NOTE

Under Internal Revenue Regulations, tax-exempt charitable organizations generally must provide requesters with COPIES of:

- Its approved exemption applications, all required attachments and any related correspondence with the IRS, and
- Its three most recent annual information returns (Form 990), including all schedules and attachments (but not the names and addresses of contributors).

_In-person requests:_ A member of the public may request to inspect the documents at any principal office of the organization. The entity must provide the information requested that same day. However, if the request places an “unreasonable burden” on the organization, the staff must provide copies of the requested information no later than the next business day after the unusual circumstances cease to exist (limited to a maximum of five business days after the request).

_Written requests:_ Written requests made by fax, mail, email, or overnight service, which include the requester’s address, must be honored within 30 days of receipt.

_Website alternative:_ Instead of providing copies, an organization may make the documents available on either its own or another organization’s website. If it uses this option, it has to: (1) provide an exact replica of the document as was filed with the IRS; (2) advise requesters how to access the forms on the web; (3) the site should charge no access fee and require no special software or hardware to download. Organizations that post this information on the Internet still must honor in-person requests to view the applicable documents.

_Permissible charges:_ Tax-exempt organizations may charge a reasonable copying fee, up to $1 for the first page and 15 cents for each additional page, plus actual postage costs.

_Penalties:_ An organization that fails to comply with the new disclosure requirements may be subject to the following penalties:

- Annual Information Return – Form 990 - $20 per day for as long as the failure continues, up to a maximum of $10,000 for each failure to provide an annual return.
- Exemption Application - $20 per day with no maximum.
- An organization that willfully fails to comply with these public inspection rules can be subject to an additional $5,000 penalty.

_Private foundation exempt:_ The new disclosure rules don’t yet apply to private foundations. They must still make a copy of their annual return available for public inspection at their principal office for a period of 180 days after publishing a notice of availability.

_Donor Information:_ Please note that donor information is not open to public inspection and has been excluded from this copy.
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

For the 2015 calendar year, or tax year beginning OCT 1, 2015 and ending SEP 30, 2016

Name of organization: Food For The Hungry, Inc.
Doing business as: Food For The Hungry, Inc.
Number and street (or P.O. box if mail is not delivered to street address): 1224 W. Washington St.
City or town, state or province, country, and ZIP or foreign postal code: Phoenix, AZ 85034-1102

Employer identification number: 95-2680390
Telephone number: 800-248-6437

Gross receipts $: 114,702,453

Is this a group return for subordinates? Yes X No
Are all subordinates included? Yes X No

Name and address of principal officer: Gary Edmonds, same as C above

J. Website: www.fh.org

K. Form of organization: Corporation

L. Year of formation: 1971 M. State of legal domicile: CA

Part I - Summary

1. Briefly describe the organization’s mission or most significant activities: Food For The Hungry, Inc. is an organization of Christian motivation committed to helping the poor.

2. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3. Number of voting members of the governing body (Part VI, line 1a)...

4. Number of independent voting members of the governing body (Part VI, line 1b)...

5. Total number of individuals employed in calendar year 2015 (Part V, line 2a)...

6. Total number of volunteers (estimate if necessary)...

7a. Total unrelated business revenue from Part VII, column (C), line 12...

7b. Net unrelated business taxable income from Form 990-T, line 34...

Revenue

8. Contributions and grants (Part VIII, line 1h)...

9. Program service revenue (Part VIII, line 2g)...

10. Investment income (Part VIII, column (A), lines 3, 4, and 7d)...

11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)...

12. Total revenue: Add lines 8 through 11 (must equal Part VIII, column (A), line 12)...

Expenses

13. Grants and similar amounts paid (Part IX, column (A), lines 1-3)...

14. Benefits paid to or for members (Part IX, column (A), line 4)...

15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)...

16a. Professional fundraising fees (Part IX, column (A), line 11e)...

17. Other expenses (Part IX, column (A), lines 11a-11d, 11f24a)...

18. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)...

19. Revenue less expenses. Subtract line 18 from line 12...

Beginning of Current Year

End of Year

Prior Year

Current Year

85,469,071

114,570,951

74,366

79,634

31,846

32,795

28,950

5,660

85,604,233

114,688,840

62,592,493

85,121,856

0

0

11,051,587

11,910,869

633,159

626,640

11,447,117

15,830,603

85,703,356

113,491,968

-99,123

1,196,872

8,662,627

8,926,696

2,572,970

1,530,240

6,089,657

7,396,456

Part II - Signature Block

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

Signature of preparer

Date

Signature of preparer

Preparer’s signature

Type or print name and title

Paid

Preparer’s name

Preparer’s signature

Date

Check if self-employed

PTIN

Preparer

Firm’s name

Firm’s EIN

Use Only

Firm’s address

Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)
Food For The Hungry, Inc.

Briefly describe the organization’s mission:

Food For The Hungry, Inc. is an organization of Christian motivation committed to helping the poor and needy throughout the world, by generating cash and in-kind gifts, and fostering world hunger advocacy in the United States.

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

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

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

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

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

General Relief And Development Program -

Under the umbrella of Child-Focused Community Transformation, emergency relief and rehabilitation, clean-water and sanitation projects, health education and intervention, agriculture development, income generation, life-skills training, and education programs are conducted around the world in developing countries and specifically in the hard places among the poorest of the poor. Over 14 million have been helped this past year through these programs.

Gifts In Kind Program -

Non-monetary donations, called “gifts-in-kind”, including but not limited to, food, seeds, clothing, medical supplies, and pharmaceuticals are sought and integrated in FH relief, rehabilitation, and development programs. These donations are matched with the needs of field locations as well as other agencies. Through all our donated pharmaceuticals, water filtration units, hope packs, medical supplies and other smaller gifts in kind, we have been privileged to serve millions of the poorest of the poor around the world. Countries to which we have shipped these donations are Peru, Dominican Republic, Guatemala, Nicaragua, Democratic Republic of Congo, Ethiopia, Uganda, Rwanda, Burundi, Ghana, Korea, Cambodia.

Child Sponsorship Program -

Monthly sponsorship provides a child with access to nutritious food, clothing, medical care, and spiritual nourishment through community development programs. Because the programs are family and community based, gifts help the entire family and community. Currently there are over 100,000 sponsored children in 16 countries around the world. These countries are Bolivia, Peru, Dominican Republic, Haiti, Guatemala, Nicaragua, Burundi, Uganda, Rwanda, Ethiopia, Kenya, Mozambique, Cambodia, Bangladesh, Indonesia and Philippines.

Total program service expenses $40,486,013.

Form 990 (2015)
**Part IV Checklist of Required Schedules**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td>X</td>
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<tr>
<td>3</td>
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<td>X</td>
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<td>11</td>
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<td>a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>X</td>
</tr>
<tr>
<td>c</td>
<td></td>
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<tr>
<td>d</td>
<td>X</td>
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<tr>
<td>e</td>
<td>X</td>
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<td>12a</td>
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<tr>
<td>b</td>
<td>X</td>
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<tr>
<td>18</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>X</td>
</tr>
</tbody>
</table>


Part IV Checklist of Required Schedules

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

21 Did the organization report more than $5,000 of grants or other assistance to any domestic organization or
domestic government on Part IX, column (A), line 17? If "Yes," complete Schedule I, Parts I and II

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

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

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete
Schedule K. If "No," go to line 25a

24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease
any tax-exempt bonds?

