

Form **990**

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

OMB No. 1545-0047

2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2023 calendar year, or tax year beginning , and ending

B Check if applicable:

Address change

Name change

Initial return

Final return/terminated

Amended return

Application pending

C Name of organization
HUNGRY FOR CHRIST

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
4565 135TH AVE, PO BOX 71

City or town, state or province, country, and ZIP or foreign postal code
HAMILTON MI 49419

D Employer identification number
**** - *** 6870**

E Telephone number
269-264-1307

F Name and address of principal officer:
CURTIS BROWER
4565 135TH AVE, PO BOX 71
HAMILTON MI 49419

G Gross receipts \$ **7,911,792**

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.HUNGRYFORCHRIST.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2008**

M State of legal domicile: **MI**

H(c) Group exemption number

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O					
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.					
	3	Number of voting members of the governing body (Part VI, line 1a)	3	5		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5		
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	5		
	6	Total number of volunteers (estimate if necessary)	6	286		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0		
	b Net unrelated business taxable income from Form 990-T, Part I, line 1	7b	0			
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	7,052,655	Current Year	7,713,842
	9	Program service revenue (Part VIII, line 2g)				0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)				46
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		99,464		197,849
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,152,119		7,911,737
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				0
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		130,438		148,429
	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0
		b Total fundraising expenses (Part IX, column (D), line 25)		0		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,702,093		7,690,612
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,832,531		7,839,041	
	19 Revenue less expenses. Subtract line 18 from line 12		319,588		72,696	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	2,369,875	End of Year	2,416,671
	21	Total liabilities (Part X, line 26)		166,872		140,972
	22	Net assets or fund balances. Subtract line 21 from line 20		2,203,003		2,275,699

Part II Signature Block

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

Sign Here

Signature of officer: **CURTIS BROWER** Date: _____

Type or print name and title: **PRESIDENT**

Paid Preparer Use Only

Print/Type preparer's name: **JERRY L BROEKHUIS CPA** Preparer's signature: **JERRY L BROEKHUIS CPA** Date: **08/22/24** Check if self-employed PTIN: *********

Firm's name: **JERRY L. BROEKHUIS CPA, LLC** Firm's EIN: **** - *** 4649**

Firm's address: **4677 WASHINGTON AVE HAMILTON, MI 49419** Phone no.: **616-200-8218**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

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

4a (Code:) (Expenses \$ **7,800,688** including grants of \$) (Revenue \$)

HUNGRY FOR CHRIST EXISTS FOR THE PURPOSE TO AID THOSE WHO ARE STRUGGLING WITH FOOD INSECURITIES. THIS HAPPENS IN A VARIETY OF WAYS: FOOD PANTRY SHARING PROGRAM-LOCAL FOOD PANTRIES PICK UP FOOD ORDERED FROM H.F.C. BACKPACK SHARING PROGRAM-BACKPACKS OF FOOD ARE DISCREETLY GIVEN TO STUDENTS WHO QUALIFY FOR FREE OR REDUCED LUNCH PROGRAMS, MAKING SURE THEIR FAMILIES HAVE FOOD EACH WEEKEND DURING THE SCHOOL YEAR. FAMILY PANTRY PROGRAM-FAMILIES COME TO OUR WAREHOUSE AND PICK UP FOOD ITEMS. MOBILE PANTRY SHARING PROGRAM-HOSTED BY LOCAL CHURCHES. OUTREACH MINISTRY-FOOD DISTRIBUTED TO THE MILITARY AND NATURAL DISASTER AREAS.

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

N/A

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

N/A

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

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

4e Total program service expenses **7,800,688**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.

