------------------------------|
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | L Year of formation: 2003 | M State of legal domicile: IN |
|---|----------------------------------|--------------------------------------|

Part I Summary

| | |
|---|--|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: PROVIDING FOOD AND NON-FOOD ASSISTANCE TO THE POOR AND HUNGRY, EMERGENCY RELIEF TO PEOPLE AFFECTED BY FAMINE, DROUGHT, FLOOD, WAR, OR OTHER DISASTER. |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |
| | 3 Number of voting members of the governing body (Part VI, line 1a) 3 6 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 |
| | 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 23 |
| | 6 Total number of volunteers (estimate if necessary) 6 23,879 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a NONE |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b NONE | |

| | | Prior Year | Current Year |
|----------------|--|-------------|--------------|
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 44,358,378. | 72,411,153. |
| | 9 Program service revenue (Part VIII, line 2g) | NONE | NONE |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 484,921. | 119,459. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,750. | NONE |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 44,845,049. | 72,530,612. |

| | | | |
|---|---|-------------|-------------|
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 35,794,885. | 63,246,594. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | NONE | NONE |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,137,982. | 1,186,867. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 126,533. | 150,648. |
| | b Total fundraising expenses (Part IX, column (D), line 25) 2,415,015. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 4,694,519. | 6,434,582. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 41,753,919. | 71,018,691. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 3,091,130. | 1,511,921. | |

| | | Beginning of Current Year | End of Year |
|------------------------------------|---|---------------------------|-------------|
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | 8,955,303. | 9,914,905. |
| | 21 Total liabilities (Part X, line 26) | 976,244. | 1,350,074. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20. | 7,979,059. | 8,564,831. |

Part II Signature Block

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

| | | |
|------------------|--|------------------|
| Sign Here | <i>Antonio Agostino</i> Signature of officer | 9/8/2023 Date |
| | ANTONIO AGOSTINO Type or print name and title | CFO |

| | | | | | |
|-------------------------------|--|------------------------------------|---------------------------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name JACOB COOK | Preparer's signature JACOB COOK | Date 09/08/2023 | Check <input type="checkbox"/> if self-employed | PTIN P01240455 |
| | Firm's name BDO USA | Firm's EIN 13-5381590 | Phone no. 616-774-7000 | | |
| | Firm's address 200 OTTAWA AVE NW STE 300 GRAND RAPIDS, MI 49503 | | | | |

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2022)

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

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

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

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

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

| | | |
|--|--|--------------------------------------|
| Type or print | Name of exempt organization or other filer, see instructions. | Taxpayer identification number (TIN) |
| | LESEA GLOBAL FEED THE HUNGRY, INC | 32-0053249 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. | |
| | 61300 IRONWOOD ROAD | |
| File by the due date for filing your return. See instructions. | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | |
| | SOUTH BEND, IN 46614 | |

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

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

- The books are in the care of ▶ ANTONIO AGOSTINO
61300 IRONWOOD ROAD SOUTH BEND IN 46614
Telephone No. ▶ 574 231-5212 Fax No. ▶ _____

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

1 I request an automatic 6-month extension of time until 11/15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2022 or
▶ tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

| | | |
|---|--------------|------|
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a \$ | NONE |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b \$ | NONE |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c \$ | NONE |

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 68,460,299. including grants of \$ 63,246,594.) (Revenue \$ NONE)

SEE SCHEDULE O

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

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

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

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

4e Total program service expenses 68,460,299.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No checkboxes. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No |
|---|---|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 23 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| b | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . | | X |
| b | If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders 11a | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b | | |
| c | Enter the amount of reserves on hand 13c | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. | | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | | X |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069. | | |

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (6), 1b (5), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

ANTONIO AGOSTINO 61300 IRONWOOD ROAD SOUTH BEND, IN 46614
574-231-5212

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) STEFAN J. RADELICH PRESIDENT & CEO | 40.00 NONE | X | | X | | | | 90,520. | NONE | 25,380. |
| (2) ANGELA N. GRABOWSKI SECRETARY/TREASURER | 5.00 NONE | X | | X | | | | NONE | NONE | NONE |
| (3) JOHN CORY DIRECTOR | 1.00 NONE | X | | | | | | NONE | NONE | NONE |
| (4) DR. MARK LANTZ DIRECTOR | 1.00 NONE | X | | | | | | NONE | NONE | NONE |
| (5) DR. RODRIGO RODRIGUEZ DIRECTOR | 1.00 NONE | X | | | | | | NONE | NONE | NONE |
| (6) ANDREW J. SUMRALL DIRECTOR | 5.00 NONE | X | | | | | | NONE | NONE | NONE |
| (7) ANTONIO AGOSTINO CFO | 5.00 NONE | | | X | | | | NONE | NONE | NONE |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

