orm 990		-	ion Exempt F of the Internal Revenu					ons)	OMB No. 1545-00 2022			
epartment of the Treas nternal Revenue Service	ury	•	numbers on this form a Ø for instructions and	-		•			Open to Publi Inspection			
For the 2022 c	alendar year, or tax year beginni	ing	and en	ding								
Check if applicable:	C Name of organization						D Emp	loyer ide	entification numbe			
	LESEA GLOBAL FEED	THE HUNGRY,	INC									
Address change	Doing business as							00532				
Name change	Number and street (or P.O. box	if mail is not delivered t	o street address)		Room/su	ite	E Tele	phone nu	umber			
Initial return	61300 IRONWOOD ROA		(574)291-3292									
Final return/termina	ed City or town, state or province,	country, and ZIP or fore	eign postal code				G Gros	s receipt	is \$			
Amended return	SOUTH BEND, IN 466								3,946,032.			
Application pending	F Name and address of principal of	officer: ANTONIO	AGOSTINO			H(a) Is this subor	s a group re dinates?	turn for	Yes X			
	61300 IRONWOOD ROA	D, SOUTH BEN	D, IN 46614			H(b) Are a	all subordin	ates include	d? Yes			
Tax-exempt state	is: X 501(c)(3) 501(c) () (insert r	no.) 4947(a)(1) or	5	527	lf	"No," atta	ch a list. S	See instructions.			
	WWW.FEEDTHEHUNGRY.OR	G				H(c) Grou						
	ation: X Corporation Trust	Association	Other	L Year	of formation	tion: 200	3 M S	tate of le	egal domicile:			
	mary											
1 Briefly of	lescribe the organization's missic	on or most significant	t activities: PROVID	ING F	OOD A	ND NON	I-F00	D ASS	SISTANCE			
3 TO TH	HE POOR AND HUNGRY, H	EMERGENCY RE	LIEF TO PEOPLE	AFFE	CTED	BY FAM	IINE,					
DROUC	HT, FLOOD, WAR, OR (OTHER DISAST	ER.									
2 Check t			s operations or dispo				1	s net	assets.			
ອັ 3 Number	of voting members of the govern							3				
	4 Number of independent voting members of the governing body (Part VI, line 1b)											
💐 5 Total nu	Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5											
່ຮູ ່ 6 Total nເ	mber of volunteers (estimate if ne							6	23,8			
ra rotarui	related business revenue from Pa			7a 📃	N							
b Net unr	elated business taxable income fr	om Form 990-T, Par	t I, line 11				7	7b	NC			
						Prior Y	ear		Current Year			
B Contribu	itions and grants (Part VIII, line 1	ו)			-	44,35	8,378	3.	72,411,15			
ទី 9 Program	n service revenue (Part VIII, line 2g						NO		NC 119,45			
		Income (Part VIII, column (A), lines 3, 4, and 7d) 48 ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 48										
11 Other re												
	venue - add lines 8 through 11 (n					44,84			72,530,61			
	and similar amounts paid (Part IX,					35,79			63,246,59			
	paid to or for members (Part IX,						NONE		NC			
g 15 Salaries	, other compensation, employee				1,137,982.			1,186,86				
ω	onal fundraising fees (Part IX, col					12	6,533.		150,64			
b Total fu	ndraising expenses (Part IX, colun		2,415,015.									
17 Other e	penses (Part IX, column (A), line						4,519		6,434,58			
	penses. Add lines 13-17 (must e	•				41,75			71,018,69			
19 Revenu	e less expenses. Subtract line 18	from line 12					1,130		1,511,92			
20 Total as 21 Total lia 22 Net ass						ning of Cu		_	End of Year			
20 Total as	sets (Part X, line 16)						5,303		9,914,90			
21 Total lia	bilities (Part X, line 26)						6,244		1,350,07			
	ets or fund balances. Subtract line	e 21 from line 20				7,97	9,059).	8,564,83			
•	ature Block											
Jnder penalties	Signed by declare that I have examine mplete. Declaration of preparer (other	d this return, including than officer) is based of	g accompanying schedules	and stat	ements, a has anv k	and to the nowledge.	best of I	my knov	vledge and belief,			
	nio Agostino	,					9/8/2					
l l	018ECECE4FE e of officer											
						Dat	e					
ANTOI	IIO AGOSTINO		CFO									
	print name and title											
Print/Ty aid	pe preparer's name	Preparer's signat	ure	Date		Chec	k 🔄 i	f PTIN	I			
reparer JACOF	B COOK	JACOB CO	OK	09/0	8/2023	self-e	employed	P0	1240455			
Firm's n	ame BDO USA					Firm's EIN	١	13-	5381590			
se Only												
Firm's a	ddress 200 OTTAWA AVE N cuss this return with the prepa	W STE 300 GRAND R				Phone no			-774-7000			

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

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	Name of exempt organization or other filer, see in	structions.		Taxpayer identification number (TIN)		
print	LESEA GLOBAL FEED THE HUNGRY,	INC		32-0053249		
File by the	Number, street, and room or suite no. If a P.O. bo		ctions.			
due date for iling your	61300 IRONWOOD ROAD					
return. See	City, town or post office, state, and ZIP code. For	r a foreign ad	dress, see instructions.			
nstructions.	SOUTH BEND, IN 46614					
Enter the I	Return Code for the return that this application	is for (file	a separate application f	or each return)	01	
Applicatio	n	Return	Application		Return	
ls For		Code	Is For		Code	
Form 990	or Form 990-EZ	01	Form 1041-A		08	
Form 472) (individual)	03	Form 4720 (other that	n 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 boo 	oks are in the care of ► ANTONIO AGOSTING					
	61300 IRONWOOD H			4		
•	one No. ▶ <u>574 231-5212</u>		Fax No. ►			
	ganization does not have an office or place of					
If this is	for a Group Return, enter the organization's fo	ur digit Gro	oup Exemption Number	(GEN) If th		
the second se	a ta a mana a ta a ta da ta ta a su					
	ole group, check this box 💦 🕨 📃 . I		art of the group, check	this box		
a list with	ole group, check this box ► I he names and TINs of all members the extens	ion is for.			ach	
a list with t 1 I req	ole group, check this box ► I he names and TINs of all members the extens uest an automatic 6-month extension of time u	ion is for. ntil	11/15_, 202	this box \blacktriangleright and att 23, to file the exempt organizati	ach	
a list with t 1 I req	ole group, check this box ► I he names and TINs of all members the extens	ion is for. ntil	11/15_, 202		ach	
a list with t 1 I req for th	ole group, check this box ►	ion is for. ntil	11/15_, 202		ach	
a list with t 1 I requ for th	ole group, check this box ▶ . I the names and TINs of all members the extens uest an automatic 6-month extension of time u ue organization named above. The extension is calendar year 2022 or	ion is for. ntil for the org	<u>11/15</u> , 20 ganization's return for:	23, to file the exempt organizati	ach	
a list with t 1 I req for th	ole group, check this box ►	ion is for. ntil for the org	<u>11/15</u> , 20 ganization's return for:	23, to file the exempt organizati	ach	
a list with t 1 I required for the begin to be be be been set of the begin term of the best of the b	ole group, check this box ▶ . I the names and TINs of all members the extens uest an automatic 6-month extension of time u the organization named above. The extension is calendar year 2022 or tax year beginning	ion is for. ntils for the org	<u>11/15</u> , 202 ganization's return for: , and ending	23, to file the exempt organizati, 20	ach	
a list with t 1 I required for the begin the begin the begin the begin the begin term of	ole group, check this box ▶	ion is for. ntils for the org	<u>11/15</u> , 202 ganization's return for: , and ending	23, to file the exempt organizati, 20	ach	
a list with t 1 I req for th ▶ 2 ▶ 2 2 If the	ole group, check this box ▶ . I the names and TINs of all members the extens uest an automatic 6-month extension of time u the organization named above. The extension is calendar year 2022 or tax year beginning	ion is for. ntil for the org , 20 nonths, chee	<u>11/15</u> , 202 ganization's return for: , and ending ck reason: Initial r	23, to file the exempt organizati , 20 eturn Final return	ach	

- nonrefundable credits. See instructions.3abIf 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
- 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).
 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.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

NONE

LESEA GLOBAL FEED THE HUNGRY, INC

32-0053249

Form 990 (202	22)			Page
Part III	Statement of Program Se		ia Dart III	
1 Briefly c	lescribe the organization's m	ains a response or note to any line in th aission:	is Part III	X
-	CHEDULE O			
prior Fo		significant program services during t		he Yes X No
3 Did the services	organization cease cond	ucting, or make significant changes		
4 Describ expense	es. Section 501(c)(3) and 5	Schedule O. Im service accomplishments for eac i01(c)(4) organizations are required to iny, for each program service reported	to report the amount of grants and	
-) (Expenses \$ CHEDULE O	68,460,299. including grants of \$	63,246,594.) (Revenue \$	NONE)
4b (Code:) (Expenses \$)	including grants of \$) (Revenue \$))
4c (Code:) (Expenses \$)	including grants of \$) (Revenue \$)
4d Other p (Expens	rogram services (Describe o	-	evenue \$)	
` ·	ogram service expenses	68,460,299.		
JSA 2E1020 1.000	3PL 701U			Form 990 (2022 7

Form 9	90 (2022)		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1 2	X X	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	A	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		- 21
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			37
9	<i>complete Schedule D, Part III</i> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		X
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
-	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		X
C	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
4.0	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 14a		X X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		
5	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			37
19	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		X
19	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
164	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 9	90 (2022)		I	Page
Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Σ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23		Σ
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Σ
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		2
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		2
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		,
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	20		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		2
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		2
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			+
	or IV, and Part V, line 1	34		
25 3	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	554		-
D		256		
	controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		-
86	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
_	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V			۰L
			Yes	1
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
SA = 1.030		Form	990	(2

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LESEA	GLOBAL	FEED	THE	HUNGRY,	TNC

32-0053249

Form	990 (2022)		F	Page 5					
Par	t 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?	2b	Х						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?								
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
	gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods								
	and services provided to the payor?	7a		Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	required to file Form 8282?	7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12 10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources								
	against amounts due or received from them.)	12-							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	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.	13a							
а	Is the organization licensed to issue qualified health plans in more than one state?	IJa							
L	Note: See the instructions for additional information the organization must report on Schedule O.								
D	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								
	Enter the amount of reserves on hand	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b							
ы 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
15	excess parachute payment(s) during the year?	15		х					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х					
10	If "Yes," complete Form 4720, Schedule O.								
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?	17							
	If "Yes," complete Form 6069.								