24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

25b If "Yes," complete Schedule L, Part II

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"
complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial
contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member
of any of these persons? If "Yes," complete Schedule L, Part III

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV
instructions for applicable filing thresholds, conditions, and exceptions):

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation
contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations?

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete
Schedule N, Part II

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

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

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36 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

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

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O.
### Part V Statements Regarding Other IRS Filings and Tax Compliance

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td>1b</td>
<td>Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable</td>
<td>☐</td>
<td>☑️</td>
</tr>
<tr>
<td>1c</td>
<td>Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td>2a</td>
<td>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</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td>2b</td>
<td>If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td>3a</td>
<td>Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; has it filed a Form 990-T for this year?</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td>4a</td>
<td>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)?</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td>4b</td>
<td>If &quot;Yes,&quot; enter the name of the foreign country:</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td>5a</td>
<td>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td>5b</td>
<td>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td>5c</td>
<td>If &quot;Yes,&quot; to line 5a or 5b, did the organization file Form 8886-T?</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td>6a</td>
<td>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?</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td>6b</td>
<td>If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td>7a</td>
<td>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?</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td>7b</td>
<td>Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td>7c</td>
<td>Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td>7d</td>
<td>If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td>7e</td>
<td>Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td>7f</td>
<td>Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td>7g</td>
<td>If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td>7h</td>
<td>If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1099-C?</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td>8</td>
<td>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?</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td>9a</td>
<td>Did the sponsoring organization make any taxable distributions under section 4966?</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td>9b</td>
<td>Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td>10a</td>
<td>Initiative fees and capital contributions included on Part VIII, line 12</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td>10b</td>
<td>Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td>11a</td>
<td>Gross income from members or shareholders</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td>11b</td>
<td>Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td>12a</td>
<td>Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td>12b</td>
<td>If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td>13a</td>
<td>Is the organization licensed to issue qualified health plans in more than one state?</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td>13b</td>
<td>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</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td>13c</td>
<td>Enter the amount of reserves on hand</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td>14a</td>
<td>Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td>14b</td>
<td>If &quot;Yes,&quot; has it filed a Form 720 to report these payments?</td>
<td>☑️</td>
<td>☐</td>
</tr>
</tbody>
</table>
Part VI | Governance, Management, and Disclosure

For each “Yes” response to lines 2 through 7b below, and for a “No” response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

1b Enter the number of voting members included in line 1a, above, who are independent

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization’s assets?

6 Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization’s mailing address? If “Yes,” provide the names and addresses in Schedule O

Section B. Policies

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

10a Did the organization have local chapters, branches, or affiliates?

b If “Yes,” did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization’s exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990.

12a Did the organization have a written conflict of interest policy? If “No,” go to line 13

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe in Schedule O how this was done

13a Did the organization have a written whistleblower policy?

14a Did the organization have a written document retention and destruction policy?

15a Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

b The organization’s CEO, Executive Director, or top management official

15b Other officers or key employees of the organization

If “Yes” to line 15a or 15b, describe in Schedule O the process (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?

b If “Yes,” did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization’s exempt status with respect to such arrangements?

Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed. Availability of a copy of this Form 990 by state is described in Schedule O. See Schedule O for full list of states.

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [ ] Another’s website [X] Upon request [ ] Other (explain in Schedule O)

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

State the name, address, and telephone number of the person who possesses the organization’s books and records:

Barry Gardner, CFO/COO - 800-248-6437

1224 E. Washington St., Phoenix, AZ 85034-1102

532006 12-16-15
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

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

#### (A) Name and Title

<table>
<thead>
<tr>
<th></th>
<th>Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Larry Jones</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td></td>
<td>Board Member/Board Co-Chair</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Jeanie Dassow, MD</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td></td>
<td>Board Vice-Chair</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Francoise Andre</td>
<td>1.00</td>
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<td>0.</td>
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</tr>
<tr>
<td></td>
<td>Board Member/Secretary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Rt. Rev. Dr. Laurent Mbanda, Ph</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
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<tr>
<td></td>
<td>Board Mem/Board Co-Chair - Part year</td>
<td>1.00</td>
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<td>5</td>
<td>Jay Choi</td>
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<td>Secretary - Part year</td>
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<td>6</td>
<td>Peter Mogan</td>
<td>1.00</td>
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<tr>
<td></td>
<td>Board Member</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>7</td>
<td>Steven Corbett</td>
<td>1.00</td>
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</tr>
<tr>
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<td>Board Member</td>
<td></td>
<td></td>
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<tr>
<td>8</td>
<td>Paul Graves</td>
<td>1.00</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Board Member</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Me. Cir Donnah Kamashazi Gasana</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Board Member</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Alan Holmer</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Board Member</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>11</td>
<td>Lord Paul Boateng</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td></td>
<td>Board Member - Part year</td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>12</td>
<td>Dr. Hansa Jayakumasr, MD</td>
<td>1.00</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Board Member - Part year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Gary Edmonds</td>
<td>40.00</td>
<td>X</td>
<td>209,974.</td>
<td>0.</td>
<td>15,294.</td>
</tr>
<tr>
<td></td>
<td>CEO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Barry Gardner</td>
<td>40.00</td>
<td>X</td>
<td>136,369.</td>
<td>0.</td>
<td>24,739.</td>
</tr>
<tr>
<td></td>
<td>CFO/COO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Luis Noda</td>
<td>40.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chief Int’l Operations Officer</td>
<td>40.00</td>
<td>X</td>
<td>168,965.</td>
<td>0.</td>
<td>21,456.</td>
</tr>
<tr>
<td>16</td>
<td>Charles Tardibuono</td>
<td>40.00</td>
<td>X</td>
<td>115,491.</td>
<td>0.</td>
<td>17,560.</td>
</tr>
<tr>
<td></td>
<td>Chief Information Officer</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>17</td>
<td>Michael Meyers</td>
<td>40.00</td>
<td>X</td>
<td>122,683.</td>
<td>0.</td>
<td>21,089.</td>
</tr>
<tr>
<td></td>
<td>Chief Development Officer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

<table>
<thead>
<tr>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
<th>(E)</th>
<th>(F)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and title</td>
<td>Average hours per week (list any hours for related organizations below line)</td>
<td>Officers, Directors, Trustees, Key Employees, or Highest Compensated Employee</td>
<td>Reportable compensation from the organization (W-2/1099-MISC)</td>
<td>Reportable compensation from related organizations (W-2/1099-MISC)</td>
<td>Estimated amount of other compensation from the organization and related organizations</td>
</tr>
<tr>
<td>(18) Shep Owen</td>
<td>40.00</td>
<td></td>
<td>131,910.00</td>
<td>0.00</td>
<td>20,620.00</td>
</tr>
<tr>
<td>Sr. Dir Grants/Acquisitions/Prtnrshps</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(19) Ryan Smedes</td>
<td>40.00</td>
<td></td>
<td>119,682.00</td>
<td>0.00</td>
<td>22,125.00</td>
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<tr>
<td>Sr. Dir Resource/Program Develpm't</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**1b Sub-total**

| 1,004,174.00 | 0.00 | 142,883.00 |

**1c Total from continuation sheets to Part VII, Section A**

| 0.00 | 0.00 | 0.00 |

**1d Total (add lines 1b and 1c)**

| 1,004,174.00 | 0.00 | 142,883.00 |

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>X</td>
</tr>
</tbody>
</table>