Part VIII Statement of Revenue

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|--|---|---|---------------|----------------------|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants, and Other Similar Amounts | 1a | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) . . | 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above . | 1f | 72,411,153. | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ 61,854,998. | | | | |
| | h | Total. Add lines 1a-1f | | 72,411,153. | | | | |
| | Program Service Revenue | 2a | _____ | Business Code | | | | |
| b | | _____ | | | | | | |
| c | | _____ | | | | | | |
| d | | _____ | | | | | | |
| e | | _____ | | | | | | |
| f | | All other program service revenue | | | | | | |
| g | | Total. Add lines 2a-2f | | NONE | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 141,934. | | | 141,934. | |
| | 4 | Income from investment of tax-exempt bond proceeds . | | NONE | | | | |
| | 5 | Royalties | | NONE | | | | |
| | 6a | Gross rents | 6a | (i) Real | (ii) Personal | | | |
| | | | | | | | | |
| | | | | | | | | |
| | b | Less: rental expenses | 6b | | | | | |
| | c | Rental income or (loss) | 6c | NONE | NONE | | | |
| | d | Net rental income or (loss) | | NONE | | | | |
| | 7a | Gross amount from sales of assets other than inventory | 7a | (i) Securities | (ii) Other | | | |
| | | | | | | 1,392,945. | | |
| | | | | | | | | |
| | b | Less: cost or other basis and sales expenses . . | 7b | 1,415,420. | | | | |
| | c | Gain or (loss) | 7c | -22,475. | | | | |
| | d | Net gain or (loss) | | -22,475. | NONE | NONE | -22,475. | |
| 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | NONE | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| b | Less: direct expenses | 8b | NONE | | | | | |
| c | Net income or (loss) from fundraising events | | NONE | | | | | |
| 9a | Gross income from gaming activities. See Part IV, line 19 | 9a | NONE | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| b | Less: direct expenses | 9b | NONE | | | | | |
| c | Net income or (loss) from gaming activities | | NONE | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | 10a | NONE | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| b | Less: cost of goods sold | 10b | NONE | | | | | |
| c | Net income or (loss) from sales of inventory | | NONE | | | | | |
| Miscellaneous Revenue | 11a | _____ | Business Code | | | | | |
| | b | _____ | | | | | | |
| | c | _____ | | | | | | |
| | d | All other revenue | | | | | | |
| | e | Total. Add lines 11a-11d | | NONE | | | | |
| 12 | Total revenue. See instructions | | 72,530,612. | NONE | NONE | 119,459. | | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 33,009,210. | 33,009,210. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | NONE | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 30,237,384. | 30,237,384. | | |
| 4 Benefits paid to or for members | NONE | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 115,900. | 115,900. | | |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | NONE | | | |
| 7 Other salaries and wages | 1,070,967. | 391,864. | 104,775. | 574,328. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | NONE | | | |
| 9 Other employee benefits | NONE | | | |
| 10 Payroll taxes | NONE | | | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | NONE | | | |
| b Legal | NONE | | | |
| c Accounting | NONE | | | |
| d Lobbying | NONE | | | |
| e Professional fundraising services. See Part IV, line 17 | 150,648. | | | 150,648. |
| f Investment management fees | 27,825. | 27,825. | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | 907,755. | 441,605. | 32,200. | 433,950. |
| 12 Advertising and promotion | 1,538. | | | 1,538. |
| 13 Office expenses | NONE | | | |
| 14 Information technology | NONE | | | |
| 15 Royalties | NONE | | | |
| 16 Occupancy | 287,312. | 287,312. | | |
| 17 Travel | 71,966. | 42,825. | 665. | 28,476. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | NONE | | | |
| 19 Conferences, conventions, and meetings | NONE | | | |
| 20 Interest | NONE | | | |
| 21 Payments to affiliates | NONE | | | |
| 22 Depreciation, depletion, and amortization | 31,146. | 31,146. | | |
| 23 Insurance | NONE | | | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a SHIPPING AID & RELIEF | 2,503,844. | 2,503,844. | | |
| b POSTAGE & MAILINGS | 1,869,319. | 654,689. | 1,445. | 1,213,185. |
| c MISSIONS & OUTREACH | 570,555. | 570,555. | | |
| d BANK CHARGES & FEES | 103,737. | 98,176. | 826. | 4,735. |
| e All other expenses | 59,585. | 47,964. | 3,466. | 8,155. |
| 25 Total functional expenses. Add lines 1 through 24e | 71,018,691. | 68,460,299. | 143,377. | 2,415,015. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 2,216,825. | 1 | 2,469,195. |
| | 2 Savings and temporary cash investments | NONE | 2 | NONE |
| | 3 Pledges and grants receivable, net | NONE | 3 | NONE |
| | 4 Accounts receivable, net | 449,336. | 4 | 288,163. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | NONE | 5 | NONE |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | NONE | 6 | NONE |
| | 7 Notes and loans receivable, net | NONE | 7 | NONE |
| | 8 Inventories for sale or use | 395,080. | 8 | 85,776. |
| | 9 Prepaid expenses and deferred charges | 53,423. | 9 | 131,253. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 781,203. | | |
| | b Less: accumulated depreciation | 10b 646,991. | | |
| | 11 Investments - publicly traded securities | 160,915. | 10c | 134,212. |
| | 12 Investments - other securities. See Part IV, line 11 | 5,679,724. | 11 | 6,806,306. |
| | 13 Investments - program-related. See Part IV, line 11 | NONE | 12 | NONE |
| | 14 Intangible assets | NONE | 13 | NONE |
| | 15 Other assets. See Part IV, line 11 | NONE | 14 | NONE |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 8,955,303. | 15 | 9,914,905. | |
| 17 Accounts payable and accrued expenses | 533,244. | 16 | 940,074. | |
| 18 Grants payable | NONE | 17 | NONE | |
| 19 Deferred revenue | NONE | 18 | NONE | |
| 20 Tax-exempt bond liabilities | NONE | 19 | NONE | |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D | NONE | 20 | NONE | |
| 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | NONE | 21 | NONE | |
| 23 Secured mortgages and notes payable to unrelated third parties | NONE | 22 | NONE | |
| 24 Unsecured notes and loans payable to unrelated third parties | 400,000. | 23 | 400,000. | |
| 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 43,000. | 24 | 10,000. | |
| 26 Total liabilities. Add lines 17 through 25 | 976,244. | 25 | 1,350,074. | |
| 27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/> | | | | |
| 27 Net assets without donor restrictions | 7,979,059. | 26 | 8,564,831. | |
| 28 Net assets with donor restrictions | NONE | 27 | NONE | |
| 29 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/> | | | | |
| 29 Capital stock or trust principal, or current funds | | 28 | | |
| 30 Paid-in or capital surplus, or land, building, or equipment fund | | 29 | | |
| 31 Retained earnings, endowment, accumulated income, or other funds | | 30 | | |
| 32 Total net assets or fund balances | 7,979,059. | 31 | 8,564,831. | |
| 33 Total liabilities and net assets/fund balances | 8,955,303. | 32 | 9,914,905. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 72,530,612. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 71,018,691. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,511,921. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 7,979,059. |
| 5 | Net unrealized gains (losses) on investments | 5 | -926,149. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 8,564,831. |