Form 9	90 (2022) LESEA GLOBAL FEED THE HUNGRY, INC 32-0053	3249	F	Page 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6	-		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
	Enter the number of voting members included on line 1a, above, who are independent 1b 5	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2	v	
-	any other officer, director, trustee, or key employee?	_	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		x
4	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	6		X
0 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
'a	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
-	the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	/	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	4.01-		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	v	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	120		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
с	rise to conflicts?			
U	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
Secti	organization's exempt status with respect to such arrangements?	16b		
17 19			tion F	01(~)
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	i (sec	1011 5	υ I (C)
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inter	est r	olicy
	and financial statements available to the public during the tax year.		501 þ	, oney,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ls		
-	ANTONIO AGOSTINO 61300 IRONWOOD ROAD SOUTH BEND, IN 46614			
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2E1042	1.000			

Page 7

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontra	actors								

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)	box, office or direct	unles	ss pe	ition more rson	e than o is both or/trust employee	an	(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
(1) STEFAN J. RADELICH	40.00									
PRESIDENT & CEO	NONE	Х		Х				90,520.	NONE	25,380.
(2) ANGELA N. GRABOWSKI	5.00									
SECRETARY/TREASURER	NONE	Х		Х				NONE	NONE	NONE
(3) JOHN CORY	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(4) DR. MARK LANTZ	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(5) DR. RODRIGO RODRIGUEZ	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(6) ANDREW J. SUMRALL	5.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(7) ANTONIO AGOSTINO	5.00									
CFO	NONE			Х				NONE	NONE	NONE
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

LESEA GLOBAL FEED THE HUNGRY, INC

	n 990 (2022)											Page 8
Pa	rt VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	yee	es,	and H	ligl	hest Compensat	ed Employ	ees (co	ontinued)
	(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles	Pos heck ss pe d a d	erson lirect	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	n from I	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-I		from the organization and related organizations
			-									
			-									
			-									
1b c	Sub-total Total from continuation sheets to Part VII, S	ection A		•••	••	••			90,520. NONE		NONE NONE	25,380. NONE
d	Total (add lines 1b and 1c)								90,520.		NONE	25,380.
2	Total number of individuals (including but not reportable compensation from the organization		hose	liste		bove NOI		o re	ceived more than	\$100,000 o	f	
	· · · · ·			+r:					loves or highest		tod	Yes No
3	Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Schedu</i>	ule J for su	ch ind	livid	ual	• •					• •	3 X
4	For any individual listed on line 1a, is the sorganization and related organizations greated organizations and related organizations greated by the solution of the solution o	eater than	\$15	50,0	00?	P If	"Yes	s," (complete Schedu	sation from <i>le J for</i> s	the uch	
5	individual Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on f	from	n any	uni	related organization			4 X 5 X
Se	ction B. Independent Contractors	es, comple	10 301	ieul	iie J	101	SUCIT	per	3011	<u></u>		5 X
	Complete this table for your five highest com compensation from the organization. Report c year.											
	(A) Name and business add	lress							(B) Description of se	rvices	Co	(C) ompensation
								+				

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE

Form 990 (2022)

LESEA GLOBAL FEED THE HUNGRY, INC

Par	t VII			viling in this Dort)	/111		
		Check if Schedule O contains a response o	r note to an	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
its, its	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
	С	Fundraising events 1c					
	d	Related organizations					
s, G	е	Government grants (contributions) 1e					
Program Service Contributions, Revenue and Other Sirr	f	All other contributions, gifts, grants,					
			2,411,153.				
j o r	g	Noncash contributions included in lines 1a-1f	1,854,998.				
Cor	h	Total . Add lines 1a-1f		72,411,153.			
			siness Code	,2,111,135.			
e	2a						
e vi	za b						
Se	c						
am eve	d						
ogr	e						
P	f	All other program service revenue					
	g	Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividends, inter	rest, and				
		other similar amounts).	••••	141,934.			141,934.
	4	Income from investment of tax-exempt bond proc		NONE			
	5	Royalties		NONE			
			i) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b Rental income or (loss) 6c NONE	NONE				
	c d	Rental income or (loss) 6c NONE Net rental income or (loss)	-	NONE			
	7a		(ii) Other	NONE			
	74	sales of assets	()				
		other than inventory 7a 1,392,945.					
e	b	Less: cost or other basis					
enue		and sales expenses . 7b 1,415,420.					
	с	Gain or (loss) 7c -22,475.					
er R	d	Net gain or (loss)		-22,475.	NONE	NONE	-22,475.
Other Rev	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	NONE				
	b	Less: direct expenses	NONE				
	С	Net income or (loss) from fundraising events		NONE			
	9a	Gross income from gaming activities. See Part IV, line 19 9a	NONE				
			NONE				
	b c	Less: direct expenses		NONE			
	10a	Gross sales of inventory, less					
	IVa	returns and allowances 10a	NONE				
	b	Less: cost of goods sold	NONE				
	c	Net income or (loss) from sales of inventory		NONE			
S		Bu	siness Code				
Miscellaneous Revenue	11a						
ent	b						
Sev	с						
Mis	d	All other revenue					
	e	Total. Add lines 11a-11d		NONE			110.450
	12	Total revenue. See instructions		72,530,612.	NONE	NONE	119,459.

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LESEA GLOBAL FEED THE HUNGRY, INC Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 7b, 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	NONE					
	section 401(k) and 403(b) employer contributions)						
9	Other employee benefits	NONE					
10	Payroll taxes	NONE					
11	Fees for services (nonemployees):						
а	Management	NONE					
b	• Legal	NONE					
	Accounting	NONE					
	Lobbying	NONE			150 640		
	Professional fundraising services. See Part IV, line 17.	150,648.	07.005		150,648		
	f Investment management fees	27,825.	27,825.				
g	Other. (If line 11g amount exceeds 10% of line 25, column	007 755	441,605.	32,200.	122 050		
40	(A), amount, list line 11g expenses on Schedule O.)	907,755.	441,005.	52,200.	433,950 1,538		
	Advertising and promotion						
13	Office expenses	NONE					
14 15	Information technology	NONE					
16	Royalties	287,312.	287,312.				
17		71,966.	42,825.	665.	28,476		
	Travel Payments of travel or entertainment expenses	,1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12,023.		207170		
10	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.				
c	BANK CHARGES & FEES	103,737.	98,176.	826.	4,735		
e	All other expenses	59,585.	47,964.	3,466.	8,155		
	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 if						
	following SOP 98-2 (ASC 958-720)						

JSA

Form 990 (2022)

Page	1	1
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	Check if Schedule O contains a response or note to any line in this Pa	(A)		(B)
		(A) Beginning of year		End of year
1	Cash - non-interest-bearing	2,216,825.	1	2,469,195.
2	Savings and temporary cash investments.	NONE	2	NON
3	Pledges and grants receivable, net	NONE	3	NON
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	NON
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	NON
2 7	Notes and loans receivable, net	NONE	7	NON
7 3 2 2 2 2 2 2 2 2 3 2 3 2 3 2 3 2 3 3 2 3	Inventories for sale or use	395,080.	8	85,776
ζ 9	Prepaid expenses and deferred charges	53,423.	9	131,253
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D			
b	Less: accumulated depreciation	160,915.	10c	134,212
11	Investments - publicly traded securities	5,679,724.	11	6,806,306
12	Investments - other securities. See Part IV, line 11	NONE		NON
13	Investments - program-related. See Part IV, line 11	NONE		NON
14	Intangible assets	NONE	14	NON
15	Other assets. See Part IV, line 11	NONE		NON
16	Total assets. Add lines 1 through 15 (must equal line 33)	8,955,303.	16	9,914,905
17	Accounts payable and accrued expenses	533,244.	17	940,074
18	Grants payable	NONE		NON
19	Deferred revenue	NONE		NON
20	Tax-exempt bond liabilities	NONE		NON
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NON
	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	22	NON
j 23	Secured mortgages and notes payable to unrelated third parties	NONE		NON
24	Unsecured notes and loans payable to unrelated third parties	400,000.	24	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.	25	10,000
26	Total liabilities. Add lines 17 through 25	976,244.	26	1,350,074
600	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.		-	· · ·
27	Net assets without donor restrictions	7,979,059.	27	8,564,831.
28	Net assets with donor restrictions.	NONE	28	NON
27 28 28	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
2 31	Retained earnings, endowment, accumulated income, or other funds		31	
29 30 31 32 32	Total net assets or fund balances	7,979,059.	32	8,564,831.
33	Total liabilities and net assets/fund balances	8,955,303.	33	9,914,905.

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Form 99	90 (2022)			Pa	ige 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>
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,)18,	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	7,9	979,	059.
5	Net unrealized gains (losses) on investments	5	- 9	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				
	<u>32,</u> column (B))	10	8,	564,	<u>831</u> .
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain o	n		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2</u> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled c	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?		_ 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	a		
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight o	of		
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?	<u>2</u> c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain o	n		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in th	e		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo th	e		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	udits	. 3b		

Form	990	(2022)
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SCHEDULE	ŀ
(Form 990)	

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.