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and business address</td>
<td>Description of services</td>
<td>Compensation</td>
</tr>
<tr>
<td>Newsboys, Inc</td>
<td>Promoter</td>
<td>1,224,780.00</td>
</tr>
<tr>
<td>PO Box 680969, Franklin, TN 37068</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Third Day Touring, Inc., 3310 West End Ave, Ste 400, Nashville, TN 37203</td>
<td>Promoter</td>
<td>911,690.00</td>
</tr>
<tr>
<td>Advanced Response Systems 13175 George Weber Dr, Rogers, MN 56374</td>
<td>Mailhouse Services</td>
<td>614,622.00</td>
</tr>
<tr>
<td>Awakening Events, Inc. 1025 Front St., Ste 1, Conway, AR 72032</td>
<td>Promoter</td>
<td>612,125.00</td>
</tr>
<tr>
<td>Noble Mountain LLC 7717 Sunnywood Drive, Nashville, TN 37211</td>
<td>Promoter</td>
<td>584,355.00</td>
</tr>
<tr>
<td>2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization</td>
<td>14</td>
<td></td>
</tr>
</tbody>
</table>
### Part VIII
#### Statement of Revenue

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Noncash contributions included in lines 1a-1f</td>
<td>27,493,684.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f</td>
<td>114,570,951.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 a Event Registration Fee</td>
<td>900099</td>
<td>77,738.</td>
<td>77,738.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other program service revenue</td>
<td>900099</td>
<td>1,896.</td>
<td>1,896.</td>
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<td></td>
</tr>
<tr>
<td>g Total. Add lines 2a-2f</td>
<td>75,634.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Investment income (including dividends, interest, and other similar amounts) | 34,498. | 34,498. |
| Income from investment of tax-exempt bond proceeds |  |  |
| Royalties |  |  |

| Gross rents | 5,460. |  |  |
| Less: rental expenses | 0. |  |  |
| Rental income or (loss) | 5,460. |  |  |
| Net rental income or (loss) | 5,460. |  |  |

| Gross amount from sales of assets other than inventory | 11,910. |  |  |
| Less: cost or other basis and sales expenses | 13,613. |  |  |
| Gain or (loss) | <1,703. |  |  |
| Net gain or (loss) |  |  | <1,703. |

| Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18 |  |  |  |
| Less: direct expenses |  |  |  |
| Net income or (loss) from fundraising events |  |  |  |

| Gross income from gaming activities. See Part IV, line 19 |  |  |  |
| Less: direct expenses |  |  |  |
| Net income or (loss) from gaming activities |  |  |  |

| Gross sales of inventory, less returns and allowances |  |  |  |
| Less: cost of goods sold |  |  |  |
| Net income or (loss) from sales of inventory |  |  |  |

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
</tr>
<tr>
<td>d All other revenue</td>
<td></td>
</tr>
<tr>
<td>e Total. Add lines 11a-11d</td>
<td>114,688,840.</td>
</tr>
</tbody>
</table>

Total revenue. See instructions.
**Part IX Statement of Functional Expenses**

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

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

<table>
<thead>
<tr>
<th>(A)</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>506</td>
<td>506</td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td>85,121,350</td>
<td>85,121,350</td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>629,193</td>
<td>629,193</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td>66,011</td>
<td>66,011</td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>8,937,995</td>
<td>4,761,567</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>264,422</td>
<td>152,193</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>1,410,790</td>
<td>676,948</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>602,458</td>
<td>288,815</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
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<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td>55,639</td>
<td>14,263</td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td>153,000</td>
<td>99,000</td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
<td>628,640</td>
<td>628,640</td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td>1,373,681</td>
<td>489,044</td>
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<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>9,680,529</td>
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<tr>
<td>13</td>
<td>Office expenses</td>
<td>1,739,972</td>
<td>160,448</td>
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<tr>
<td>14</td>
<td>Information technology</td>
<td>47,089</td>
<td>24,699</td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>453,763</td>
<td>246,482</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>1,179,853</td>
<td>730,353</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td>89,425</td>
<td>66,467</td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td>16,216</td>
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</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td>16,216</td>
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<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>204,857</td>
<td>16,676</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>132,670</td>
<td>6,846</td>
</tr>
<tr>
<td>24</td>
<td>Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Equipment/Repairs</td>
<td>491,920</td>
<td>133,905</td>
</tr>
<tr>
<td>b</td>
<td>Dues &amp; Memberships</td>
<td>117,506</td>
<td>28,232</td>
</tr>
<tr>
<td>c</td>
<td>Training Expenses</td>
<td>79,031</td>
<td>61,038</td>
</tr>
<tr>
<td>d</td>
<td>All other expenses</td>
<td>15,452</td>
<td>5,014</td>
</tr>
</tbody>
</table>

25 Total functional expenses. Add lines 1 through 24e

113,491,968 | 93,082,846 | 4,967,589 | 15,441,533 |

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)
### Part X Balance Sheet

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>93,532.</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>33.</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>905,676.</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees’ beneficiary organizations (see instr). Complete Part II of Sch L</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>284,342.</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>4,301,554.</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>3,033,630.</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>1,499,588.</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td>4,295,604.</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>243,507.</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>8,662,627.</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>872,181.</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>436,865.</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>21</td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td>22</td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>50,000.</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>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</td>
<td>1,213,924.</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>2,572,970.</td>
</tr>
<tr>
<td>27</td>
<td>Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.</td>
<td>1,389,063.</td>
</tr>
<tr>
<td>28</td>
<td>Unrestricted net assets</td>
<td>2,308,881.</td>
</tr>
<tr>
<td>29</td>
<td>Temporarily restricted net assets</td>
<td>4,200,594.</td>
</tr>
<tr>
<td>30</td>
<td>Permanently restricted net assets</td>
<td>4,587,575.</td>
</tr>
<tr>
<td>31</td>
<td>Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.</td>
<td>500,000.</td>
</tr>
<tr>
<td>32</td>
<td>Capital stock or trust principal, or current funds</td>
<td>500,000.</td>
</tr>
<tr>
<td>33</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>33</td>
</tr>
<tr>
<td>34</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>6,089,657.</td>
</tr>
<tr>
<td>35</td>
<td>Total net assets or fund balances</td>
<td>7,396,456.</td>
</tr>
<tr>
<td>36</td>
<td>Total liabilities and net assets/fund balances</td>
<td>8,662,627.</td>
</tr>
</tbody>
</table>
### Part XI: Reconciliation of Net Assets

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>114,688,840.</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>113,491,968.</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>1,196,872.</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>6,089,657.</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>109,927.</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>0.</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>7,396,456.</td>
</tr>
</tbody>
</table>

### Part XII: Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td></td>
</tr>
</tbody>
</table>

- [ ] Cash
- [ ] Accrual
- [ ] Other

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

<table>
<thead>
<tr>
<th>2a</th>
<th>Were the organization's financial statements compiled or reviewed by an independent accountant?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] Separate basis  [ ] Consolidated basis [ ] Both consolidated and separate basis</td>
</tr>
</tbody>
</table>

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

<table>
<thead>
<tr>
<th>2b</th>
<th>Were the organization's financial statements audited by an independent accountant?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] Separate basis  [ ] Consolidated basis [ ] Both consolidated and separate basis</td>
</tr>
</tbody>
</table>

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

<table>
<thead>
<tr>
<th>3a</th>
<th>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] Yes [ ] No</td>
</tr>
</tbody>
</table>

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.
### Part I  Reason for Public Charity Status

(All organizations must complete this part.) See instructions.