CURTIS BROWER
HAMILTON

4565 135TH AVE, PO BOX 71

MI 49419

269-264-1307

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CURTIS BROWER PRESIDENT	0.00 0.00	X		X				0	0	0
(2) TRACY BROWER TREAS./VP/EXEC. DIR.	40.00 0.00	X		X				53,949	0	1,619
(3) ART KNOTT DIRECTOR	0.00 0.00	X						0	0	0
(4) JUDY NELSON DIRECTOR	0.00 0.00	X						0	0	0
(5) STEVEN REIMINK DIRECTOR	0.00 0.00	X						0	0	0
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal							53,949		1,619	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							53,949		1,619	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,713,842				
	g Noncash contributions included in lines 1a-1f	1g	\$ 7,485,741				
	h Total. Add lines 1a-1f		7,713,842				
	Program Service Revenue	2a	Business Code				
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		46			46	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a		151,888				
		b Less: direct expenses	8b	55			
		c Net income or (loss) from fundraising events		151,833			151,833
9a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11a MISCELLANEOUS INCOME	Business Code	900099	46,016		46,016	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			46,016			
12 Total revenue. See instructions			7,911,737	0	0	197,895	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	55,568	41,676	13,892	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	80,407	75,798	4,609	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	2,190	2,052	138	
10 Payroll taxes	10,264	5,784	4,480	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	3,739	3,739		
13 Office expenses	5,674		5,674	
14 Information technology				
15 Royalties				
16 Occupancy	79,326	76,986	2,340	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	243		243	
20 Interest	7,601	7,601		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	42,780	42,780		
23 Insurance	8,109	7,679	430	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD DISTRIBUTIONS	7,446,058	7,446,058		
b SIMPLY GIVE FOOD PURCHASE	52,447	52,447		
c VEHICLE EXPENSES	19,153	19,153		
d PROGRAM SUPPLIES	10,984	10,984		
e All other expenses	14,498	7,951	6,547	
25 Total functional expenses. Add lines 1 through 24e	7,839,041	7,800,688	38,353	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	253,811	1	283,494
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	8,483	4	20,980
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1,561,137	8	1,600,819
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 766,393		
	b	Less: accumulated depreciation	10b 255,015	10c	511,378
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	2,369,875	16	2,416,671	
Liabilities	17	Accounts payable and accrued expenses	16,582	17	21,581
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	150,290	23	119,391
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	166,872	26	140,972
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	2,105,496	27	2,189,553
	28	Net assets with donor restrictions	97,507	28	86,146
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	2,203,003	32	2,275,699
33	Total liabilities and net assets/fund balances	2,369,875	33	2,416,671	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,911,737
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,839,041
3	Revenue less expenses. Subtract line 2 from line 1	3	72,696
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,203,003
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,275,699

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

HUNGRY FOR CHRIST

Employer identification number

**** - ***6870**

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

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

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

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

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 with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) 14 99.53%; 15 Public support percentage from 2022 Schedule A, Part II, line 14 15 99.49%; 16a 33 1/3% support test - 2023. 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 [X]; 16b 33 1/3% support test - 2022. 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 - 2023. 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 - 2022. 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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 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; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 - 18 - %

- 19a 33 1/3% support tests — 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests — 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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

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

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

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

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

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

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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.)

PART II, LINE 10 - OTHER INCOME DETAIL

MISC INCOME \$ 1,537

SALE OF DONATED ITEMS \$ 144,376

SUPPLEMENTAL INFORMATION

PT II LN 10: OTHER INCOME PART II, LINE 10

DESCRIPTION: MISC INCOME 2019:15. 2020: 15. 2021: 64.

2022: 1238. 2023: 205.

DESCRIPTION: SALE OF DONATED ITEMS 2019: 34666. 2020: 29683. 2021: 11531.

2022: 22,685. 2023: 45,811.

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

HUNGRY FOR CHRIST

** - *** 6870

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

[] 527 political organization

Form 990-PF

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

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

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

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

HUNGRY FOR CHRIST

Employer identification number

**** - ***6870**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	REQUEST FOODS 3460 JOHN F. DONNELLY DRIVE HOLLAND MI 49424	\$ 942,774	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	MEL TROTTER - GFS 225 COMMERCE AVENUE SW GRAND RAPIDS MI 49503	\$ 793,734	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	NATURAL CHOICE FOODS 5899 COMSTOCK PARK DRIVE COMSTOCK PARK MI 49321	\$ 769,043	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	NESTLE WATERS 19275 8 MILE RD STANWOOD MI 49346	\$ 725,890	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	COMMUNITY ACTION HOUSE 739 PAW PAW DRIVE HOLLAND MI 49423	\$ 457,725	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	KENT QUALITY FOODS 703 LEONARD ST NW GRAND RAPIDS MI 49504	\$ 403,773	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