OMB No. 1545-0047 G

	ment of the Treasure Revenue Service	ſy	Go to www.irs.go	/Form990 for instruction	ons and t	he latest i	nformation.	Inspection
Name o	of the organizatior	1					Employer identif	ication number
LESE	EA GLOBAL I	FEED THE HUI	NGRY, INC				32-0	053249
Part	Reasor	n for Public Cha	arity Status. (All	organizations must	comple	ete this p	part.) See instruction	ns.
The o	organization is	not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)	
1	A church, c	convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2	A school de	escribed in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3	-	-		rganization described				
4	A medical	research organiz	ation operated in	conjunction with a hose	spital de	scribed i	n section 170(b)(1)(A)(iii). Enter the
_		name, city, and st						
5	An organiz	ation operated f	for the benefit of	a college or universit	ty owne	d or ope	erated by a governme	ental unit described in
_		0(b)(1)(A)(iv). (C						
6				rnmental unit describe				
7 [-	-	upport fr	om a go	vernmental unit or fr	om the general public
_			(1)(A)(vi). (Compl					
8			-	b)(1)(A)(vi). (Complete				
9				ed in section 170(b)(1		•		
		y or a non-land-	grant college of ag	griculture (see instruct	tions). E	nter the	name, city, and state c	of the college or
Г	university:							
10 [11 [receipts fro support fro acquired by	om activities rela m gross investm y the organizatio	ted to its exempt f nent income and u in after June 30, 1	pre than 331/3 % of its functions, subject to c nrelated business tax 975. See section 509 usively to test for publi	ertain ex able inco (a)(2). (0	ceptions ome (les Complete	s; and (2) no more tha s section 511 tax) from e Part III.)	n 331/3 % of its
12		0	•					rry out the purposes o
L		-		-				ction 509(a)(3). Check
			-	es the type of suppor		-		
а		-		, supervised, or contr			-	-
-				regularly appoint or e	-			
		-		e Part IV, Sections A		- , - , -		
b				ed or controlled in co		n with its	supported organizat	ion(s), by having
				rganization vested in				
				, Sections A and C.				- 5
с			-	ng organization opera	ated in c	onnectio	n with, and functiona	Illy integrated with,
				s). You must comple				, , ,
d		-		porting organization c				rted organization(s)
		-		nization generally mus	-			
				omplete Part IV, Sect	-		-	
е				a written determinatio				II, Type III
	functiona	lly integrated, or	Type III non-funct	ionally integrated sup	porting of	organizat	tion.	
f	Enter the num	ber of supported	l organizations					
g	Provide the fol	lowing information	on about the suppo	orted organization(s).				
(i	i) Name of support	ed organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					Yes	No		
(A)								
(~) 								
(B)								
(C)								
(D)								
(E)								
Total								
For Pa	aperwork Reduc	tion Act Notice, s	ee the Instructions	for Form 990 or 990-EZ.			' S	ichedule A (Form 990) 202

Page **2**

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.)

2 Tax revues levide for the organization's benefit and either paid to or expended on its behalf	<u>Sec</u>	tion A. Public Support						
membership fees received. (Do not include any "unusuit grans.") 23,966.621. 30,726.660. 43,600.244. 44.359,378. 72,411,153. 215,165,254 2 Tax revenues levied for the or generation's benefit and either paid to or expended on its benefit and either paid to expendent of total contributions by each parso (follor than a governmental unit or public) 23,966.621. 20,720.860.43,600.244. 44.259,378.72,72,411,153.215,165,254. 5 The portion of total contributions by each parso (follor than governmental unit or public) 23,966.621.30,728.660.43,600.244. 44.359,377.72,411,153.215,165,254. 6 Public support. Subtrate tine 5 from line 4 23,966.611.30,728.660.43,600.244. 44.359,377.72,411,153.215,125,125,125,125,125,125.125.125,125,125,125.125.125,125,125,125,125,125,125,125,125,125,	Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
or expended on its behavious accumple 3 The value of services or facilities furnished by a governmental unit to the organization without charge	1	membership fees received. (Do not	23,986,611.	30,728,868.	43,680,244.	44,358,378.	72,411,153.	215,165,254.
furnished by a governmental unit to the organization without charge	2	organization's benefit and either paid to						NONE
The portion of total contributions by active rescaled person (other than a governmental unit or publicly supported organization) included on line if that exected 2% of the amount shown on line 11, column (i)	3	furnished by a governmental unit to the						NONE
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)	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.
6 Public support. Subtract line 5 from line 4 176,519,652 Section B. Total Support (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. 44,358,376. 72,411,153. 215,165,254 8 Gross income from interest, dividends, payments received on securities loans, rents, royatitis, and income from similar sources 40,382. 35,784. 35,229. 154,295. 141,934. 407,624 9 Net income from unrelated business is regularly carried on . 40,382. 35,784. 35,229. 154,295. 141,934. 407,624 9 Net income from unrelated business is regularly carried on Now 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). Now 11 Total support. Add lines 7 through 10. . 12 1,750 .<	5	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
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Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 30,728,868 43,680,244 44,358,378 72,411,153 215,165,254 8 Gross income from interest, dividends, new form 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 35,784 35,229 154,295 141,934 407,624 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 1 215,572,078 300 11 Total support. Add lines 7 through 10. 1 215,572,078 300 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) 11 12 1,750 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 81.88 % 15 79.37 % 16 33/3% support test - 2022. If the organization did not check ab ox on line 13, and line 14 is 33/3% or more, check this box and stop here. The organization dual files as a publicly supported organization 11 </td <td></td> <td>••</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>176,519,662.</td>		••						176,519,662.
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 losans, rents, royatties, 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 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 Now Now 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Image: Carried			(2) 2019	(b) 2010	(a) 2020	(4) 2021	(a) 2022	(f) Total
8 Gross income from interest, dividends, payments received on securities loans, rents, royalites, and income from securities loans, rents, royalites, and income from unrelated business activities, whether or not the business is regularly carried on			.,	. ,	. ,		.,	
activities, whether or not the business is regularly carried on		Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from						407,624.
loss from the sale of capital assets (Explain in Part VI.) Image: construction of part of the construction of the organization of the organization of the construction of the constructin on the consthe construction of the construction of the	9	activities, whether or not the business						NONE
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. 14 81.88 % 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 331/3 % support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 1 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 1 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop	10	loss from the sale of capital assets						NONE
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		_			-	-		
	18							
	10	-						

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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	LESEA dule A (Form 990) 2022 t III Support Schedule for Orgar		Cribed in Sec	-		32-00532	249 Page \$
r ai	(Complete only if you checked If the organization fails to qua	ed the box on	line 10 of Par	t I or if the org	anization failed omplete Part II	d to qualify und l.)	der Part II.
Sec	tion A. Public Support						
Cale	ndar 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						
4	unrelated trade or business under section 513 -						
4	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ŭ	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						
с	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
-	tion B. Total Support	() 00 (0	(1) 0040	() 0000	(1) 0004	()0000	(0 T ()
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 10 a	Amounts from line 6 Gross income from interest, dividends,						
iva	payments received on securities loans,						
	rents, royalties, and income from similar						
h	sources						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	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	-					
	organization, check this box and stop here.			<u></u>		<u></u>	• • • • • •
800	tion C. Computation of Public Supp Public support percentage for 2022 (line 8,			mn (f))		15	%
						16	%
15							/0
15 16	Public support percentage from 2021 Sched						
15 16 Sec	Public support percentage from 2021 Scher tion D. Computation of Investment	Income Perc	entage	13. column (f))		17	%
15 16	Public support percentage from 2021 Sched	Income Perc e 10c, column (i	f), divided by line			17 18	%

b 331/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization . .

(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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? *If "Yes," provide detail in Part VI.*
- 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? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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))? If "Yes," provide detail in **Part VI.**
- **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? *If "Yes," provide detail in Part VI.*
- 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? *If "Yes," provide detail in Part VI.*
- **10 a** 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)? *If "Yes," answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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	Page	5
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1

2

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on 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			

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

Section C. Type II Supporting Organizations

 Yes
 No

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).						
а		The organization satisfied the Activities Test. Complete line 2 below.					
b		The organization is the parent of each of its supported organizations. Complete line 3 below.					
С	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).						
2	A ativ	itias Tast. Answer lines 2s and 2h holew		Yes	N		
2	ACIIV	ities Test. Answer lines 2a and 2b below.					

а	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</i> "Yes," <i>then in</i> Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	
	that these activities constituted substantially all of its activities.	2a
_		

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*

- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No," provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

2b

3a

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See 1 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 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).

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

6

Schedule A (Form 990) 2022

-	le A (Form 990) 2022				Page 7
Part		Supporting Organizat	tions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex		1		
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(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 - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
е	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: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
	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, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c. Breakdown of line 7:				
8					
 	Excess from 2018				
	Excess from 2019				
d	Excess from 2020 Excess from 2021				
	Excess from 2021				
e					

Schedule A (Form 990) 2022

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

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

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 four	ndation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	ion
	501(c)(3) taxable private foundation	

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 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).

LESEA GLOBAL FEED THE HUNGRY, INC 32-0053249 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 N/A Person Payroll 12,191,<u>339</u>. Х \$ Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 N/A Person Payroll 10,282,929. Х \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 N/A Person Payroll 9,887,150. \$ Х Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 N/A Person Payroll 2,578,433. \$ Noncash Х (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 5 N/A Person Payroll 1,564,134. Х \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll \$ Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Page 2

Employer identification number

	(Form 990) (2022)		Page
lame of or	ganization		entification number
	LESEA GLOBAL FEED THE HUNGRY, INC	•	0053249
Part II	Noncash Property (see instructions). Use duplicate copies	s of Part II if additional space is nee	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	RICE MEALS		
1			
		\$12,191,339	12/31/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	ASSORTED FOOD		
2			
		\$10,282,929	12/31/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	ASSORTED FOOD, CLOTHING & HOUSEHOLD		
3			
		\$9,887,150	12/31/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	ASSORTED FOOD		
4_			
		\$ \$, 578,433.	12/31/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	ASSORTED FOOD		
5_			
		\$1,564,134.	12/31/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
			1

Schedule B (Form 990) (2022)

Page 3

	(Form 990) (2022)			Page 4		
Name of or	•			Employer identification number		
	LESEA GLOBAL FEED THE			32-0053249		
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	the year from any ons completing Par e year. (Enter this ir	one contributor. C t III, enter the total formation once. Se	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,		
(a) No. from	(b) Purpose of gift	(c) Use		(d) Description of how gift is held		
Part I		(0) 056				
	Transferee's name, address, a	(e) Transf and ZIP + 4	_	hip 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, a	and ZIP + 4	Relations	hip 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, a	and ZIP + 4	Relations	hip of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	Transformula norma address a	(e) Transfer of gift				
	Transferee's name, address, a	anu zir + 4		hip of transferor to transferee		
JSA				Schedule B (Form 990) (2022)		

SCHEE	DULE D
(Form	990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Open to Public