<p>| | | | | | | | |</p>
<table>
<thead>
<tr>
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<td>11</td>
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</tr>
</tbody>
</table>

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

### Part II  Information about the Supported Organization(s)

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

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Name of supported organization</td>
<td>(ii) EIN</td>
<td>(iii) Type of organization (described on lines 1-9 above (see instructions))</td>
<td>(iv) Is the organization listed in your governing document?</td>
</tr>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>(v) Amount of monetary support (see instructions)</td>
<td>(vi) Amount of other support (see instructions)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
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</tr>
</tbody>
</table>
### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

**Section A. Public Support**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) 2015</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>120,538,683</td>
<td>81,929,387</td>
<td>85,404,206</td>
<td>85,469,071</td>
<td>114,570,951</td>
<td>487,912,298</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>120,538,683</td>
<td>81,929,387</td>
<td>85,404,206</td>
<td>85,469,071</td>
<td>114,570,951</td>
<td>487,912,298</td>
</tr>
<tr>
<td>5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>49,241,065</td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>438,671,233</td>
</tr>
</tbody>
</table>

**Section B. Total Support**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) 2015</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>120,538,683</td>
<td>81,929,387</td>
<td>85,404,206</td>
<td>85,469,071</td>
<td>114,570,951</td>
<td>487,912,298</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>107,992</td>
<td>74,000</td>
<td>71,011</td>
<td>51,718</td>
<td>39,958</td>
<td>344,679</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td>9,100</td>
<td>9,100</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>488,266,077</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) 2015</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2015 (line 6, column (f)) divided by line 11, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>89.84</td>
</tr>
<tr>
<td>15 Public support percentage from 2014 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>85.41</td>
</tr>
</tbody>
</table>

16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

16b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% - facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

17b 10% - facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

---

532022
09-23-15
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) 2015</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 7a Amounts included on lines 1, 2, and 3 received from disqualified persons

#### 7b 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

#### 7c Add lines 7a and 7b

<table>
<thead>
<tr>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) 2015</th>
<th>(f) Total</th>
</tr>
</thead>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) 2015</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10, 11, and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) 2015</th>
<th>(f) Total</th>
</tr>
</thead>
</table>
| 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | | | | | | %
| 16 Public support percentage from 2014 Schedule A, Part III, line 15 | | | | | | %

### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) 2015</th>
<th>(f) Total</th>
</tr>
</thead>
</table>
| 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) | | | | | | %
| 18 Investment income percentage from 2014 Schedule A, Part III, line 17 | | | | | | %

#### 19a 33 1/3% support tests - 2015
If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

#### 19b 33 1/3% support tests - 2014
If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

#### 20 Private foundation
If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.
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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 ensure that 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 (b) and (c) 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 (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 or 990-EZ).

8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

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 in 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 in 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.

10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)
### Part IV: Supporting Organizations (continued)

#### Section B. Type I Supporting Organizations

1. Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

#### Section C. Type II Supporting Organizations

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).

#### Section D. All Type III Supporting Organizations

1. Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization’s tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization’s governing documents in effect on the date of notification, to the extent not previously provided?

2. Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how providing such benefit carried out the purposes of the organization without substantially affecting the supported organization(s).

3. By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? If "Yes," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

#### Section E. Type III Functionally-Integrated Supporting Organizations

1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
   - a. 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.
   - c. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2. Activities Test. Answer (a) and (b) below.
   - a. Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
   - b. Did the activities described in (a) 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 (a) and (b) 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? 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.
### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

#### Section A - Adjusted Net Income

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

#### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td><strong>Total</strong> (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e</td>
<td><strong>Discount</strong> claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by .035</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Minimum Asset Amount</strong> (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td><strong>Distributable Amount</strong>. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</td>
</tr>
</tbody>
</table>

7. Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).
### Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

#### Section D - Distributions

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td><strong>Total annual distributions.</strong> Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2015 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by Line 9 amount</td>
</tr>
</tbody>
</table>

#### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2015</th>
<th>(iii) Distributable Amount for 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2015 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2015 (reasonable cause required—see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2015:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d From 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e From 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>f <strong>Total</strong> of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>g Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>h Applied to 2015 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>i Carryover from 2010 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>j Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2015 from Section D, line 7: $</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Applied to 2015 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Excess distributions carryover to 2016.</strong> Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Excess from 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d Excess from 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e Excess from 2015</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Schedule A (Form 990 or 990-EZ) 2015

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

Sales tax refund settlement


Credit card rebates

2014 Amount: $ 1,310.
### Schedule B

**Form 990, 990-EZ, or 990-PF**

#### Department of the Treasury

#### Internal Revenue Service

#### 523451

#### 10-26-15

#### 2015

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**Name of the organization**

Food For The Hungry, Inc.

---

**Employer identification number**

95-2680390

---

#### Organization type (check one):

- [ ] 501(c)(3) (enter number) organization
- [ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- [ ] 527 political organization
- [ ] 501(c)(3) exempt private foundation
- [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
- [ ] 501(c)(3) taxable private foundation

---

#### Filers of:

- **Form 990 or 990-EZ**
  - [ ] 501(c)(3) (enter number) organization
  - [ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation
  - [ ] 527 political organization

- **Form 990-PF**
  - [ ] 501(c)(3) exempt private foundation
  - [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
  - [ ] 501(c)(3) taxable private foundation

---

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

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

**General Rule**

- [ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

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

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$63,923,244</td>
<td>Person X, Payroll</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Person</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Person</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Person</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Person</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Person</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Person</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
## Part II Noncash Property

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

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (see instructions)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Vegetable Oil, Peas, Lentils, Wheat</td>
<td>$22,753,429.</td>
<td>09/30/16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (see instructions)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (see instructions)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (see instructions)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (see instructions)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
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<th>(c) FMV (or estimate) (see instructions)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (see instructions)</th>
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<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (see instructions)</th>
<th>(d) Date received</th>
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</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (see instructions)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year from any one contributor. Use duplicate copies of Part III if additional space is needed.

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.

$1,000 or less for the year.

Name of organization: Food For The Hungry, Inc.

Employer identification number: 95-2680390

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)
**SCHEDULE D**

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.*

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Name of the organization**

Food For The Hungry, Inc.

**Employer identification number**

95-2680390

---

**Part I**

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

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

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization’s property, subject to the organization’s exclusive legal control?</td>
<td>Yes</td>
</tr>
<tr>
<td>6</td>
<td>Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

---

**Part II**

Conservation Easements.

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

1. **Purpose(s) of conservation easements held by the organization (check all that apply).**
   - Preservation of land for public use (e.g., recreation or education)
   - Preservation of a historically important land area
   - Protection of natural habitat
   - Preservation of a certified historic structure
   - Preservation of open space

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

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

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

4. **Number of states where property subject to conservation easement is located.**

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

6. **Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.**

7. **Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.**

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

9. **In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements.**

---

**Part III**

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

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

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

1b. **If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:**

<table>
<thead>
<tr>
<th></th>
<th>Revenue included on Form 990, Part VIII, line 1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(i)</td>
<td>Revenue included on Form 990, Part VIII, line 1</td>
<td>$</td>
</tr>
<tr>
<td>(ii)</td>
<td>Assets included in Form 990, Part X</td>
<td>$</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Revenue included on Form 990, Part VIII, line 1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Revenue included on Form 990, Part VIII, line 1</td>
<td>$</td>
</tr>
<tr>
<td>b</td>
<td>Assets included in Form 990, Part X</td>
<td>$</td>
</tr>
</tbody>
</table>
Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   a  Public exhibition
   b  Scholarly research
   c  Preservation for future generations
   d  Loan or exchange programs
   e  Other

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

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

Part IV | Escrow and Custodial Arrangements.