HUNGRY FOR CHRIST

Employer identification number

**** - ***6870**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FEED THE HUNGRY 530 E IRELAND RD SOUTH BEND IN 46614	\$ 397,109	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	KRAFT HEINZ-HOLLAND 431 W 16TH ST HOLLAND MI 49423	\$ 338,068	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	TYSON FOODS, INC. 8300 96TH AVENUE ZEELAND MI 49464	\$ 304,753	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	THE FROZEN FARMER 9843 SEASHORE HIGHWAY BRIDGEVILLE DE 19933	\$ 270,279	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	PEPPERIDGE FARM 595 WESTPORT AVE NORWALK CT 06851	\$ 185,703	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	SERV-U-SUCCESS 4695 HELENA DR SW GRANDVILLE MI 49418	\$ 176,136	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

HUNGRY FOR CHRIST

Employer identification number

**** - ***6870**

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD	\$ 942,774	
2	FOOD	\$ 793,734	
3	FOOD	\$ 769,043	
4	FOOD	\$ 725,890	
5	FOOD	\$ 457,725	
6	FOOD	\$ 403,773	

Name of organization

HUNGRY FOR CHRIST

Employer identification number

**** - ***6870**

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	FOOD	\$ 397,109	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	FOOD	\$ 338,068	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	FOOD	\$ 304,753	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	FOOD	\$ 270,279	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
11	FOOD	\$ 185,703	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
12	FOOD	\$ 176,136	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

HUNGRY FOR CHRIST

Employer identification number

** - *** 6870

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

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

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

Part II Conservation Easements

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

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

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

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

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

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds

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

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

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

- a** Board designated or quasi-endowment %
- b** Permanent endowment %
- c** Term endowment %

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

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

- (i)** Unrelated organizations?
- (ii)** Related organizations?

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	102,700			102,700
b Buildings		397,095	88,345	308,750
c Leasehold improvements				
d Equipment		227,413	147,265	80,148
e Other		39,185	19,405	19,780
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				511,378

Part VII Investments – Other Securities

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

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

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

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

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

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

HUNGRY FOR CHRIST

Employer identification number

****-***6870**

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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.

.....
.....
.....
.....
.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>PLAIDSHIRT NIGH</u> (event type)	<u>GIVE HUNGER THE</u> (event type)	<u>2</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	60,911	46,263	44,714	151,888
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	60,911	46,263	44,714	151,888
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses			55	55
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					151,833

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

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

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

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

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

Attach to Form 990.

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

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

HUNGRY FOR CHRIST

****-***6870**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	X	3771690	7,288,811	PRODUCT VALUATION
20 Drugs and medical supplies	X	62086	110,377	PRODUCT VALUATION
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (CLEANING SUPPLY)	X	41799	80,672	PRODUCT VALUATION
26 Other (MISC)	X	3047	5,881	PRODUCT VALUATION
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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 - SUPPLEMENTAL INFORMATION

NUMBER OF CONTRIBUTIONS REPORTED IN POUNDS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

HUNGRY FOR CHRIST

Employer identification number

****-***6870**

FORM 990 - ORGANIZATION'S MISSION

HUNGRY FOR CHRIST IN HAMILTON, MI INSPIRES TO CARRY OUT GOD'S GOOD WORKS BY FILLING A NEED-IN HAMILTON AND THE SURROUNDING AREAS-FOR GOOD FOOD AND GOOD PEOPLE TO DELIVER IT. THE MISSION IS: "FOR I WAS HUNGRY AND YOU GAVE ME SOMETHING TO EAT, I WAS THIRSTY AND YOU GAVE ME SOMETHING TO DRINK, I WAS A STRANGER AND YOU INVITED ME IN." MATTHEW 25:35

FORM 990, PART VI - ADDITIONAL INFORMATION

LINE 2: THE BOARD PRESIDENT IS MARRIED TO THE TREASURER/VICE PRESIDENT, WHO IS ALSO THE EXECUTIVE DIRECTOR. IN MATTERS INVOLVING THE EXECUTIVE DIRECTOR'S COMPENSATION, OR ANY OTHER CONFLICT OF INTEREST SITUATIONS, BOTH EXCUSE THEMSELVES FROM DELIBERATION.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

CURT BROWER	TRACY BROWER
PRESIDENT	TREASURER/VP
HUSBAND/WIFE	

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

COPIES ARE AVAILABLE TO THE BOARD.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ANNUAL DISCLOSURE FORMS ARE REQUIRED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

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

Schedule O (Form 990) 2023

Name of the organization

Employer identification number

HUNGRY FOR CHRIST

**** - ***6870**

THE BOARD OF DIRECTORS DETERMINES COMPENSATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

AVAILABLE UPON REQUEST.