2

OMB No. 1545-0047

Department of the Treasury			Attach to Form 990			Open to Public
	nal Revenue Service	Go to www.irs.gov/l	Form990 for instructions	and the latest info		Inspection
	e of the organization					fication number
		D THE HUNGRY, INC		<u></u>	32-005	53249
Pa	-	tions Maintaining Donor Adv			or Accounts.	
	Complete	e if the organization answered				
			(a) Donor advis	ed funds	(b) Funds	and other accounts
1		nd of year				
2		of contributions to (during year).				
3		of grants from (during year)				
4		it end of year				
5	Did the organizat	ion inform all donors and donor	advisors in writing the	at the assets he	eld in donor advise	ed
	-	nization's property, subject to the	-	-		
6		on inform all grantees, donors, a				
		e purposes and not for the bene				
		issible private benefit?				. Yes No
Pa		tion Easements.				
		e if the organization answered				
1		servation easements held by the				
		n of land for public use (for example	, recreation or education)		-	important land area
		of natural habitat		Preservati	on of a certified his	storic structure
		n of open space				
2		through 2d if the organization he	eld a qualified conserva	ation contributior		
		ast day of the tax year.				he End of the Tax Year
а	Total number of c	onservation easements				
b	-	tricted by conservation easements				
С		vation easements on a certified		. ,		
d		vation easements included in (c)				
		e listed in the National Register				
3	Number of conse	rvation easements modified, tra	nsferred, released, exti	nguished, or te	rminated by the c	rganization during the
	tax year					
4		where property subject to conse				
5	-	ation have a written policy reg			-	
		orcement of the conservation ea				
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violat	ions, and enforci	ng conservation eas	sements during the year
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violatio	ns, and enforcing	g conservation eas	ements during the year
						7 0
8		vation easement reported on line 2	• •	•		
•)(4)(B)(ii)?				
9		cribe how the organization re				
		d include, if applicable, the text ounting for conservation easeme		e organizations	inancial stateme	nis inal describes the
D		tions Maintaining Collections		assures or Ot	hor Similar Asso	te
1 0		e if the organization answered				
1a	of art, historical f	elected, as permitted under FA reasures, or other similar asse	ts held for public exh	ibition, educatio	on, or research in	furtherance sneet works
	service, provide in	Part XIII the text of the footnote	to its financial stateme	nts that describe	s these items.	
b		n elected, as permitted under Fr				
		sures, or other similar assets he		, education, or r	esearch in further	ance of public service,
		ing amounts relating to these iter				¢
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1				ቀ የ
~		d in Form 990, Part X.				
2	•	n received or held works of a			ar assets for finar	icial gain, provide the
-		s required to be reported under F				¢
a b	Assets included in	on Form 990, Part VIII, line 1 Form 990, Part X				ቅ \$
						Ψ

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

Schedule D (Form 990) 2022

Schee	dule D (Form 990) 2022 LES	SEA GLOBA	AL FEEI	O THE H	JNGRY,	INC				32-0	053249	Page 2
Ра	rt III Organizations Maintain	ing Collect	ions of	Art, Histo	orical Tre	easure	s, or	Other	Similar A	Assets (C	ontinuea	<i>l)</i>
3	Using the organization's acquisition	on, accessio	on, and c	other reco	rds, chec	k any c	of the	follow	ring that n	nake sign	ificant us	e of its
	collection items (check all that app	oly):			_							
а	Public exhibition			d		or exch	ange	program	m			
b	Scholarly research			e	Other							
С	Preservation for future gene	rations										
4	Provide a description of the orga	nization's co	ollections	and exp	ain how	they fu	rther	the org	ganization'	s exempt	purpose	in Part
	XIII.											
5	During the year, did the organization										_	
_	assets to be sold to raise funds rat			ained as p	art of the	organiz	ation'	s collec	ction?		Yes	No
Pa	rt IV Escrow and Custodial A	•		. –				•			. –	
	Complete if the organiza	ation answe	ered "Ye	es" on Fo	m 990, i	Part IV,	line	9, or re	eported a	n amoun	t on Fori	n
4.	990, Part X, line 21.	too ovotod	ion or of	than intern	a a dia m (f				athar asa			
Ta	Is the organization an agent, trus										Yes	No
b	included on Form 990, Part X? If "Yes," explain the arrangement	in Port VIII c		alata tha fr	llowing to	hla:		• • • •	• • • • •	••••	Tes	
b	in res, explain the arrangement	III Fait Alli a			nowing ta	DIE.				Amount		
с	Beginning balance						1c			Amount		
d	Additions during the year						1d					
e	Distributions during the year						1e					
f	Ending balance						16 1f					
2a	Did the organization include an an							stodial	account lia	bilitv?	Yes	No
	If "Yes," explain the arrangement											
	rt V Endowment Funds.											
	Complete if the organization	ation answ	ered "Ye	es" on Fo	rm 990, l	Part IV,	line	10.				
		(a) Currer	1	(b) Pri			vo year		(d) Three y	ears back	(e) Four ye	ars back
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage				e (line 1g	, columr	ו (a))	held as	:			
a	Board designated or quasi-endowr			%								
b	Permanent endowment	%										
С	Term endowment%		اط مصبحا 4	1000/								
20	The percentages on lines 2a, 2b, a Are there endowment funds not in				ation that	oro hol	d one	d odmin	intered for	the		
Ja	organization by:	the posses	51011 01 11	le organiz	alion mai	are nei	u and	aunni		line	Ye	es No
	(i) Unrelated organizations										3a(i)	
	(ii) Related organizations										3a(ii)	
h	If "Yes" on line 3a(ii), are the relat										3b	
4	Describe in Part XIII the intended	•		•								
	rt VI Land, Buildings, and Eq	uipment.										
	Complete if the organiz	ation answ			1				1			
	Description of property		(a) Cost or (invest	other basis tment)	(b) Cost	or other b other)	asis		cumulated eciation	(d)	Book value	÷
1a	Land											
b	Buildings					522,9'	75.	4	65,809.		57	,166.
С	Leasehold improvements	· · · · L				15,88	88.		8,366.			,522.
d	Equipment.	•••• L			:	193,68		1	63,232.			,449.
e	Other					48,6			9,584.			,075.
Tota	I. Add lines 1a through 1e. (Columi	n (d) must e	qual Forn	n 990, Par	t X, colum	n (B), lii	ne 10	c.)			134	,212.

Schedule D (Form 990) 2022

Investments - Other Securities.

Part VII

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 (b) Book value (c) Method of valuation: (including name of security) 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.) Investments - Program Related. Part VIII 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.). 10,000.

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.

Х

Schedu	ILESEA GLOBAL FEED THE HUNGRY, INC	32-	-0053249 Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
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:		
а	Net unrealized gains (losses) on investments 2a 926, 149.		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b 27,825.	1	
С	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 Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		70,990,866.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements		70,990,866.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		70,990,866.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities		70,990,866.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements		70,990,866.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses		70,990,866.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)		70,990,866.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	1	70,990,866.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	1 2e	
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e	
1 2 b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	1 2e	
1 2 b c d 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7b4a4b27,825.	1 2e	
1 2 d c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	1 2e 3	70,990,866.

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

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 State Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		OMB No. 1545-0047				
Internal Revenue Service	Go to www.irs.gov/ronneed for instructions and the latest information.		Inspection				
Name of the organization		Employer ide	ployer identification number				
LESEA GLOBAL FEE	D THE HUNGRY, INC	32-0053249					
Part I General In Form 990, I	organizat	ion answered "Yes" on					
1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and							
other assistance, award the grants of	Yes X 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 b Total from continuation sheets to Part I 	NONE	NONE			30,237,384
c Totals (add lines 3a and 3b)	NONE	NONE			30,237,384

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 2E1274 1.000

LE	SEA (GLOBAL	FEED	THE	HUNGRY,	INC

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 (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

Schedule F (Form 990) 2022

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32-0053249

Schedule F (Form 990) 2022
Part II Grants a

Part II

32-0053249

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.

Schedule F (Form 990) 2022

Page 2

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Page 3

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

Schedule F (Form 990) 2022

Schedule F (Form 9	90) 2022	LESEA	GLOBAL	FEED	THE	HUNGRY,	INC
Part IV Fo	reign Fo	orms					

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	X	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	X	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	X	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? <i>If</i> "Yes," <i>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)</i>	Yes	X	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>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)</i>	Yes	X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "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	X	No

Schedule F (Form 990) 2022

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	Information Regarding Fundraising or Gaming Activities 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.					OMB No. 1545-0047	
(Form 990) Complete if						2022	
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instruction					Opentor abile		
Internal Revenue Service Name of the organization				ne latest mormation.	Employer identificati		
LESEA GLOBAL FE	INC	INC				32-0053249	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line							
	EZ filers are not re						
	the organization rais	sed funds through		0			
a X Mail solicita	е						
b X Internet and	f Solicitation of government grants						
c Phone solic d In-person so		g	g Special fundraising events				
2a Did the organiza		r oral agroomont w	with any in	dividual (in	oluding officers d	liroctore tructooe	
	es listed in Form 990						X Yes No
b If "Yes," list the	10 highest paid indi	viduals or entities				•	fundraiser is to be
compensated at	least \$5,000 by the	organization.					
							1
(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
SEE SUPPLEMENT INFORMATION			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
				1			
Total 5,508 3 List all states in which the organization is registered or licensed to solicit contribut							
3 List all states in registration or lic	-	tion is registered of	icensed	a to solicit	contributions or	has been notified	i i is exempt from
CA, GA, HI, IN, KY,	-	אוו חד פר יייז	772 74777	λТ			
CA, GA, HI, IN, NÌ,	אויי, אויי, אויי, אויי, אויי, אויי	, 1111, OK, BC, IN,	, va, wv,	<u>n</u> ⊥,			

Direct Expenses

5 Noncash prizes

6 Rent/facility costs

7 Food and beverages

8 Entertainment

9 Other direct expenses

Schedule G (Form 990) 2022 LESEA GLOBAL FEED THE HUNGRY, INC Page **2** Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 2 Less: Contributions3 Gross income (line 1 minus) 4 Cash prizes

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	es" on Form 990, Part IV, line 19,	or reported more than
	\$15,000 on Form 990-EZ, line 6a.		

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gross revenue				
ses	2 Cash prizes				
xpen	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes %	Yes%	Yes% No	
	7 Direct expense summary. Add lir	nes 2 through 5 in colu	umn (d)		
	8 Net gaming income summary. S	ubtract line 7 from line	e 1, column (d)		
9	Enter the state(s) in which the orga	anization conducts ga	ming activities:		
a b				-5?	Yes No
10a	Were any of the organization's gaming	g licenses revoked, susp	pended, or terminated du	uring the tax year?	Yes No
b					

Sched	lule G (Form 990 or 990-EZ) 2022 LESEA GLOBAL FEED THE HUNGRY, INC	32-005	53249	Page 3
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 enti	ty		
	formed to administer charitable gaming?	L	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events bool records:	(s and		
	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 \blacktriangleright \$			
С	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:			
а	Is the organization required under state law to make charitable distributions from the gaming pro-	oceeds to		
	retain the state gaming license?		Yes	No
b				
	or spent in the organization's own exempt activities during the tax year > \$			
Par				

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.