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

| | Yes | No |
|----|-----|----|
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | | X |
| 3b | | |

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

LESEA GLOBAL FEED THE HUNGRY, INC

Employer identification number

32-0053249

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

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

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

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

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

Schedule A (Form 990) 2022

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|--------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 23,986,611. | 30,728,868. | 43,680,244. | 44,358,378. | 72,411,153. | 215,165,254. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | NONE |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | NONE |
| 4 Total. Add lines 1 through 3. | 23,986,611. | 30,728,868. | 43,680,244. | 44,358,378. | 72,411,153. | 215,165,254. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). | | | | | | 38,645,592. |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 176,519,662. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|--------------|
| 7 Amounts from line 4 | 23,986,611. | 30,728,868. | 43,680,244. | 44,358,378. | 72,411,153. | 215,165,254. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 40,382. | 35,784. | 35,229. | 154,295. | 141,934. | 407,624. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | NONE |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | NONE |
| 11 Total support. Add lines 7 through 10 | | | | | | 215,572,878. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 1,750. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---------|
| 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) | 14 | 81.88 % |
| 15 Public support percentage from 2021 Schedule A, Part II, line 14 | 15 | 79.37 % |
| 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. <input checked="" type="checkbox"/> | | |
| b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/> | | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

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

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

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

LESEA GLOBAL FEED THE HUNGRY, INC

32-0053249

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

| | |
|--|---|
| Name of organization <p style="text-align: center;">LESEA GLOBAL FEED THE HUNGRY, INC</p> | Employer identification number <p style="text-align: center;">32-0053249</p> |
|--|---|

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 | N/A <hr/> <hr/> <hr/> | \$ 12,191,339. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | N/A <hr/> <hr/> <hr/> | \$ 10,282,929. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | N/A <hr/> <hr/> <hr/> | \$ 9,887,150. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | N/A <hr/> <hr/> <hr/> | \$ 2,578,433. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | N/A <hr/> <hr/> <hr/> | \$ 1,564,134. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization <p style="text-align: center;">LESEA GLOBAL FEED THE HUNGRY, INC</p> | Employer identification number <p style="text-align: center;">32-0053249</p> |
|--|---|

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------------|--|---|----------------------|
| 1 | RICE MEALS _____ _____ _____ | \$ 12,191,339. | 12/31/2022 |
| 2 | ASSORTED FOOD _____ _____ _____ | \$ 10,282,929. | 12/31/2022 |
| 3 | ASSORTED FOOD, CLOTHING & HOUSEHOLD _____ _____ _____ | \$ 9,887,150. | 12/31/2022 |
| 4 | ASSORTED FOOD _____ _____ _____ | \$ 2,578,433. | 12/31/2022 |
| 5 | ASSORTED FOOD _____ _____ _____ | \$ 1,564,134. | 12/31/2022 |
| | _____ _____ _____ | \$ _____ | _____ |

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

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

LESEA GLOBAL FEED THE HUNGRY, INC

32-0053249

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

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

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

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1., (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2022

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | 522,975. | 465,809. | 57,166. |
| c Leasehold improvements | | 15,888. | 8,366. | 7,522. |
| d Equipment | | 193,681. | 163,232. | 30,449. |
| e Other | | 48,659. | 9,584. | 39,075. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 134,212. |

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) SPLIT INTEREST AGREEMENTS | 10,000. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | |

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

| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. | | |
|--|---|---------------|
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 71,576,638. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | |
| a | Net unrealized gains (losses) on investments | 2a -926,149. |
| b | Donated services and use of facilities | 2b |
| c | Recoveries of prior year grants | 2c |
| d | Other (Describe in Part XIII.) | 2d |
| e | Add lines 2a through 2d | 2e -926,149. |
| 3 | Subtract line 2e from line 1 | 3 72,502,787. |
| 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 XIII.) | 4b 27,825. |
| c | Add lines 4a and 4b | 4c 27,825. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 72,530,612. |

| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. | | |
|---|--|---------------|
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | 1 70,990,866. |
| 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 XIII.) | 2d |
| e | Add lines 2a through 2d | 2e |
| 3 | Subtract line 2e from line 1 | 3 70,990,866. |
| 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 XIII.) | 4b 27,825. |
| c | Add lines 4a and 4b | 4c 27,825. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 71,018,691. |

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CORRESPONDING STATE PROVISIONS. THE ORGANIZATION IS SUBJECT TO TAXES ON THE BUSINESS INCOME, WHEN INCURRED, FROM FTH LOGISTICS, INC., WHICH WAS DISSOLVED IN 2021. DURING 2022 AND 2021, \$0 AND \$12,000 OF INCOME TAX EXPENSE WAS INCURRED ON UNRELATED BUSINESS INCOME, RESPECTIVELY. THE ORGANIZATION'S INFORMATION RETURNS ARE OPEN FOR EXAMINATION FOR A PERIOD OF THREE YEARS FROM THE DATE FILED.