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

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

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

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  
   ☐ Yes  ☐ No

b If “Yes,” explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V | Endowment Funds.

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

1a Beginning of year balance .......................................................... 1,082,394
   b Contributions .................................................................................
   c Net investment earnings, gains, and losses ................................. 123,057
   d Grants or scholarships ................................................................. 54,624
   e Other expenditures for facilities and programs ...........................
   f Administrative expenses ..............................................................
   g End of year balance ..................................................................... 1,150,827

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a  Board designated or quasi-endowment ➤
   b  Permanent endowment ➤ 43.45 %
   c  Temporarily restricted endowment ➤ 56.55 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
   (i) unrelated organizations
   (ii) related organizations

   ☐ Yes  ☐ No

b If “Yes” on line 3a(ii), are the related organizations listed as required on Schedule R?  
   ☐ Yes  ☐ No

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

Part VI | Land, Buildings, and Equipment.

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

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land ...................</td>
<td>168,851.</td>
<td></td>
<td>168,851.</td>
<td></td>
</tr>
<tr>
<td>b Buildings ................</td>
<td>1,921,239.</td>
<td>995,485.</td>
<td>925,754.</td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td>1,968,844.</td>
<td>1,795,525.</td>
<td>173,319.</td>
<td></td>
</tr>
<tr>
<td>d Equipment ..............</td>
<td>242,620.</td>
<td>242,620.</td>
<td></td>
<td>1,267,924.</td>
</tr>
<tr>
<td>e Other ....................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)</td>
<td>1,267,924.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part VII Investments - Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

### Part VIII Investments - Program Related.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Investment in affiliate companies</td>
<td>4,295,604</td>
<td>End-of-Year Market Value</td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
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<tr>
<td>(4)</td>
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<td></td>
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<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total.</strong> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)</td>
<td>4,295,604</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
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<td>(8)</td>
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<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td><strong>Total.</strong> (Column (b) must equal Form 990, Part X, col. (B) line 15.)</td>
<td></td>
</tr>
</tbody>
</table>

### 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. **Liability for uncertain tax positions.**

<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2) Annuity obligations</td>
<td>143,071</td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
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<tr>
<td>(8)</td>
<td></td>
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<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td><strong>Total.</strong> (Column (b) must equal Form 990, Part X, col. (B) line 25.)</td>
<td>143,071</td>
</tr>
</tbody>
</table>
### Part XI  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements..................................................</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
</tr>
<tr>
<td></td>
<td>a Net unrealized gains (losses) on investments ........................................................................</td>
</tr>
<tr>
<td></td>
<td>b Donated services and use of facilities ................................................................................</td>
</tr>
<tr>
<td></td>
<td>c Recovers of prior year grants ........................................................................................</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.) .........................................................................................</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d .................................................................................................</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1 ..............................................................................................</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b ...............................</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.) ......................................................................................</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b .....................................................................................................</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. <em>(This must equal Form 990, Part I, line 12)</em> ..........</td>
</tr>
</tbody>
</table>

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

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements ......................................................</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
</tr>
<tr>
<td></td>
<td>a Donated services and use of facilities ................................................................................</td>
</tr>
<tr>
<td></td>
<td>b Prior year adjustments .....................................................................................................</td>
</tr>
<tr>
<td></td>
<td>c Other losses ..................................................................................................................</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.) .........................................................................................</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d .................................................................................................</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1 ..............................................................................................</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b ...............................</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.) ......................................................................................</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b .....................................................................................................</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. <em>(This must equal Form 990, Part I, line 18)</em> ..........</td>
</tr>
</tbody>
</table>

### Part XIII  Supplemental Information.

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

**Part V, line 4:**

The primary purpose of the organization's endowment funds is to provide child development program students with vocational training or secondary schooling scholarship assistance. The vision is for them to complete a degree of education that will adequately allow them to develop their capacities and prepare them to fulfill their role and purpose in their family and community, finishing with the tools they need to live a good life.

**Part X, Line 2:**

The financial statement effects of a tax position taken or expected to be taken are recognized in the consolidated financial statements when it is
more likely than not, based on the technical merits, that the position

will be sustained upon examination. Interest and penalties, if any, are

included in expenses in the consolidated statement of activities. As of

September 30, 2016, FH has recorded approximately $390,000 as a liability

for payroll taxes, including estimated penalties and interest, that are

expected to be paid outside of the U.S. There are no other uncertain tax

positions that qualify for recognition or disclosure in the consolidated

financial statements.

FH files information tax returns in the U.S. and various states. FH is

generally no longer subject to U.S. federal and state income tax

examinations by tax authorities for years before 2013.
### Part I: General Information on Activities Outside the United States

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

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

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

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

<table>
<thead>
<tr>
<th>(a) Region</th>
<th>(b) Number of offices in the region</th>
<th>(c) Number of employees, agents, and independent contractors in region</th>
<th>(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)</th>
<th>(e) If activity listed in (d) is a program service, describe specific type of service(s) in region</th>
<th>(f) Total expenditures for and investments in region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-Saharan Africa</td>
<td>0</td>
<td>0</td>
<td>Grants to recipients in region</td>
<td>Monitor and evaluation of all programs</td>
<td>72,688,376.</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>2</td>
<td>13</td>
<td>Program services of all programs</td>
<td></td>
<td>535,760.</td>
</tr>
<tr>
<td>Central America and the Caribbean</td>
<td>0</td>
<td>0</td>
<td>Grants to recipient in region</td>
<td>Monitor and evaluation of all programs</td>
<td>6,552,377.</td>
</tr>
<tr>
<td>South America</td>
<td>1</td>
<td>17</td>
<td>Program services of all programs</td>
<td></td>
<td>297,356.</td>
</tr>
<tr>
<td>South America</td>
<td>0</td>
<td>0</td>
<td>Grants to recipient in region</td>
<td>Monitor and evaluation of all programs</td>
<td>2,421,126.</td>
</tr>
<tr>
<td>East Asia and the Pacific</td>
<td>0</td>
<td>0</td>
<td>Grants to recipients in region</td>
<td>Monitor and evaluation of all programs</td>
<td>2,137,205.</td>
</tr>
<tr>
<td>East Asia and the Pacific</td>
<td>1</td>
<td>5</td>
<td>Program services of all programs</td>
<td></td>
<td>204,733.</td>
</tr>
<tr>
<td>South Asia</td>
<td>0</td>
<td>0</td>
<td>Grants to recipients in region</td>
<td>Monitor and evaluation of all programs</td>
<td>1,195,098.</td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td>4</td>
<td>35</td>
<td></td>
<td></td>
<td>86,032,031.</td>
</tr>
<tr>
<td><strong>Total from continuation sheets to Part I</strong></td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td>4,422,772.</td>
</tr>
<tr>
<td><strong>Totals (add lines 3a and 3b)</strong></td>
<td>4</td>
<td>35</td>
<td></td>
<td></td>
<td>90,454,803.</td>
</tr>
</tbody>
</table>

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

Schedule F (Form 990) 2015
### Schedule F (Form 990) Page 1

#### Part I: Continuation of Activities per Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of Offices in the Region</th>
<th>Number of Employees or Agents in Region</th>
<th>Activities Conducted in Region (by Type)</th>
<th>If Activity Listed in (d) is a Program Service, Describe Specific Type of Service(s) in Region</th>
<th>Total Expenditures for Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle East and North Africa</td>
<td>0</td>
<td>0</td>
<td>Grants to recipient in region</td>
<td></td>
<td>120,000.</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>0</td>
<td>0</td>
<td>Program related investments</td>
<td></td>
<td>4,295,604.</td>
</tr>
<tr>
<td>Europe (Including Iceland &amp; Greenland)</td>
<td>0</td>
<td>0</td>
<td>Grants to recipient in region</td>
<td></td>
<td>5,000.</td>
</tr>
<tr>
<td>North America</td>
<td>0</td>
<td>0</td>
<td>Grants to recipient in region</td>
<td></td>
<td>2,168.</td>
</tr>
</tbody>
</table>

#### Totals

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</tbody>
</table>

4,422,772.
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.