(Form 990) GC	vernme	nts, and Ir	Assistance f ndividuals in wered "Yes" on F	n the Unite	d States		OMB No. 1545-0047
Department of the Treasury			tach to Form 990.				Open to Public
Internal Revenue Service	Go t	o www.irs.gov/	Form990 for the la	test information	•		Inspection
Name of the organization						Employer identificat	on number
LESEA GLOBAL FEED THE HUNGRY, INC						32-0053249	
Part I General Information on Grants and	d Assistanc	e					
 Does the organization maintain records to such the selection criteria used to award the grant Describe in Part IV the organization's process Part II Grants and Other Assistance to D 	s or assistand dures for mor	e? hitoring the use	of grant funds in th	e United States.			X Yes No
Part IV, line 21, for any recipient the	hat received	more than \$5	,000. Part II can I	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-PERISHAB	RELIEF
(2) BLESSINGS OF HOPE							
48 EAGLE DR. LEOLA, PA 17542	20-8597936	501(C)(3)		3,625,087.	FMV	FOOD & NON-PERISHAB	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-PERISHAB	RELIEF
(4) GEORGIA FOOD & RESOURCE CENTER							
470 STEELE DR. HAMPTON, GA 30228	58-2553019	501(C)(3)		2,785,974.	FMV	FOOD & NON-PERISHAB	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-PERISHAB	RELIEF
(6) NORTHSTAR BRIDGE							
528 WEST G STREET JENKS, OK 74037	73-1610281	501(C)(3)		2,261,735.	FMV	FOOD & NON-PERISHABI	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-PERISHABI	RELIEF
(8) CHRISTIAN APPALACHIAN PROJECT							
P.O. BOX 1768 PAINTSVILLE, KY 41240	61-0661137	501(C)(3)		1,766,588.	FMV	FOOD & NON-PERISHABI	RELIEF
(9) LOVE FROM ABOVE							
100 N RIVER RD. CLEMONS, MI 48045	38-3362524	501(C)(3)		1,463,287.	FMV	FOOD & NON-PERISHABI	RELIEF
(10) CONVOY OF HOPE							
330 S PATTERSON SPRINGFIELD, MO 65802	68-0051386	501(C)(3)		1,364,899.	FMV	FOOD & NON-PERISHABI	RELIEF
(11) THE FREEDOM CHURCH							
108 1ST STREET ELOISE, FL 03880	81-4516415	501(C)(3)		854,224.	FMV	FOOD & NON-PERISHAB	RELIEF
(12) DURHAM COUNTRY EXTENSION MASTER GARDNER VA							
721 FOSTER ST. DURHAM, NC 27278	99-9999999			727,461.		FOOD & NON-PERISHAB	RELIEF
2 Enter total number of section 501(c)(3) and							77
3 Enter total number of other organizations lis	ted in the line	1 table					

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	ations,		OMB No. 1545-0047
(Form 990)	Governme	nts, and Ir	ndividuals i	n the Unite	d States		2022
	Complete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury			tach to Form 990.				Open to Public
Internal Revenue Service	Go t	o www.irs.gov/	Form990 for the la	test information	•		Inspection
Name of the organization						Employer identifica	tion number
LESEA GLOBAL FEED THE HUNGRY, INC						32-0053249	
Part I General Information on Grants	s and Assistanc	e					
 Does the organization maintain records the selection criteria used to award the Describe in Part IV the organization's presented of the organization of the orga	grants or assistand rocedures for mor	e? hitoring the use	of grant funds in th	e United States.			Yes No
Part II Grants and Other Assistance		-					Yes" on Form 990,
Part IV, line 21, for any recipie	ent that received	more than \$5	,000. Part II can i			needed.	1
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-PERISHA	BL RELIEF
(2) FISH HOSPITALITY PANTRIES							
122 WEST SCOTT AVE. KNOXVILLE, TN 37914	62-1584500	501(C)(3)		433,257.	FMV	FOOD & NON-PERISHA	BL RELIEF
(3) CHILDRENS HUNGER FUND-TX							
4940 EISENHAUER RD. SAN ANTONIO, TX 78218	95-4335462	501(C)(3)		340,349.	FMV	FOOD & NON-PERISHA	BL RELIEF
(4) FOOD LIFELINE							
815 S 96TH ST. SEATTLE, WA 98108	13-5381590	501(C)(3)		249,742.	FMV	FOOD & NON-PERISHA	BL RELIEF
(5) HARVESTERS COMMUNITY FOOD BANK							
3801 TOPPING AVE. KANSAS CITY, MO 64129	43-1208665	501(C)(3)		237,182.	FMV	FOOD & NON-PERISHA	BL RELIEF
(6) PALM BEACH HARVEST, INC.							
P.O. BOX 701 LAKE WORTH, FL 33460	90-0508579	501(C)(3)		225,062.	FMV	FOOD & NON-PERISHA	BL RELIEF
(7) HUNGRY FOR CHRIST							
4565 135TH AVE. HAMILTON, MI 49419	38-3676870	501(C)(3)		191,029.	FMV	FOOD & NON-PERISHA	BL RELIEF
(8) LUTHERAN SOCIAL SERVICES (FAIRFIELD)							
2045 E MAIN ST. FAIRFIELD, OH 43130	31-4412586	501(C)(3)		187,193.	FMV	FOOD & NON-PERISHA	BL RELIEF
(9) REPLENISH							
28 KENNEDY BLVD, STE. BRUNSWICK, NJ 08816	23-3111054	501(C)(3)		179,749.	FMV	FOOD & NON-PERISHA	BL RELIEF
(10) COMPASSION COALITION, INC.							
509 LAFAYETTE ST. UTICA, NY 13502	16-1579336	501(C)(3)		172,503.	FMV	FOOD & NON-PERISHA	BL RELIEF
(11) COMMON GRACE MINISTRIES, INC.							
P.O. BOX 203 KENDALLVILLE, IN 46755	35-1995595	501(C)(3)		172,260.	FMV	FOOD & NON-PERISHA	BL 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-PERISHA	BL RELIEF

SCHEDULE I	Grants a	nd Other A	Assistance f	o Organiza	ations,		OMB No. 1545-0047
		,	ndividuals i				2022
Cor	nplete if the o	-	wered "Yes" on F		, line 21 or 22.		-
Department of the Treasury	_		tach to Form 990.				Open to Public
Internal Revenue Service	Go t	o www.irs.gov/	Form990 for the la	atest information	•		Inspection
Name of the organization						Employer identificati	on number
LESEA GLOBAL FEED THE HUNGRY, INC						32-0053249	
Part I General Information on Grants a							
1 Does the organization maintain records to			-	-			─
the selection criteria used to award the gra							Yes No
2 Describe in Part IV the organization's proc	edures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistance to	Domestic Or	ganizations ar	nd Domestic Gov	vernments. Con	nplete if the organiz	zation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient	that received	more than \$5	.000. Part II can I	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. MUFREESBORO, TN 37127	62-1821057	501(C)(3)		119,859.	FMV	FOOD & NON-PERISHABL	RELIEF
(5) MIDWEST FOOD BANK							
2031ÿ 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	d government	organizations lis	sted in the line 1 tal	ble			
3 Enter total number of other organizations li	isted in the line	1 table					