SCHEDULE D, PART XI, LINE 4B:

INVESTMENT EXPENSES: \$27,825

SCHEDULE D, PART XII, LINE 4B:

INVESTMENT EXPENSES: \$27,825

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

LESEA GLOBAL FEED THE HUNGRY, INC

32-0053249

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

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

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

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| (1) EUROPE | NONE | NONE | GRANTMAKING | HUMANITARIAN RELIEF | 12,247,371. |
| (2) CENTRAL AMERICA/CARIBBEAN | NONE | NONE | GRANTMAKING | HUMANITARIAN RELIEF | 9,068,950. |
| (3) SUB-SAHARAN AFRICA | NONE | NONE | GRANTMAKING | HUMANITARIAN RELIEF | 7,573,057. |
| (4) EAST ASIA AND THE PACIFIC | NONE | NONE | GRANTMAKING | HUMANITARIAN RELIEF | 801,606. |
| (5) RUSSIA/INDEPENDENT STATES | NONE | NONE | GRANTMAKING | HUMANITARIAN RELIEF | 297,806. |
| (6) SOUTH ASIA | NONE | NONE | GRANTMAKING | HUMANITARIAN RELIEF | 248,594. |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Subtotal | NONE | NONE | | | 30,237,384. |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | NONE | NONE | | | 30,237,384. |

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

Schedule F (Form 990) 2022

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

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|-------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | CENT. AMERICA/CARIBBEAN | RELIEF | 121,175. | WIRE | 1,086,378. | FOOD & OTHER | FMV OR COST |
| (2) | | | CENT. AMERICA/CARIBBEAN | RELIEF | 36,982. | WIRE | 290,653. | FOOD & OTHER | FMV OR COST |
| (3) | | | CENT. AMERICA/CARIBBEAN | RELIEF | 705,583. | WIRE | 4,933,753. | FOOD & OTHER | FMV OR COST |
| (4) | | | CENT. AMERICA/CARIBBEAN | RELIEF | 242,555. | WIRE | 1,651,871. | FOOD & OTHER | FMV OR COST |
| (5) | | | EAST ASIA/PACIFIC | RELIEF | 41,002. | WIRE | 333,763. | FOOD & OTHER | FMV OR COST |
| (6) | | | EAST ASIA/PACIFIC | RELIEF | 67,832. | WIRE | 262,483. | FOOD & OTHER | FMV OR COST |
| (7) | | | EAST ASIA/PACIFIC | RELIEF | 72,400. | WIRE | | | |
| (8) | | | EAST ASIA/PACIFIC | RELIEF | 24,126. | WIRE | | | |
| (9) | | | SUB-SAHARAN AFRICA | RELIEF | 199,640. | WIRE | 497,348. | FOOD & OTHER | FMV OR COST |
| (10) | | | SUB-SAHARAN AFRICA | RELIEF | 26,542. | WIRE | 130,939. | FOOD & OTHER | FMV OR COST |
| (11) | | | SUB-SAHARAN AFRICA | RELIEF | 61,369. | WIRE | 217,728. | FOOD & OTHER | FMV OR COST |
| (12) | | | SUB-SAHARAN AFRICA | RELIEF | 19,564. | WIRE | 65,621. | FOOD & OTHER | FMV OR COST |
| (13) | | | SUB-SAHARAN AFRICA | RELIEF | 31,793. | WIRE | 130,637. | FOOD & OTHER | FMV OR COST |
| (14) | | | SUB-SAHARAN AFRICA | RELIEF | 127,319. | WIRE | 574,175. | FOOD & OTHER | FMV OR COST |
| (15) | | | SUB-SAHARAN AFRICA | RELIEF | 234,469. | WIRE | 999,069. | FOOD & OTHER | FMV OR COST |
| (16) | | | SUB-SAHARAN AFRICA | RELIEF | 933,492. | WIRE | 2,645,612. | FOOD & OTHER | FMV OR COST |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ 25