<table>
<thead>
<tr>
<th>(a) Name of organization</th>
<th>(b) IRS code section and EIN (if applicable)</th>
<th>(c) Region</th>
<th>(d) Purpose of grant</th>
<th>(e) Amount of cash grant</th>
<th>(f) Manner of cash disbursement</th>
<th>(g) Amount of non-cash assistance</th>
<th>(h) Description of non-cash assistance</th>
<th>(i) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-Saharan Africa</td>
<td></td>
<td></td>
<td>Relief and Development Projects</td>
<td>46,438,133</td>
<td>Bank Wire</td>
<td>26,244,427</td>
<td>Hope Packs</td>
<td>Value</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td></td>
<td></td>
<td>Relief and Development Projects</td>
<td>610</td>
<td>Bank Wire</td>
<td>5,206</td>
<td>Hope Packs</td>
<td>Value</td>
</tr>
<tr>
<td>Central America and the Caribbean</td>
<td></td>
<td></td>
<td>Relief and Development Projects</td>
<td>5,547,076</td>
<td>Bank Wire</td>
<td>1,005,301</td>
<td>Hope Packs</td>
<td>Value</td>
</tr>
<tr>
<td>South America</td>
<td>Relief and Development Projects</td>
<td>2,420,955</td>
<td>Bank Wire</td>
<td>171</td>
<td>Hope Packs</td>
<td>Value</td>
<td>Fair Market</td>
<td></td>
</tr>
<tr>
<td>East Asia and the Pacific</td>
<td>Relief and Development Projects</td>
<td>1,887,692</td>
<td>Bank Wire</td>
<td>8,513</td>
<td>Hope Packs</td>
<td>Value</td>
<td>Fair Market</td>
<td></td>
</tr>
<tr>
<td>East Asia and the Pacific</td>
<td>Relief and Development Projects</td>
<td>38,000</td>
<td>Bank Wire</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Asia and the Pacific</td>
<td>Relief and Development Projects</td>
<td>27,400</td>
<td>Bank Wire</td>
<td>170,600</td>
<td>Hope Packs</td>
<td>Value</td>
<td>Fair Market</td>
<td></td>
</tr>
<tr>
<td>South Asia</td>
<td>Relief and Development Projects</td>
<td>920,371</td>
<td>Bank Wire</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

8
0
<table>
<thead>
<tr>
<th>(a) Name of organization</th>
<th>(b) IRS code section and EIN (if applicable)</th>
<th>(c) Region</th>
<th>(d) Purpose of grant</th>
<th>(e) Amount of cash grant</th>
<th>(f) Manner of cash disbursement</th>
<th>(g) Amount of non-cash assistance</th>
<th>(h) Description of non-cash assistance</th>
<th>(i) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food For The Hungry, Inc.</td>
<td>95-2680390</td>
<td>South Asia</td>
<td>Relief and Development Projects</td>
<td>143,724</td>
<td>Bank Wire</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>South Asia</td>
<td>Relief and Development Projects</td>
<td>50,000</td>
<td>Bank Wire</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>South Asia</td>
<td>Relief and Development Projects</td>
<td>40,000</td>
<td>Bank Wire</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>South Asia</td>
<td>Relief and Development Projects</td>
<td>40,000</td>
<td>Bank Wire</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Middle East and North Africa</td>
<td>Disaster Relief</td>
<td>120,000</td>
<td>Bank Wire</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Type of grant or assistance</td>
<td>(b) Region</td>
<td>(c) Number of recipients</td>
<td>(d) Amount of cash grant</td>
<td>(e) Manner of cash disbursement</td>
<td>(f) Amount of non-cash assistance</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Method of valuation (book, FMV, appraisal, other)</td>
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</tbody>
</table>
### Part IV: Foreign Forms

1. **Was the organization a U.S. transferor of property to a foreign corporation during the tax year?**
   - Yes [ ]
   - No [X]

2. **Did the organization have an interest in a foreign trust during the tax year?**
   - Yes [ ]
   - No [X]

3. **Did the organization have an ownership interest in a foreign corporation during the tax year?**
   - Yes [ ]
   - No [X]

4. **Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year?**
   - Yes [ ]
   - No [X]

5. **Did the organization have an ownership interest in a foreign partnership during the tax year?**
   - Yes [ ]
   - No [X]

6. **Did the organization have any operations in or related to any boycotting countries during the tax year?**
   - Yes [ ]
   - No [X]
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.

Part I, Line 2:

Food For The Hungry grants funds to non-profit organizations whose vision and mission are in alignment with Food For The Hungry’s vision and mission. Food for the Hungry verifies non-profit status prior to granting funds. Food For The Hungry monitors the activities in the programs for which funds are granted by visiting the program sites, performing on-site evaluations, and by requiring reports on program status and accomplishments.

Part I, line 3:

Foreign expenditures are accounted for according to the accrual basis of accounting under GAAP, using expense reports, grant feedback, and other appropriate documentation.

Schedule F, Part II, Lines 2 and 3

The total number of grantees reported in Part II, Line 1 is 13, but the total number included on Part II, Lines 2 and 3 is 8. The difference is a result of two organizations having locations in multiple regions and therefore are required to be reported more than once in Part II, Line 1 due to the Schedule F regional reporting requirements.
**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - Mail solicitations
   - Internet and email solicitations
   - Phone solicitations
   - In-person solicitations
   - Solicitation of non-government grants
   - Solicitation of government grants
   - Special fundraising events

2. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
   - X Yes
   - No

   If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>Name and address of individual or entity (fundraiser)</th>
<th>Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDS Communications - 545 W. Juanita Ave, Mesa, AZ 85210</td>
<td>Fundraising - Telemarketing</td>
<td>Yes</td>
<td>X</td>
<td>155,194.</td>
<td>130,634.</td>
</tr>
<tr>
<td>BBS &amp; Associates - 130 Springdale Drive, Suite 200,</td>
<td>Fundraising Consulting</td>
<td>X</td>
<td>0.</td>
<td>498,006.</td>
<td>&lt;498,006.&gt;</td>
</tr>
</tbody>
</table>

Total: 155,194. 628,640. <473,446.>

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

- AK, AZ, CA, CO, DC, FL, GA, HI, ID, IL, IN, KY, LA, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NY
- OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