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. Copen to Public Inspection Name of the organization Go to www.irs.gov/Form990 for the latest information. 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 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 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 (b) EIN (c) IRC section (d) Amount of (P) Method of valuation (g) Description of (h) Purpose of				Assistance t	-	•	\vdash	OMB No. 1545-0047
Operation Operation Operation Operation Lines of the organization in sector and 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? Imployer identification maintain records to substantiate the amount of the grant or assistance, the grant set eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Imployer identification 2 2 Cantas and Other Assistance to Demestic Organizations and Demestic Governments. Complete if the organization answered "Yes" on Form Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Parto or any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Operation of the grant or any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Operation of the part is the organization space is needed. (i) Operation of the part is the organization is the interpart of the part is the organization is the selection of the part is the organization is the selection of the part is the organization is the selection of the organization is the selection of the part is the organization is the selection of the part is the organization is the selection of the part is the organization is the selection of the part is the organization is the selection of the part is the p			•					2022
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Name of the organization Employer identification number TERMINE Closel, PERT INTERVITY, TRC 22-0055349 Part ID General Information on Grants and Assistance 12-0055349 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? Image: Closel, Pert ID 2 Describe in Part IV the organizations procedures for romotoring the use of grant funds in the United States. Part ID Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form Part IV, Ine 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. I (a) Nome and address organization organization (b) EIN (b) EEN (c) Received if additional space is needed. I (a) Nome and address organization organization organization organization organization organization organization organization organization organization. (b) EEN (c) Amount or information organization orga		Got						
LEELE CLOCK PEED THE KUNCKY, INC 22-05334 PART General Information or 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 ortheria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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 address of organization (1) Buckback of LIPE (b) EN (1) Buckback of ULPE (b) EN (1) Buckback of ULPE (b) EN (2) Describe in Roll DEST EARL, EA 17519 79-2957263 501(013) (2) Describe THE INTERNET INTERNET (3) ORDERTING DESTE CLIPCH ROL EAST EARL, EA 17519 79-2957263 501(013) (2) Destribe THE INTERNET INTERNET (3) ORDERTING THE INTERNET INTERNET (3) ORDERTING THE INTERNET INTERNET (3) ORDERTING THE INTERNET (3) ORDERTING THE INTERNET (4) STATUS EARLORD, FL 2371 (5) STATUS EARLORD, FL 2371 (6) CHERGE INT. (6) ORDERTING THE INTERNET (7) STREED INT. (6) ORDERTING THE INTERNET (7) STREED INT. (6) ORDERTING THE INTERNET (7) STREED INT. (6) ORDERTING INT. (6) ORDERTING INT. (7) STREED INT. (6) ORDERTING INT. (6) ORDERTING INT. <		601	0 www.ii3.gov/				Employer identificat	
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PA 17519 SANFORD, FL 32771 54-1698630 501(C)(3) 80,599. FNV FOOD & NON-PERISHABL RELIEF (3) GLEANERS FOOD BANK OF INDIANA, INC. 37-1483868 501(C)(3) 77,7134. FMV FOOD & NON-PERISHABL RELIEF (4) ST. MARY'S FOOD BANK ALLIANCE 35-1483868 501(C)(3) 72,529. FMV FOOD & NON-PERISHABL RELIEF (5) FLEASANT LAKE 35-1483868 501(C)(3) 72,529. FMV FOOD & NON-PERISHABL RELIEF (6) BORDERLAND FOOD BANK 35-1500456 501(C)(3) 69,427. 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 BEENARD 95-2376882 501(C)(3) 59,804. FMV FOOD & NON-PERISHABL RELIEF (10) INTERSTATE AVE. ALBANY, NY 12205 14-1790920 501(C)(3) 59,804. FMV FOOD & NON-PERISHABL RELIEF (6) COMUNITY ACTION PARTNERSHIP OF SAN BEENARD 95-2376882 501(C)(3) 59,804. FMV FOOD & NON-PERISHABL RELIEF (10) MEMPHIS LIFE CHURCH - DEREAN CENTER 31-1685087 501(C)(3) 57,709. FMV FOOD & NON-PERISHABL RELIEF 100 N GERMANTOWN PKWY. CORDOVA, TN 38016 62-1644529	(2) HARVEST TIME INTERNATIONAL							
3737 WALDEMERE AVE. INDIANAPOLIS, IN 46241 35-1483868 501(C)(3) 77,134. FWV FOOD & NON-PERISHABL RELIEF (4) ST. MARY'S FOOD BANK ALLIANCE 23-7353532 501(C)(3) 72,529. FWV FOOD & NON-PERISHABL RELIEF (5) PLEASANT LAKE 1160 W MAINS ST. WAYNE, IN 46779 35-1500456 501(C)(3) 69,427. FWV FOOD & NON-PERISHABL RELIEF (6) BORDERLAND FOOD BANK 35-1500456 501(C)(3) 69,427. FWV FOOD & NON-PERISHABL RELIEF (7) JEZREEL INTL. 73-1330955 501(C)(3) 65,575. FWV FOOD & NON-PERISHABL RELIEF (7) JEZREEL INTL. 14-1790920 501(C)(3) 61,538. FWV FOOD & NON-PERISHABL RELIEF (8) COMMUNITY ACTION PARTNERSHIP OF SAN BERNARD 95-2376882 501(C)(3) 51,504. FWV FOOD & NON-PERISHABL RELIEF (9) MEMPHIS LIFE CHURCH - DREAM CENTER 10-1685087 501(C)(3) 57,709. FWV FOOD & NON-PERISHABL RELIEF (10) MEMPHIS DREAM CENTER 31-1685087 501(C)(3) 57,709. FWV FOOD & NON-PERISHABL RELIEF (11) METRO WORLD CHILD 50.000 & NON-PERISHABL RELIEF 50.000 & NON-PERISHABL RELIEF 50.000 & NON-PERISHABL RELIEF		54-1698630	501(C)(3)		80,599.	FMV	FOOD & NON-PERISHAB	LRELIEF
3737 WALDEMERE AVE. INDIANAPOLIS, IN 46241 35-1483868 501(C)(3) 77,134. FWV FOOD & NON-PERISHABL RELIEF (4) ST. MARY'S FOOD BANK ALLIANCE 23-7353532 501(C)(3) 72,529. FWV FOOD & NON-PERISHABL RELIEF (5) PLEASANT LAKE 1160 W MAINS ST. WAYNE, IN 46779 35-1500456 501(C)(3) 69,427. FWV FOOD & NON-PERISHABL RELIEF (6) BORDERLAND FOOD BANK 35-1500456 501(C)(3) 69,427. FWV FOOD & NON-PERISHABL RELIEF (7) JEZREEL INTL. 73-1330955 501(C)(3) 65,575. FWV FOOD & NON-PERISHABL RELIEF (7) JEZREEL INTL. 14-1790920 501(C)(3) 61,538. FWV FOOD & NON-PERISHABL RELIEF (8) COMMUNITY ACTION PARTNERSHIP OF SAN BERNARD 95-2376882 501(C)(3) 51,504. FWV FOOD & NON-PERISHABL RELIEF (9) MEMPHIS LIFE CHURCH - DREAM CENTER 10-1685087 501(C)(3) 57,709. FWV FOOD & NON-PERISHABL RELIEF (10) MEMPHIS DREAM CENTER 31-1685087 501(C)(3) 57,709. FWV FOOD & NON-PERISHABL RELIEF (11) METRO WORLD CHILD 50.000 & NON-PERISHABL RELIEF 50.000 & NON-PERISHABL RELIEF 50.000 & NON-PERISHABL RELIEF	(3) GLEANERS FOOD BANK OF INDIANA, INC.							
2831 N. 31ST AVE. PHOENIX, AZ 85009 23-7353532 501(c)(3) 72,529. FMV FOOD & NON-PERISHABL RELIEF (6) 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 35-1500456 501(c)(3) 65,575. FMV FOOD & NON-PERISHABL RELIEF (7) JERREGL INTL. 73-1330955 501(c)(3) 65,575. FMV FOOD & NON-PERISHABL RELIEF (8) COMMUNITY ACTION PARTNERSHIP OF SAN BERNARD 14-1790920 501(c)(3) 61,538. FMV FOOD & NON-PERISHABL RELIEF (9) MEMPHIS LIFE CHURCH - DREAM CENTER 14-1790920 501(c)(3) 59,804. FMV FOOD & NON-PERISHABL RELIEF (10) MERNANTOWN FWY. CORDOVA, TN 38016 62-1644529 501(c)(3) 59,804. FMV FOOD & NON-PERISHABL RELIEF (10) MERNANTOWN FWY. CORDOVA, TN 38016 62-1644529 501(c)(3) 57,709. FMV FOOD & NON-PERISHABL RELIEF (10) MEMPHIS DEAM CENTER 31-1685087 501(c)(3) 55,056. FMV FOOD & NON-PERISHABL RELIEF (11) METRO WORLD CHILD 11-3382193 501(c)(3) 53,565. FMV FOOD & NON-PERISHABL RELIEF (12) SOUTH TEXAS FOOD BANK 11-3382193 501(c)(3) 53,565. FMV <td></td> <td>35-1483868</td> <td>501(C)(3)</td> <td></td> <td>77,134.</td> <td>FMV</td> <td>FOOD & NON-PERISHAB</td> <td>LRELIEF</td>		35-1483868	501(C)(3)		77,134.	FMV	FOOD & NON-PERISHAB	LRELIEF
(5) PLEASANT LAKE 35-1500456 501(C)(3) 69,427. FMV FOOD & NON-PERISHABL RELIEF 1160 W MAIN ST. WAYNE, IN 46779 35-1500456 501(C)(3) 65,427. FMV FOOD & NON-PERISHABL RELIEF (6) BORDERLAND FOOD BANK 73-1330955 501(C)(3) 65,575. FMV FOOD & NON-PERISHABL RELIEF (7) JEZREEL INTL. 14-1790920 501(C)(3) 61,538. FMV FOOD & NON-PERISHABL RELIEF (8) COMMUNITY ACTION PARTNERSHIP OF SAN BERNARD 95-2376882 501(C)(3) 59,804. FMV FOOD & NON-PERISHABL RELIEF (9) MEMPHIS LIFE CHURCH - DREAM CENTER 95-2376882 501(C)(3) 57,709. FMV FOOD & NON-PERISHABL RELIEF 1800 N GERMANTONN PKWY. CORDOVA, TN 38016 62-1644529 501(C)(3) 57,709. FMV FOOD & NON-PERISHABL RELIEF 1800 N GERMANTONN PKWY. NUMPHIS, TN 38128 31-1685087 501(C)(3) 55,056. FMV FOOD & NON-PERISHABL RELIEF 10) MEMPHIS DREAM CENTER 31-1685087 501(C)(3) 55,056. FMV FOOD & NON-PERISHABL RELIEF 10.0 K 409 BROOKLYN, NY 11237 11-3382193 501(C)(3)	(4) ST. MARY'S FOOD BANK ALLIANCE							
1160 W MAIN ST. WAYNE, IN 46779 35-1500456 501(C)(3) 69,427. FMV FOOD & NON-PERISHABL RELIEF (6) BORDERLAND FOOD BANK 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 501(C)(3) 59,804. FMV FOOD & NON-PERISHABL RELIEF 101 INTERSTATE AVE. ALBANY, NY 12205 14-1790920 501(C)(3) 59,804. FMV FOOD & NON-PERISHABL RELIEF (8) COMMUNITY ACTION PARTNERSHIP OF SAN BERNARD 501(C)(3) 59,804. FMV FOOD & NON-PERISHABL RELIEF (9) MEMPHIS LIFE CHURCH - DREAM CENTER 1800 N GERMANTOWN FKWY. CORDOVA, NT 38016 62-1644529 501(C)(3) 57,709. FMV FOOD & NON-PERISHABL RELIEF (10) MEMPHIS DREAM CENTER 31-1685087 501(C)(3) 55,056. FMV FOOD & NON-PERISHABL RELIEF (11) METRO WORLD CHILD 31-1685087 501(C)(3) 55,056. FMV FOOD & NON-PERISHABL RELIEF P.O. BOX 409 BROKLYN, NY 11237 11-3382193 501(C)(3) 53,565. FMV FOOD & NON-PERISHABL RELIEF (12) SOUTH TEXAS FOOD BANK 11-3382193 501(C)(3)	2831 N. 31ST AVE. PHOENIX, AZ 85009	23-7353532	501(C)(3)		72,529.	FMV	FOOD & NON-PERISHAB	LRELIEF
(6) BORDERLAND FOOD BANK 73-1330955 501(C)(3) 65,575. FWV FOOD & NON-PERISHABL RELIEF 270 W PRODUCE ROW NOGALES, AZ 85621 73-1330955 501(C)(3) 61,535. FWV FOOD & NON-PERISHABL RELIEF (7) JEZREEL INTL. 14-1790920 501(C)(3) 61,538. FMV FOOD & NON-PERISHABL RELIEF (8) COMMUNITY ACTION PARTNERSHIP OF SAN BERNARD 62-376882 501(C)(3) 59,804. FMV FOOD & NON-PERISHABL RELIEF (9) MEMPHIS LIFE CHURCH - DREAM CENTER 62-1644529 501(C)(3) 57,709. FMV FOOD & NON-PERISHABL RELIEF 1800 N GERMANTOWN PKWY. CORDOVA, TN 38016 62-1644529 501(C)(3) 57,709. FMV FOOD & NON-PERISHABL RELIEF (10) MEMPHIS DREAM CENTER 31-1685087 501(C)(3) 55,056. FMV FOOD & NON-PERISHABL RELIEF (11) METRO WORLD CHILD FNO. BOX 409 BROOKLYN, NY 11237 11-3382193 501(C)(3) 53,565. FMV FOOD & NON-PERISHABL RELIEF (12) SOUTH TEXAS FOOD BANK Image: State S	(5) PLEASANT LAKE							
270 W PRODUCE ROW NOGALES, AZ 85621 73-1330955 501(C)(3) 65,575. FMV FOOD & NON-PERISHABL RELIEF (7) JEZREEL INTL. 14-1790920 501(C)(3) 61,538. FMV FOOD & NON-PERISHABL RELIEF (8) COMMUNITY ACTION PARTNERSHIP OF SAN BERNARD 95-2376882 501(C)(3) 59,804. FMV FOOD & NON-PERISHABL RELIEF (9) MEMPHIS LIFE CHURCH - DREAM CENTER 95-2376882 501(C)(3) 57,709. FMV FOOD & NON-PERISHABL RELIEF (10) MEMPHIS DREAM CENTER 201(C)(3) 501(C)(3) 57,709. FMV FOOD & NON-PERISHABL RELIEF (10) MEMPHIS DREAM CENTER 201(C)(3) 501(C)(3) 57,709. FMV FOOD & NON-PERISHABL RELIEF (10) MEMPHIS DREAM CENTER 201(C)(3) 501(C)(3) 57,709. FMV FOOD & NON-PERISHABL RELIEF (10) MEMPHIS DREAM CENTER 201(C)(3) 501(C)(3) 55,056. FMV FOOD & NON-PERISHABL RELIEF (11) METRO WORLD CHILD 201(C)(3) 501(C)(3) 53,565. FMV FOOD & NON-PERISHABL RELIEF (12) SOUTH TEXAS FOOD BANK 11-3382193 501(C)(3) 53,565. <t< td=""><td>1160 W MAIN ST. WAYNE, IN 46779</td><td>35-1500456</td><td>501(C)(3)</td><td></td><td>69,427.</td><td>FMV</td><td>FOOD & NON-PERISHAB</td><td>LRELIEF</td></t<>	1160 W MAIN ST. WAYNE, IN 46779	35-1500456	501(C)(3)		69,427.	FMV	FOOD & NON-PERISHAB	LRELIEF
(7) JEZREEL INTL.14-1790920501(C)(3)61,538.FMVFOOD & NON-PERISHABL RELIEF(8) COMMUNITY ACTION PARTNERSHIP OF SAN BERNARD95-2376882501(C)(3)59,804.FMVFOOD & NON-PERISHABL RELIEF(9) MEMPHIS LIFE CHURCH - DREAM CENTER95-2376882501(C)(3)59,804.FMVFOOD & NON-PERISHABL RELIEF(10) MEMPHIS DREAM CENTER62-1644529501(C)(3)57,709.FMVFOOD & NON-PERISHABL RELIEF(10) MEMPHIS DREAM CENTER31-1685087501(C)(3)55,056.FMVFOOD & NON-PERISHABL RELIEF3683 AUSTIN PEAY HWY. MEMPHIS, TN 3812831-1685087501(C)(3)55,056.FMVFOOD & NON-PERISHABL RELIEF(11) METRO WORLD CHILD11-3382193501(C)(3)53,565.FMVFOOD & NON-PERISHABL RELIEF(12) SOUTH TEXAS FOOD BANK11-3382193501(C)(3)53,565.FMVFOOD & NON-PERISHABL RELIEF	(6) BORDERLAND FOOD BANK							
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 95-237682 501(C)(3) 59,804. FMV FOOD & NON-PERISHABL RELIEF (9) MEMPHIS LIFE CHURCH - DREAM CENTER 95-237682 501(C)(3) 57,709. FMV FOOD & NON-PERISHABL RELIEF 1800 N GERMANTOWN PKWY. CORDOVA, TN 38016 62-1644529 501(C)(3) 57,709. FMV FOOD & NON-PERISHABL RELIEF 1600 N GERMANTOWN PKWY. CORDOVA, TN 38016 62-1644529 501(C)(3) 57,709. FMV FOOD & NON-PERISHABL RELIEF 170 MEMPHIS DREAM CENTER	270 W PRODUCE ROW NOGALES, AZ 85621	73-1330955	501(C)(3)		65,575.	FMV	FOOD & NON-PERISHAB	LRELIEF
(8) COMMUNITY ACTION PARTNERSHIP OF SAN BERNARD95-2376882501(C)(3)59,804.FMVFOOD & NON-PERISHABL RELIEF678 TIPPECANOE AVE SAN BERNARDINO, CA 9240895-2376882501(C)(3)59,804.FMVFOOD & NON-PERISHABL RELIEF(9) MEMPHIS LIFE CHURCH - DREAM CENTER62-1644529501(C)(3)57,709.FMVFOOD & NON-PERISHABL RELIEF1800 N GERMANTOWN PKWY. CORDOVA, TN 3801662-1644529501(C)(3)57,709.FMVFOOD & NON-PERISHABL RELIEF(10) MEMPHIS DREAM CENTER31-1685087501(C)(3)55,056.FMVFOOD & NON-PERISHABL RELIEF3683 AUSTIN PEAY HWY. MEMPHIS, TN 3812831-1685087501(C)(3)55,056.FMVFOOD & NON-PERISHABL RELIEF(11) METRO WORLD CHILD11-3382193501(C)(3)53,565.FMVFOOD & NON-PERISHABL RELIEFP.O. BOX 409 BROKLYN, NY 1123711-3382193501(C)(3)53,565.FMVFOOD & NON-PERISHABL RELIEF(12) SOUTH TEXAS FOOD BANKCCCCCC	(7) JEZREEL INTL.							
678 TIPPECANCE AVE SAN BERNARDINO, CA 92408 95-2376882 501(C)(3) 59,804. FWV FOOD & NON-PERISHABL RELIEF (9) MEMPHIS LIFE CHURCH - DREAM CENTER	10 INTERSTATE AVE. ALBANY, NY 12205	14-1790920	501(C)(3)		61,538.	FMV	FOOD & NON-PERISHAB	LRELIEF
(9) MEMPHIS LIFE CHURCH - DREAM CENTER62-1644529501(C)(3)57,709.FMVFOOD & NON-PERISHABL RELIEF1800 N GERMANTOWN PKWY. CORDOVA, TN 3801662-1644529501(C)(3)57,709.FMVFOOD & NON-PERISHABL RELIEF(10) MEMPHIS DREAM CENTER31-1685087501(C)(3)55,056.FMVFOOD & NON-PERISHABL RELIEF3683 AUSTIN PEAY HWY. MEMPHIS, TN 3812831-1685087501(C)(3)55,056.FMVFOOD & NON-PERISHABL RELIEF(11) METRO WORLD CHILDP.O. BOX 409 BROOKLYN, NY 1123711-3382193501(C)(3)53,565.FMVFOOD & NON-PERISHABL RELIEF(12) SOUTH TEXAS FOOD BANKImage: Comparison of the texas food bankImage: Comparison of texas food bank	(8) COMMUNITY ACTION PARTNERSHIP OF SAN BERNARD							
1800 N GERMANTOWN PKWY. CORDOVA, TN 38016 62-1644529 501(C)(3) 57,709. FNV FOOD & NON-PERISHABL RELIEF (10) MEMPHIS DREAM CENTER -	678 TIPPECANOE AVE SAN BERNARDINO, CA 92408	95-2376882	501(C)(3)		59,804.	FMV	FOOD & NON-PERISHAB	LRELIEF
(10) MEMPHIS DREAM CENTER A A A A A B<	(9) MEMPHIS LIFE CHURCH - 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	1800 N GERMANTOWN PKWY. CORDOVA, TN 38016	62-1644529	501(C)(3)		57,709.	FMV	FOOD & NON-PERISHAB	LRELIEF
(11) METRO WORLD CHILD 11-3382193 501(C)(3) 53,565. FMV FOOD & NON-PERISHABL RELIEF (12) SOUTH TEXAS FOOD BANK	(10) MEMPHIS DREAM CENTER							
P.O. BOX 409 BROOKLYN, NY 11237 11-3382193 501(C)(3) 53,565. FMV FOOD & NON-PERISHABL RELIEF (12) SOUTH TEXAS FOOD BANK	3683 AUSTIN PEAY HWY. MEMPHIS, TN 38128	31-1685087	501(C)(3)		55,056.	FMV	FOOD & NON-PERISHAB	LRELIEF
(12) SOUTH TEXAS FOOD BANK	(11) METRO WORLD CHILD							
	P.O. BOX 409 BROOKLYN, NY 11237	11-3382193	501(C)(3)		53,565.	FMV	FOOD & NON-PERISHAB	LRELIEF
2121 JEFFERSON ST. ST. LAREDO, TX 78040 74-2574983 501(C)(3) 51,404. 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-PERISHAB	LRELIEF
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	2 Enter total number of section 501(c)(3) and	government o	organizations lis	sted in the line 1 tal				