3 Enter total number of other organizations or entities . . . ▶

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

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|--------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | SUB-SAHARAN AFRICA | RELIEF | 74,395. | WIRE | 420,552. | FOOD & OTHER | FMV OR COST |
| (2) | | | SUB-SAHARAN AFRICA | RELIEF | 50,875. | WIRE | | | |
| (3) | | | SUB-SAHARAN AFRICA | RELIEF | 27,455. | WIRE | 104,462. | FOOD & OTHER | FMV OR COST |
| (4) | | | EUROPE/ICELAND/GREENLAND | RELIEF | 109,546. | WIRE | 3,760,609. | FOOD & OTHER | FMV OR COST |
| (5) | | | EUROPE/ICELAND/GREENLAND | RELIEF | 970,415. | WIRE | 7,354,543. | FOOD & OTHER | FMV OR COST |
| (6) | | | EUROPE/ICELAND/GREENLAND | RELIEF | 52,258. | WIRE | | | |
| (7) | | | RUSSIA/NEWLY IND. STATES | RELIEF | 76,874. | WIRE | 71,280. | FOOD & OTHER | FMV OR COST |
| (8) | | | RUSSIA/NEWLY IND. STATES | RELIEF | 10,847. | WIRE | 138,805. | FOOD & OTHER | FMV OR COST |
| (9) | | | SOUTH ASIA | RELIEF | 37,709. | WIRE | 210,885. | FOOD & OTHER | FMV OR COST |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

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

3 Enter total number of other organizations or entities ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2:

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.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

Name of the organization

Employer identification number

LESEA GLOBAL FEED THE HUNGRY, INC

32-0053249

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| SEE SUPPLEMENT INFORMATION 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | 5,508,000. | 150,648. | 5,357,352. |

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

CA, GA, HI, IN, KY, MD, MA, MI, MN, MS, NH, OR, SC, TN, VA, WV, WI,

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

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

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

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

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

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

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

| | | |
|-------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

=====

NAME:

MILWAUKEE DIRECT MARKETING

ADDRESS:

675 N BAKER ROAD
BROOKFIELD, WI 53045

ACTIVITY :

APPEALS VARIOUS

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

| | |
|--|------------|
| GROSS RECEIPTS FROM ACTIVITY : | 5,508,000. |
| AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : | 150,648. |
| AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : | 5,357,352. |

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

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

Name of the organization

Employer identification number

LESEA GLOBAL FEED THE HUNGRY, INC

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) HANDS OF HOPE 511 OAKLEAF UNIT C JOLIET, IL 60436 | 26-0643414 | 501(C)(3) | | 4,861,286. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (2) BLESSINGS OF HOPE 48 EAGLE DR. LEOLA, PA 17542 | 20-8597936 | 501(C)(3) | | 3,625,087. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (3) ARM FULL OF HELP -NJ 8 TAYLOR RD. EDISON EDISON, NJ 08817 | 71-0593529 | 501(C)(3) | | 3,239,494. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (4) GEORGIA FOOD & RESOURCE CENTER 470 STEELE DR. HAMPTON, GA 30228 | 58-2553019 | 501(C)(3) | | 2,785,974. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (5) CHRISTMAS BEHIND BARS OUTREACH MINISTRIES I P.O. BOX 474 BLUFFTON, IN 46714 | 26-4458163 | 501(C)(3) | | 2,335,735. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (6) NORTHSTAR BRIDGE 528 WEST G STREET JENKS, OK 74037 | 73-1610281 | 501(C)(3) | | 2,261,735. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (7) ARM FULL OF HELP 5138 SUNSET BLVD.16 LOS ANGELES, CA 90027 | 71-0593529 | 501(C)(3) | | 1,939,550. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (8) CHRISTIAN APPALACHIAN PROJECT P.O. BOX 1768 PAINTSVILLE, KY 41240 | 61-0661137 | 501(C)(3) | | 1,766,588. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (9) LOVE FROM ABOVE 100 N RIVER RD. CLEMONS, MI 48045 | 38-3362524 | 501(C)(3) | | 1,463,287. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (10) CONVOY OF HOPE 330 S PATTERSON SPRINGFIELD, MO 65802 | 68-0051386 | 501(C)(3) | | 1,364,899. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (11) THE FREEDOM CHURCH 108 1ST STREET ELOISE, FL 03880 | 81-4516415 | 501(C)(3) | | 854,224. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (12) DURHAM COUNTRY EXTENSION MASTER GARDNER VA 721 FOSTER ST. DURHAM, NC 27278 | 99-9999999 | 501(C)(3) | | 727,461. | FMV | FOOD & NON-PERISHABL | RELIEF |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 77

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

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

Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Name of the organization

LESEA GLOBAL FEED THE HUNGRY, INC

Employer identification number

32-0053249

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) THE RIVER AT TAMPA BAY CHURCH 3738 RIVER INT. DR. TAMPA, FL 33610 | 59-3273513 | 501(C)(3) | | 485,225. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (2) FISH HOSPITALITY PANTRIES 122 WEST SCOTT AVE. KNOXVILLE, TN 37914 | 62-1584500 | 501(C)(3) | | 433,257. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (3) CHILDRENS HUNGER FUND-TX 4940 EISENHAUER RD. SAN ANTONIO, TX 78218 | 95-4335462 | 501(C)(3) | | 340,349. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (4) FOOD LIFELINE 815 S 96TH ST. SEATTLE, WA 98108 | 13-5381590 | 501(C)(3) | | 249,742. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (5) HARVESTERS COMMUNITY FOOD BANK 3801 TOPPING AVE. KANSAS CITY, MO 64129 | 43-1208665 | 501(C)(3) | | 237,182. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (6) PALM BEACH HARVEST, INC. P.O. BOX 701 LAKE WORTH, FL 33460 | 90-0508579 | 501(C)(3) | | 225,062. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (7) HUNGRY FOR CHRIST 4565 135TH AVE. HAMILTON, MI 49419 | 38-3676870 | 501(C)(3) | | 191,029. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (8) LUTHERAN SOCIAL SERVICES (FAIRFIELD) 2045 E MAIN ST. FAIRFIELD, OH 43130 | 31-4412586 | 501(C)(3) | | 187,193. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (9) REPLENISH 28 KENNEDY BLVD, STE. BRUNSWICK, NJ 08816 | 23-3111054 | 501(C)(3) | | 179,749. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (10) COMPASSION COALITION, INC. 509 LAFAYETTE ST. UTICA, NY 13502 | 16-1579336 | 501(C)(3) | | 172,503. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (11) COMMON GRACE MINISTRIES, INC. P.O. BOX 203 KENDALLVILLE, IN 46755 | 35-1995595 | 501(C)(3) | | 172,260. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (12) 4 THE GOOD OF THE COMMUNITY 1900 US 41 N #8 HENDERSON, KY 42420 | 85-1574845 | 501(C)(3) | | 163,416. | FMV | FOOD & NON-PERISHABL | RELIEF |