Schedule G (Form 990 or 990-EZ) 2015

See Part IV for continuations
### 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.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total events (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross receipts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Less: Contributions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Direct Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Cash prizes</td>
</tr>
<tr>
<td>5 Noncash prizes</td>
</tr>
<tr>
<td>6 Rent/facility costs</td>
</tr>
<tr>
<td>7 Food and beverages</td>
</tr>
<tr>
<td>8 Entertainment</td>
</tr>
<tr>
<td>9 Other direct expenses</td>
</tr>
<tr>
<td>10 Direct expense summary. Add lines 4 through 9 in column (d)</td>
</tr>
<tr>
<td>11 Net income summary. Subtract line 10 from line 3, column (d)</td>
</tr>
</tbody>
</table>

### Part III Gaming

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Direct Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Cash prizes</td>
</tr>
<tr>
<td>3 Noncash prizes</td>
</tr>
<tr>
<td>4 Rent/facility costs</td>
</tr>
<tr>
<td>5 Other direct expenses</td>
</tr>
<tr>
<td>6 Volunteer labor</td>
</tr>
<tr>
<td>7 Direct expense summary. Add lines 2 through 5 in column (d)</td>
</tr>
<tr>
<td>8 Net gaming income summary. Subtract line 7 from line 1, column (d)</td>
</tr>
</tbody>
</table>

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

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  
   ☐ Yes ☐ No
   b If "Yes," explain:
Schedule G (Form 990 or 990-EZ) 2015

**Food For The Hungry, Inc.**

**95-2680390**

**Page 3**

### Does the organization conduct gaming activities with nonmembers?  
**11**  
[ ] Yes  [ ] No

### Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  
**12**

### Indicate the percentage of gaming activity conducted in:  
**13**  
| a | The organization’s facility |  | 13a | % |
| b | An outside facility |  | 13b | % |

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

| Name |  |
| Address |  |

### Does the organization have a contract with a third party from whom the organization receives gaming revenue?  
**15a**  
[ ] Yes  [ ] No

#### b If "Yes," enter the amount of gaming revenue received by the organization ★★$__________ and the amount of gaming revenue retained by the third party ★★$__________.

#### c If "Yes," enter name and address of the third party:

| Name |  |
| Address |  |

### Gaming manager information:  

| Name |  |
| Gaming manager compensation ★★$__________ |

| Description of services provided |  |

| [ ] Director/officer  | [ ] Employee  | [ ] Independent contractor |

### Mandatory distributions:  

**17**  
| a | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? |  | Yes  [ ] No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization’s own exempt activities during the tax year ★★$ |  |

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

### Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:

#### (i) Name of Fundraiser: BBS & Associates

#### (i) Address of Fundraiser:

130 Springdale Drive, Suite 200, Akron, OH 44333

### Schedule G, Part I, Line 2b, column (iv):

The professional fundraising services provided by BBS & Associates were consulting in nature. Therefore, no gross receipts were directly
generated from the services provided.
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Food For The Hungry, Inc. 95-2680390

Part I Questions Regarding Compensation

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

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- Personal services (e.g., maid, chauffeur, chef)

1b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
   a Receive a severance payment or change-of-control payment?
   b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
   c Participate in, or receive payment from, an equity-based compensation arrangement?

4a If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

5a If "Yes" to line 5a or 5b, describe in Part III.

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

6a If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

Schedule J (Form 990) 2015
## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Use duplicate copies if additional space is needed.

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

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(i) Base compensation</td>
<td>(ii) Bonus &amp; incentive compensation</td>
<td>(iii) Other reportable compensation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) Gary Edmonds</td>
<td>205,264.</td>
<td>0.</td>
<td>3,810.</td>
<td>1,387.</td>
<td>16,150.</td>
</tr>
<tr>
<td>CEO</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(2) Barry Gardner</td>
<td>134,389.</td>
<td>0.</td>
<td>1,980.</td>
<td>5,599.</td>
<td>21,210.</td>
</tr>
<tr>
<td>CFO/COO</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(3) Luis Noda</td>
<td>168,515.</td>
<td>0.</td>
<td>450.</td>
<td>4,399.</td>
<td>19,257.</td>
</tr>
<tr>
<td>Chief Int'l Operations Officer</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(4) Shep Owen</td>
<td>131,610.</td>
<td>0.</td>
<td>300.</td>
<td>3,563.</td>
<td>19,257.</td>
</tr>
<tr>
<td>Sr Dir Grants/Acquisitions/Prtnrshps</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
Part III Supplemental Information

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

Part I, Line 1a:

Tricia Edmonds, wife of Gary Edmonds, President/CEO, often accompanies him on overseas business travel in her role as Women’s Ministry Advocate (a volunteer position). This arrangement was approved by the Board of Directors and governed by a separate signed agreement with Tricia. Using first-hand knowledge gained during these travels, she speaks on behalf of Food for the Hungry both in the US and abroad. She also informs the Board and management executive team members concerning information she has gathered. In light of the bona fide business purpose for her travel, these expenses are considered a nontaxable working condition fringe benefit. Her spouse submits expenses under an accountable expense reimbursement plan.
Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

<table>
<thead>
<tr>
<th>Part I</th>
<th>Types of Property</th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Art - Works of art</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Art - Historical treasures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Art - Fractional interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Books and publications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Clothing and household goods</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Cars and other vehicles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Boats and planes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Intellectual property</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Securities - Publicly traded</td>
<td>X</td>
<td>13</td>
<td>59,466, Selling price</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Securities - Closely held stock</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Securities - Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Securities - Miscellaneous</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Qualified conservation contribution - Historic structures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Qualified conservation contribution - Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Real estate - Residential</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Real estate - Commercial</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Real estate - Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Collectibles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Food inventory</td>
<td>X</td>
<td>2</td>
<td>185,400, FMV-Similar Sales</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Drugs and medical supplies</td>
<td>X</td>
<td>38</td>
<td>4,535,189, FMV-Similar Sales</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Taxidermy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Historical artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Scientific specimens</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Archeological artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other (Commodities)</td>
<td>X</td>
<td>33</td>
<td>22,568,028, FMV-Wholesale price</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Other (Wheelchairs)</td>
<td>X</td>
<td>4</td>
<td>120,185, FMV-Similar Sales</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Other (School/Hygien)</td>
<td>X</td>
<td>1</td>
<td>12,760, FMV-Similar Sales</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Other (Sports equip)</td>
<td>X</td>
<td>2</td>
<td>12,656, FMV-Similar Sales</td>
<td></td>
</tr>
</tbody>
</table>

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? Yes No 30a X

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

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? Yes No 31 X

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? Yes No 32a X

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.
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, Column (b):

The number listed represents the number of unique contributions/shipments received, not the number of items contributed.

Schedule M, Line 32b:

Food for the Hungry, Inc, uses iDonate to help us process any non-cash donations such as cars, coins, etc. iDonate receives the donation, liquidates the assets and sends the proceeds to our organization, once they deduct their administrative fee. These proceeds are recorded by Food for the Hungry, Inc, as income. No contributions of this nature were received during the reporting year.
Form 990, Part III, Line 4d, Other Program Services:

Hunger Corps and Teams -

This program enlists people of all ages to raise their own support and be sent out to work in our programs, either on a short term basis, such as on a 1-2 week work team, or on a long term basis as an integral part of our program. Participants in this program bring many skills and years of experience that is shared with our staff in the field to empower them to bring needed spiritual and physical change to their communities. Currently we have 10 Hunger Corps staff families serving the poorest of the poor around the world. Also, in this last year, we sent out 58 teams with a total of 747 team members.