SCHEDULE I				Assistance t	-	-		OMB No. 1545-0047
(Form 990)			•	ndividuals in				2022
	Com	piete if the o	-	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		Open to Public
Department of the Treasury		C • •		tach to Form 990.	test information			Inspection
Internal Revenue Service		GOT	o www.irs.gov/	Form990 for the la	itest information.		Employer identified	
Name of the organization							Employer identificat	ion number
LESEA GLOBAL FEED THI		d Assistans	•				32-0053249	
	nformation on Grants ar							
	zation maintain records to s							Yes No
	eria used to award the gran							
	IV the organization's proce			<u> </u>				
	nd Other Assistance to I		-					'es" on Form 990,
Part IV, lir	ne 21, for any recipient t	that received	more than \$5	,000. Part II can I	be duplicated if	additional space is	needed.	
	d address of organization 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 1	BRANCH, MN 55056	30-0157388	501(C)(3)		48,971.	FMV	FOOD & NON-PERISHAB	LRELIEF
(2) OPEN DOOR MISSION								
2828 N 23RD ST E. OMA	HA, NE 68110	47-0411375	501(C)(3)		43,456.	FMV	FOOD & NON-PERISHAB	LRELIEF
(3) WARM A HEART COMM	UNITY OUTREACH							
P.O. BOX 246 WATERLOO	, IN 46793	46-1494726	501(C)(3)		39,489.	FMV	FOOD & NON-PERISHAB	LRELIEF
(4) MCIA								
101 INTERCHANGE PLAZA	CRANBURY, NJ 08512	23-3111054	501(C)(3)		39,239.	FMV	FOOD & NON-PERISHAB	LRELIEF
(5) OPERATION FOOD SE	ARCH							
6282 OLIVE BLVD. ST. S	ST. LOUIS, MO 63130	43-1241854	501(C)(3)		31,688.	FMV	FOOD & NON-PERISHAB	LRELIEF
(6) RESURRECTION STREE	ET MINISTRY							
891 W BOXELDER PL. CH	ANDLER, AZ 85225	55-0799053	501(C)(3)		30,324.	FMV	FOOD & NON-PERISHAB	LRELIEF
(7) HELPING HANDS SOC	IETY OF LOS ANGELES							
1995 E. 20TH ST. LOS 2	ANGELES, CA 90058	81-4772946	501(C)(3)		29,134.	FMV	FOOD & NON-PERISHAB	LRELIEF
(8) CHESTERFIELD FOOD	BANK	_						
12211 IRON BRIDGE RD.	CHESTER, VA 23831	27-1286258	501(C)(3)		26,707.	FMV	FOOD & NON-PERISHAB	LRELIEF
(9) DECATUR DREAM CEN	TER							
312 8TH ST SW DECATUR	, AL 35601	82-3106124	501(C)(3)		25,792.	FMV	FOOD & NON-PERISHAB	LRELIEF
(10) EL REY JESUS								
3968 20TH PLACE SW NAM	PLES, FL 34116	20-4580546	501(C)(3)		25,180.	FMV	FOOD & NON-PERISHAB	LRELIEF
(11) EMPOWER BOONE PAN	TRY & RESOURCE CENTER	_						
200 S. FIFTH ST. CAPRO	ON, IL 61012	84-1647950	501(C)(3)		24,380.	FMV	FOOD & NON-PERISHAB	LRELIEF
(12) THE STEW POT		_						
1835 YOUNG ST. DALLAS		75-0871727			21,312.		FOOD & NON-PERISHAB	LRELIEF
	per of section 501(c)(3) and							
3 Enter total numb	per of other organizations lis	sted in the line	1 table					