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

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

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

Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

LESEA GLOBAL FEED THE HUNGRY, INC

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) IGNITED CHURCH 580 EAST MAIN ST. LAVONIA, GA 30553 | 20-0161608 | 501(C)(3) | | 158,674. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (2) COMMUNITY FOOD BANK 3000 GALVEZ AVE. FT WORTH, TX 76111 | 75-1813170 | 501(C)(3) | | 140,454. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (3) DESTINY CHURCH 10610 IMMOKALEE RD. NAPLES, FL 34120 | 84-2533622 | 501(C)(3) | | 136,753. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (4) FEED AMERICA FIRST 319 MURFREESBORO ST. MURFREESBORO, TN 37127 | 62-1821057 | 501(C)(3) | | 119,859. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (5) MIDWEST FOOD BANK 2031Y WAREHOUSE RD. NORMAL, IL 61761 | 41-2120170 | 501(C)(3) | | 110,855. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (6) INTERFAITH FOOD BANK 2209 EAST MAIN ST. STOCKTON, CA 95205 | 94-3338176 | 501(C)(3) | | 101,341. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (7) PHOENIX DREAM CENTER 3210 GRAND AVE. PHOENIX, AZ 85017 | 45-1456334 | 501(C)(3) | | 97,548. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (8) GLEANINGS FOR THE HUNGRY 43029 ROAD 104 DINUBA, CA 93618 | 77-0170546 | 501(C)(3) | | 91,407. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (9) NOURISH PIERCE COUNTRY 8500 DURANGO ST. DOOR 7 LAKEWOOD, WA 98499 | 91-1198391 | 501(C)(3) | | 90,732. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (10) PRAISEALUJAH MINISTRY DES MOINES MEMORIAL DR. MOINES, WA 98148 | 01-0964541 | 501(C)(3) | | 90,644. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (11) FAITH MISSION OF ELKHART 801 BENHAM AVE. ELKHART, IN 46516 | 35-6033504 | 501(C)(3) | | 88,272. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (12) WESTSIDE MINISTRIES 950 COLUMBIA ST. TURLOCK, CA 95380 | 77-0149949 | 501(C)(3) | | 84,155. | FMV | FOOD & NON-PERISHABL | RELIEF |

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

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

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

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

Name of the organization

LESEA GLOBAL FEED THE HUNGRY, INC

Employer identification number

32-0053249

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) BREAD OF LIFE 920 CENTER CHURCH RD. EAST EARL, PA 17519 | 75-2957263 | 501(C)(3) | | 82,635. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (2) HARVEST TIME INTERNATIONAL PA 17519 SANFORD, FL 32771 | 54-1698630 | 501(C)(3) | | 80,599. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (3) GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE. INDIANAPOLIS, IN 46241 | 35-1483868 | 501(C)(3) | | 77,134. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (4) ST. MARY'S FOOD BANK ALLIANCE 2831 N. 31ST AVE. PHOENIX, AZ 85009 | 23-7353532 | 501(C)(3) | | 72,529. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (5) PLEASANT LAKE 1160 W MAIN ST. WAYNE, IN 46779 | 35-1500456 | 501(C)(3) | | 69,427. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (6) BORDERLAND FOOD BANK 270 W PRODUCE ROW NOGALES, AZ 85621 | 73-1330955 | 501(C)(3) | | 65,575. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (7) JEZREEL INTL. 10 INTERSTATE AVE. ALBANY, NY 12205 | 14-1790920 | 501(C)(3) | | 61,538. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (8) COMMUNITY ACTION PARTNERSHIP OF SAN BERNARD 678 TIPPECANOE AVE SAN BERNARDINO, CA 92408 | 95-2376882 | 501(C)(3) | | 59,804. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (9) MEMPHIS LIFE CHURCH - DREAM CENTER 1800 N GERMANTOWN PKWY. CORDOVA, TN 38016 | 62-1644529 | 501(C)(3) | | 57,709. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (10) MEMPHIS DREAM CENTER 3683 AUSTIN PEAY HWY. MEMPHIS, TN 38128 | 31-1685087 | 501(C)(3) | | 55,056. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (11) METRO WORLD CHILD P.O. BOX 409 BROOKLYN, NY 11237 | 11-3382193 | 501(C)(3) | | 53,565. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (12) SOUTH TEXAS FOOD BANK 2121 JEFFERSON ST. ST. LAREDO, TX 78040 | 74-2574983 | 501(C)(3) | | 51,404. | FMV | FOOD & NON-PERISHABL | RELIEF |