Through sending out teams and through written newsletters and other publications, as well as through our website at www.fh.org we educate our constituents on the realities of the work Food for the Hungry is doing to end Spiritual and Physical Hungers worldwide and invite them to partner with us to help end poverty together.

Expenses $1,478,189. including grants of $821,172. Revenue $79,634.

Form 990, Part VI, Line 1a:

The Executive Committee of the board is comprised of two persons, who are members of the full board. No staff members are members of the Executive Committee. The Executive Committee may exercise the full authority of the board except for actions requiring a majority vote by the full board under California law, actions concerning board or committee membership, changes to the governing documents, any approval of self-dealing transactions, or changes to compensation of top staff members.
Food For The Hungry, Inc.  

Employer identification number 95-2680390

or directors.

---

**Form 990, Part VI, Section B, line 11:**

The Form 990 is prepared by an independent CPA firm and then the Chief Financial Officer and Director Of Finance make a full review of the Form 990 to verify accuracy. After that, the Form 990 is emailed to the board of directors prior to filing.

---

**Form 990, Part VI, Section B, Line 12c:**

The conflict of interest policy covers officers and members of the board. Members of the board and officers are required to sign a statement annually. The corporate secretary reviews the signed statements. Should any potential conflicts of interest be disclosed, the board member or officer would be asked to refrain from participation in any deliberation or decision with regard to matters affected by the relationship.

---

**Form 990, Part VI, Section B, Line 15:**

The board of directors is responsible for determining compensation for the organization's officers and key employees. When determining an appropriate level of compensation for a given position, the board works closely with the human resources department. Comparability data is collected on salary and benefits offered by similar-sized, like-minded non-profit organizations. This information is used to set a benchmark in determining appropriate compensation to offer. The compensation policy is used to set compensation when an officer or key employee is first hired, as well as any time their compensation package is subject to change. All compensation decisions are recorded in documentation held by the Human Resources department. The board approves salaries and benefits in total when it
approves the annual budget at its September meeting.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

AK, AZ, CA, CO, DC, FL, GA, HI, ID, IL, IN, KY, LA, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NY, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

Form 990, Part VI, Section C, Line 19:

Food For The Hungry, Inc. posts its audited financial statements and Form 990 on its website at http://fh.org/about/finances. Copies of its governing documents and conflict of interest policy are available to the public upon request.

Form 990, Part XII, Line 2c - Explanation of Responsibility:

Food For The Hungry has a committee that assumes responsibility for oversight of the audit of its financial statements and selection of an independent accountant. This process has not changed since the prior year.
**Part I  Identification of Disregarded Entities**
Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN (if applicable) of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 512(b)(13) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>FH Association - 20-8424918</td>
<td>Relief and development Switzerland 501 (c)(4)</td>
<td>Food For The Hungry, Inc.</td>
<td>Yes</td>
<td></td>
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<tr>
<td>1224 E. Washington St, Phoenix, AZ 85034</td>
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<tr>
<td>Food For The Hungry Foundation, Inc. - 68-0586571, 1224 E. Washington St, Phoenix, AZ 85034</td>
<td>Investment of program funds Colorado 501 (c)(3) Line 11a, I</td>
<td>Food For The Hungry, Inc.</td>
<td>X</td>
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</tbody>
</table>

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

Schedule R (Form 990) 2015
**Part III**  
**Identification of Related Organizations Taxable as a Partnership**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
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</table>

**Part IV**  
**Identification of Related Organizations Taxable as a Corporation or Trust**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
<th>(i) Section 512(b)(13) controlled entity?</th>
<th>(j) Yes No</th>
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</thead>
<tbody>
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</table>

Food For The Hungry, Inc. 95-2680390
**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
   - Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
   - Gift, grant, or capital contribution to related organization(s)
   - Gift, grant, or capital contribution from related organization(s)
   - Loans or loan guarantees to or for related organization(s)
   - Dividends from related organization(s)
   - Sale of assets to related organization(s)
   - Purchase of assets from related organization(s)
   - Exchange of assets with related organization(s)
   - Lease of facilities, equipment, or other assets to related organization(s)
   - Lease of facilities, equipment, or other assets from related organization(s)
   - Performance of services or membership or fundraising solicitations for related organization(s)
   - Performance of services or membership or fundraising solicitations by related organization(s)
   - Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
   - Sharing of paid employees with related organization(s)
   - Reimbursement paid to related organization(s) for expenses
   - Reimbursement paid by related organization(s) for expenses
   - Other transfer of cash or property to related organization(s)
   - Other transfer of cash or property from related organization(s)

2. If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

<table>
<thead>
<tr>
<th>(a) Name of related organization</th>
<th>(b) Transaction type (a-s)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) FH Association</td>
<td>B</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(2) FH Association</td>
<td>C</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(3) FH Association</td>
<td>N</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(4) FH Association</td>
<td>O</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(5) Food for the Hungry Foundation, Inc.</td>
<td>N</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(6) Food for the Hungry Foundation, Inc.</td>
<td>O</td>
<td>0.</td>
<td></td>
</tr>
</tbody>
</table>
## Part VI
### Unrelated Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

<table>
<thead>
<tr>
<th>Name, address, and EIN of entity</th>
<th>Primary activity</th>
<th>Legal domicile (state or foreign country)</th>
<th>Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>Are all partners sec. 501(c)(3) orgs.?</th>
<th>Disproportionate allocations?</th>
<th>Share of total income</th>
<th>Share of end-of-year assets</th>
<th>General or managing partner?</th>
<th>Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food For The Hungry, Inc.</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>95-2680390</td>
</tr>
</tbody>
</table>

Schedule R (Form 990) 2015
Part VII  Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
**Application for Extension of Time To File an Exempt Organization Return**


- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box.
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

**Part I  Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only.

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file)**. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**Type or print**

<table>
<thead>
<tr>
<th>Name of exempt organization or other filer, see instructions.</th>
<th>Employer identification number (EIN) or Social security number (SSN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food For The Hungry, Inc.</td>
<td>95-2680390</td>
</tr>
</tbody>
</table>

**File by the due date for filing your return. See instructions.**

**Enter filer's identifying number**

<table>
<thead>
<tr>
<th>Name of exempt organization or other filer, see instructions.</th>
<th>Employer identification number (EIN) or Social security number (SSN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food For The Hungry, Inc.</td>
<td>95-2680390</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</td>
<td>Form 990-T (corporation)</td>
<td>07</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
<td>Form 4720 (other than individual)</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (sec. 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
<td>11</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
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</tbody>
</table>

**Application Is For**

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
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</thead>
<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
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<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
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<tr>
<td>Form 990-PF</td>
<td>04</td>
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<tr>
<td>Form 990-T (sec. 401(a) or 408(a) trust)</td>
<td>05</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
</tr>
</tbody>
</table>

**Barry Gardner, CFO/COO**

- The books are in the care of
- Telephone No. 800-248-6437
- Fax No.

- If the organization does not have an office or place of business in the United States, check this box.

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box. If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until ___________ , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- If this is for the calendar year, ___________, or
- If this is for the tax year beginning ___________ and ending ___________.

2. If the tax year entered in line 1 is for less than 12 months, check reason:

- Initial return
- Final return

3a. If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

3b. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

3c. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

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

Food For The Hungry, Inc.

1224 E. Washington St.
Phoenix, AZ 85034-1102

Barry Gardner, CFO/COO

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LHA 523841 04-01-15

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

Form 8868 (Rev. 1-2014)