SCHEDULE I		Grants a	nd Other A	Assistance t	o Organiza	ations,	1	OMB No. 1545-0047
(Form 990)	Go	overnme	nts, and Ir	ndividuals i	n the Unite	d States		2022
	Com	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		-
Department of the Treasury			At	tach to Form 990.				Open to Public
Internal Revenue Service		Go t	o www.irs.gov/	Form990 for the la	test information	•		Inspection
Name of the organization							Employer identific	ation number
LESEA GLOBAL FEED THE HU	UNGRY, INC						32-0053249	
Part I General Info	ormation on Grants an	d Assistanc	е					
the selection criteria	ion maintain records to s a used to award the gran the organization's proce	ts or assistand	æ?					d Yes No
Part II Grants and	Other Assistance to D	Oomestic Or	ganizations ar	nd Domestic Gov	/ernments. Con	nplete if the organiz	zation answered '	Yes" on Form 990,
Part IV, line	21, for any recipient t	hat received	more than \$5	,000. Part II can I	be duplicated if	additional space is	needed.	
	dress of organization ernment	(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) WELLSPRING CHRISTIAN	CENTER							
345 E FRESNO ST. ST. DIN		22-3879971	501(C)(3)		21,076.	FMV	FOOD & NON-PERISHA	BLRELIEF
(2) DEBORAHS PLACE								
2525 SHADELAND AVE. INDIA	ANAPOLIS, IN 46218	83-3405471	501(C)(3)		21,040.	FMV	FOOD & NON-PERISHA	BLRELIEF
(3) TOLLESON FOOD BANK								
P.O. BOX 1396 TOLLESON, A	AZ 85353	74-2530272	501(C)(3)		20,518.	FMV	FOOD & NON-PERISHA	BLRELIEF
(4) WESTCOAST CHURCH								
240 PINE ST. ENGLEWOOD, H	FL 34223	59-2527604	501(C)(3)		20,000.	FMV	FOOD & NON-PERISHA	BLRELIEF
(5) OPENGATE PRAISE AND 1	DELIVERANCE MINISTRIES							
137 DIVISION ST. ELKHART	, IN 46516	35-2134036	501(C)(3)		19,673.	FMV	FOOD & NON-PERISHA	BLRELIEF
(6) ABUNDANT LIFE CHRIST	IAN CENTER							
601 DELANY RD. LAMARQUE,	TX 77568	76-0164062	501(C)(3)		16,088.	FMV	FOOD & NON-PERISHA	BL RELIEF
(7) WASTE NOT								
1700 N. GRANITE RD. SCOT	TSDALE, AZ 82257	86-0650514	501(C)(3)		14,744.	FMV	FOOD & NON-PERISHA	BL RELIEF
(8) L.A. DREAM CENTER								
2301 BELLEVUE AVE. LOS AN	NGELES, CA 90026	95-1803686	501(C)(3)		12,184.	FMV	FOOD & NON-PERISHA	BLRELIEF
(9) ST. AUGUSTINE								
2488 W 14TH ST. TREMONT,	OH 44113	20-8957171	501(C)(3)		11,416.	FMV	FOOD & NON-PERISHA	BL RELIEF
(10) METRO WORLD CHILD (WA	AREHOUSE)							
56-06 COOPER AVE. FLUSHIN	NG, NY 11385	46-1387794	501(C)(3)		10,843.	FMV	FOOD & NON-PERISHA	BL RELIEF
(11) COUNTRYSIDE CARES DE	A HELPING HANDS							
1850 N MCMULLEN BOOTH CLI	EARWATER, FL 33757	46-2399940	501(C)(3)		9,551.	FMV	FOOD & NON-PERISHA	BLRELIEF
(12) MANNA HOUSE MINISTRI	ES, INC							
P.O. BOX 633 RINCON, GA		58-2109727			7,788.		FOOD & NON-PERISHA	BLRELIEF
	of section 501(c)(3) and							
3 Enter total number	of other organizations lis	ted in the line	1 table					

SCHEDULE I (Form 990)			Assistance t ndividuals in				20 22
C	omplete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury		At	tach to Form 990.				Open to Public
Internal Revenue Service	Go te	o www.irs.gov/	Form990 for the la	test information			Inspection
Name of the organization						Employer identification	on number
LESEA GLOBAL FEED THE HUNGRY, INC						32-0053249	
Part I General Information on Grants	and Assistance	e					
 Does the organization maintain records t the selection criteria used to award the g Describe in Part IV the organization's pro- 	rants or assistanc ocedures for mor	e? hitoring the use	of grant funds in the	e United States.		[Yes No
Part II Grants and Other Assistance to		-					es" on Form 990,
Part IV, line 21, for any recipier	nt that received	more than \$5	,000. Part II can b	be duplicated if	•	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)							
2 Enter total number of section 501(c)(3) a3 Enter total number of other organizations	-	•					

LESEA GLOBAL FEED THE HUNGRY, INC

32-0053249

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
5					
6					
7					

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.

Page 2

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2

2

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. **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LESEA GLOBAL FEED THE HUNGRY, INC

Employer identification number 32-0053249

Par	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				
Ŭ	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		7	146,655.	FAIR MARKET VALUE
13	Qualified conservation		1	110,055.	FAIR PARCET VALUE
15	contribution - Historic				
	structures				
14					
14	contribution - Other				
15	Real estate - Residential				
15 16					
	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles		1,036	E6 210 260	COMPARABLE PROPERTY
19	Food inventory		2		COMPARABLE PROPERTY
20	Drugs and medical supplies		Δ	/1,100.	COMPARABLE PROPERTY
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts		40.	2 060 402	
25	Other ►(<u>SEE SUPP PAGE</u>)		40.	3,860,492.	
26	Other ►()				
27	Other ►()				
	Other ►()				
29	Number of Forms 8283 received				29
	which the organization completed I	-orm 8283,	Part V, Donee Acknowledge		Yes No
200	During the year, did the organizat	ion roccivo	by contribution only propo	rty reported in Part I line	
30a	28, that it must hold for at least the				-
	to be used for exempt purposes for	•			
			biding period?		30a X
	If "Yes," describe the arrangement i		ionoo nollou that manin	the review of a second	
31	Does the organization have a				
	contributions?				
32a	Does the organization hire or use		•	· · ·	
	contributions?		• • • • • • • • • • • • • • • • • •		32a X
	If "Yes," describe in Part II.			and the state of the	
33	If the organization didn't report an describe in Part II.	amount in c	olumn (c) for a type of pro	perty for which column (a)	IS CNECKED,

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

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. LESEA GLOBAL FEED THE HUNGRY, INC

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

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.



Department of the Treasury Internal Revenue Service Name of the organization

LESEA GLOBAL FEED THE HUNGRY, INC

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.

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

Department of the Treasury Internal Revenue Service Name of the organization

LESEA GLOBAL FEED THE HUNGRY, INC

Employer identification number

32-0053249

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

THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON

REQUEST.

Schedule O (Form 990 or 990-EZ) 2022					
Name of the organization	Employer identification number				
LESEA GLOBAL FEED THE HUNGRY, INC	32-0053249				

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

THE ORGANIZATION IS A NON-PROFIT 501(C)3 MISSION ORGANIZATION DEDICATED TO FEEDING THE HUNGRY AROUND THE WORLD AND PROVIDING EMERGENCY RELIEF TO THOSE IN NEED AS A RESULT OF FAMINE, DROUGHT, FLOOD, WAR, OR OTHER DISTASTERS. IN PARTNERSHIP WITH INDIGENOUS LOCAL CHURCHES AND COMMUNITIES OF FAITH, WE PROMOTE SPIRITUAL, EMOTIONAL, AND PHYSICAL WELFARE. FORM 990, PART III - PROGRAM SERVICE

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.

Schedule O (Form 990 or 990-EZ) 2022				
Name of the organization		Employer identification number		
LESEA GLOBAL FEED THE HUNGRY	, INC	32-0053249		

FORM 990, PART VI, LINE 17 - STATES

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