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

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

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

LESEA GLOBAL FEED THE HUNGRY, INC

32-0053249

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) RUBYS PANTRY 5833 PECAN ST. NORTH BRANCH, MN 55056 | 30-0157388 | 501(C)(3) | | 48,971. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (2) OPEN DOOR MISSION 2828 N 23RD ST E. OMAHA, NE 68110 | 47-0411375 | 501(C)(3) | | 43,456. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (3) WARM A HEART COMMUNITY OUTREACH P.O. BOX 246 WATERLOO, IN 46793 | 46-1494726 | 501(C)(3) | | 39,489. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (4) MCIA 101 INTERCHANGE PLAZA CRANBURY, NJ 08512 | 23-3111054 | 501(C)(3) | | 39,239. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (5) OPERATION FOOD SEARCH 6282 OLIVE BLVD. ST. ST. LOUIS, MO 63130 | 43-1241854 | 501(C)(3) | | 31,688. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (6) RESURRECTION STREET MINISTRY 891 W BOXELDER PL. CHANDLER, AZ 85225 | 55-0799053 | 501(C)(3) | | 30,324. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (7) HELPING HANDS SOCIETY OF LOS ANGELES 1995 E. 20TH ST. LOS ANGELES, CA 90058 | 81-4772946 | 501(C)(3) | | 29,134. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (8) CHESTERFIELD FOOD BANK 12211 IRON BRIDGE RD. CHESTER, VA 23831 | 27-1286258 | 501(C)(3) | | 26,707. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (9) DECATUR DREAM CENTER 312 8TH ST SW DECATUR, AL 35601 | 82-3106124 | 501(C)(3) | | 25,792. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (10) EL REY JESUS 3968 20TH PLACE SW NAPLES, FL 34116 | 20-4580546 | 501(C)(3) | | 25,180. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (11) EMPOWER BOONE PANTRY & RESOURCE CENTER 200 S. FIFTH ST. CAPRON, IL 61012 | 84-1647950 | 501(C)(3) | | 24,380. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (12) THE STEW POT 1835 YOUNG ST. DALLAS, TX 75201 | 75-0871727 | 501(C)(3) | | 21,312. | FMV | FOOD & NON-PERISHABL | RELIEF |

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

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

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

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Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

LESEA GLOBAL FEED THE HUNGRY, INC

32-0053249

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) WELLSRING CHRISTIAN CENTER 345 E FRESNO ST. ST. DINUBA, CA 03618 | 22-3879971 | 501(C)(3) | | 21,076. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (2) DEBORAHS PLACE 2525 SHADELAND AVE. INDIANAPOLIS, IN 46218 | 83-3405471 | 501(C)(3) | | 21,040. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (3) TOLLESON FOOD BANK P.O. BOX 1396 TOLLESON, AZ 85353 | 74-2530272 | 501(C)(3) | | 20,518. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (4) WESTCOAST CHURCH 240 PINE ST. ENGLEWOOD, FL 34223 | 59-2527604 | 501(C)(3) | | 20,000. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (5) OPENGATE PRAISE AND DELIVERANCE MINISTRIES 137 DIVISION ST. ELKHART, IN 46516 | 35-2134036 | 501(C)(3) | | 19,673. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (6) ABUNDANT LIFE CHRISTIAN CENTER 601 DELANY RD. LAMARQUE, TX 77568 | 76-0164062 | 501(C)(3) | | 16,088. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (7) WASTE NOT 1700 N. GRANITE RD. SCOTTSDALE, AZ 82257 | 86-0650514 | 501(C)(3) | | 14,744. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (8) L.A. DREAM CENTER 2301 BELLEVUE AVE. LOS ANGELES, CA 90026 | 95-1803686 | 501(C)(3) | | 12,184. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (9) ST. AUGUSTINE 2488 W 14TH ST. TREMONT, OH 44113 | 20-8957171 | 501(C)(3) | | 11,416. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (10) METRO WORLD CHILD (WAREHOUSE) 56-06 COOPER AVE. FLUSHING, NY 11385 | 46-1387794 | 501(C)(3) | | 10,843. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (11) COUNTRYSIDE CARES DBA HELPING HANDS 1850 N MCMULLEN BOOTH CLEARWATER, FL 33757 | 46-2399940 | 501(C)(3) | | 9,551. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (12) MANNA HOUSE MINISTRIES, INC P.O. BOX 633 RINCON, GA 31326 | 58-2109727 | 501(C)(3) | | 7,788. | FMV | FOOD & NON-PERISHABL | RELIEF |

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

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

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

Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Name of the organization

LESEA GLOBAL FEED THE HUNGRY, INC

Employer identification number

32-0053249

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) SAINT ANTHONY OF PADUA CHURCH 1359 ACUSHNET AVE. NEW BEDFORD, MA 02746 | 04-2159905 | 501(C)(3) | | 6,171. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (2) STAR OF HOPE 6897 ARDMORE HOUSTON, TX 77054 | 74-1152599 | 501(C)(3) | | 5,427. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (3) CATHOLIC CHARITIES 1919 CEDAR AVE. LAREDO, TX 78040 | 53-0196620 | 501(C)(3) | | 5,348. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (4) CONNECTICUT FOOD BANK 2 RESEARCH PKWY. WALLINGFORD, CT 06492 | 06-1063025 | 501(C)(3) | | 5,144. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (5) RAHWAY FOOD FOR FRIENDS P.O. BOX 1882 RAHWAY, NJ 07065 | 46-1061259 | 501(C)(3) | | 5,033. | FMV | FOOD & NON-PERISHABL | RELIEF |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

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

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

Schedule I (Form 990) 2022

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

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

SCHEDULE I, PART I, LINE 2:

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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 | | 1,566,377. | COMPARABLE PROPERTY |
| 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 | X | 7 | 146,655. | FAIR MARKET VALUE |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | X | 1,036 | 56,210,368. | COMPARABLE PROPERTY |
| 20 Drugs and medical supplies | X | 2 | 71,106. | COMPARABLE PROPERTY |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (SEE SUPP PAGE) | | 40. | 3,860,492. | |
| 26 Other ▶ () | | | | |
| 27 Other ▶ () | | | | |
| 28 Other ▶ () | | | | |

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

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

Schedule M (Form 990) 2022

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

SCHEDULE M, LINE 32B:

LESEA GLOBAL FEED THE HUNGRY CONTRACTED WITH MILWAUKEE DIRECT MARKETING
TO PROVIDE CONSULTING, MARKETING, AND DIRECT MAIL SERVICES. MILWAUKEE
DIRECT MARKETING 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.

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

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

| DESCRIPTION | (A) CHECK | (B) NUMBER OF CONTRIBUTIONS | (C) REVENUES REPORTED | (D) METHOD OF DETERMINING |
|-----------------|-----------|-----------------------------|-----------------------|---------------------------|
| VITAMINS & SUPP | X | 37 | 3,854,798. | COMPARABLE PROPE |
| OTHER | X | 3 | 5,694. | COMPARABLE PROPE |
| TOTALS | | 40. | 3,860,492. | |

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

Department of the Treasury
Internal Revenue Service

Name of the organization

LESEA GLOBAL FEED THE HUNGRY, INC

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

32-0053249

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

ANDREW J. SUMRALL AND ANGELA N. GRABOWSKI HAVE A FAMILY RELATIONSHIP.

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

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 B, LINE 15:

THE ORGANIZATION HAS AN EXECUTIVE COMPENSATION POLICY WHICH REQUIRES THE USE OF COMPARABLE DATA, WHICH IS REVIEWED BY AN INDEPENDENT COMMITTEE OF THE BOARD OF DIRECTORS, PRIOR TO APPROVAL OF COMPENSATION.

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

LESEA GLOBAL FEED THE HUNGRY, INC

32-0053249

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

THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON
REQUEST.

Name of the organization

Employer identification number

LESEA GLOBAL FEED THE HUNGRY, INC

32-0053249

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

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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 DISTASTERS. IN PARTNERSHIP WITH INDIGENOUS LOCAL CHURCHES AND COMMUNITIES OF FAITH, WE PROMOTE SPIRITUAL, EMOTIONAL, AND PHYSICAL WELFARE.

Name of the organization

Employer identification number

LESEA GLOBAL FEED THE HUNGRY, INC

32-0053249

FORM 990, PART III - PROGRAM SERVICE

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LINE 4A, PROGRAM SERVICE

IN FISCAL YEAR 2022, FEED THE HUNGRY ADDED 32,145 CHILDREN TO THE EVERY CHILD EVERY DAY NUTRITION AND FOOD SECURITY PROGRAM, A 8.05% INCREASE FROM 2021 ENROLLMENT. A TOTAL OF 431,439 CHILDREN FROM 24 NATIONS BENEFITED FROM REGULAR, COOKED AND DRY RATION MEALS. THIS INCREASE IN SUSTAINED NUTRITION WAS ESPECIALLY IMPORTANT AS OUR FEEDING PROGRAMS CONTINUED TO MOVE FROM THE RESIDUAL EFFECTS OF COVID 19.

BEYOND THE EVERY CHILD EVERY DAY PROGRAM, FEED THE HUNGRY CONTINUED TO FULFILL ITS MISSION OF EMERGENCY RELIEF THROUGH (A) ENGAGING IN FOOD SECURITY EFFORTS AMONGST DISPLACED AND REFUGEE POPULATIONS OF SOUTH SUDAN, BURKINA FASO, AND AFGHANISTAN; (B) COLLABORATED WITH A FOOD DISTRIBUTION PARTNER IN NORTHERN UGANDA TO ASSIST A MARGINALIZED COMMUNITY IN CREATING JOBS, EDUCATION OPPORTUNITIES, INFRASTRUCTURE AND SOCIAL SERVICES; (C) DEVELOPED A SUPPLY CHAIN TO UKRAINE WHERE WE ASSISTED IN FOOD DISTRIBUTION BOTH INSIDE THE COUNTRY AND TO NEIGHBORING COUNTRIES ACCOMMODATING REFUGEES DISPLACED BY WAR; AND (E) DISTRIBUTING 17,234,593 POUNDS OF FOOD AND RESOURCES TO COMMUNITY FOOD PANTRIES, SHELTERS AND OUTREACHES FOR DOMESTIC FOOD DISTRIBUTION EFFORTS ACROSS THE UNITED STATES.

Name of the organization

Employer identification number

LESEA GLOBAL FEED THE HUNGRY, INC

32-0053249

FORM 990, PART VI, LINE 17 - STATES

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CA,
GA, HI, IN, KY, MD, MA, MI,
MN, MS, NH, OR,
SC, TN, VA, WV, WI,