Form **4562**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2023

Attachment Sequence No. **179**

HUNGRY FOR CHRIST

Identifying number

**** - ***6870**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,160,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,890,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	30,222

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	10,596
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property	05/17/23	7,715	39 yrs.	MM	124
				MM	S/L	

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	40,942
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

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Federal Asset Report

FYE: 12/31/2023

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Non-Residential Real Property:									
61	Septic Tank	5/17/23	7,715			7,715	39 MMS/L	0	124
			<u>7,715</u>			<u>7,715</u>		<u>0</u>	<u>124</u>
Prior MACRS:									
1	Freezer Panels	9/12/16	41,675		X	20,837	15 HY S/L	29,867	1,389
2	Freezer Foundation	9/12/16	7,029		X	3,514	15 HY S/L	5,037	235
3	Freezer #1	11/01/16	5,998		X	2,999	15 HY S/L	4,299	199
5	Building	9/12/16	193,925			193,925	39 MMS/L	31,285	4,972
6	Facility Renovations	9/12/16	26,257			26,257	39 MMS/L	4,236	673
7	2004 Great Dane Trailer HFC 1	4/08/11	17,325		X	0	5 HY 200DB	17,325	0
9	Forklift	5/29/12	3,250		X	1,625	5 HY 200DB	3,250	0
10	Pro Scale/Label Maker	3/04/13	1,800		X	900	5 HY 200DB	1,800	0
11	Floor Scrubber	5/10/13	2,250		X	1,125	5 HY 200DB	2,250	0
16	Predator Shrink Wrapper	12/02/15	5,895		X	2,947	5 HY 200DB	5,895	0
18	Dell Optiplex 790 Core i5 Desktop	6/29/15	485		X	242	5 HY 200DB	485	0
34	2016 In-Kind - Building	1/01/17	105,300			105,300	39 MMS/L	16,088	2,700
37	Building Renovations	8/27/17	3,468			3,468	39 MMS/L	478	89
38	Ramp Project	11/20/17	7,175			7,175	39 MMS/L	943	184
45	Insulation	3/15/18	2,320			2,320	39 MMS/L	285	60
54	Tunnel Project	12/01/20	3,723			3,723	39 MMS/L	239	95
			<u>427,875</u>			<u>376,357</u>		<u>123,762</u>	<u>10,596</u>
Other Depreciation:									
4	Land	9/12/16	102,700			102,700	0 -- Land	0	0
26	Freezer Unit from Stafford	7/01/08	2,400			2,400	7 MO S/L	2,400	0
27	Stafford Smith Freezer Unit	7/01/09	2,295			2,295	5 MO S/L	2,295	0
28	Freezer Unit from GFS	7/01/08	2,600			2,600	7 MO S/L	2,600	0
29	Freezer Panels from GFS	7/01/08	2,500			2,500	5 MO S/L	2,500	0
35	Evaporators for Refrigerator	1/27/17	24,682			24,682	7 MO S/L	19,393	3,526
36	Used Generator & Pad	4/13/17	5,190			5,190	7 MO S/L	4,078	741
39	Pickup	4/21/17	11,100			11,100	5 MO S/L	11,100	0
41	Compressor	4/03/18	7,684			7,684	7 MO S/L	4,940	1,097
42	Pallet Jack	6/20/18	1,500			1,500	7 MO S/L	964	215
44	Straight Truck-donated	2/06/18	4,000			4,000	5 MO S/L	3,600	400
46	Light Project	12/26/19	6,223			6,223	15 MO S/L	1,452	415
47	Freezer #2	12/01/20	92,133			92,133	7 MO S/L	26,872	13,162
48	2008 Utility Trailer HFC 2	10/29/19	3,500			3,500	7 MO S/L	1,750	500
49	2007 Wabash Trailer HFC 3	11/05/19	1,500			1,500	7 MO S/L	750	214
50	Walk-in Freezer	1/16/19	17,247			17,247	7 MO S/L	8,623	2,464
51	2013 Big Joe Forklift	3/12/20	4,000			4,000	7 MO S/L	1,429	571
52	Vacuum Sealer & Cart	8/06/20	4,890			4,890	7 MO S/L	1,746	699
53	Security Camera System	11/20/20	1,900			1,900	5 MO S/L	950	380
55	Van-donation	1/01/20	1,370			1,370	5 MO S/L	685	274
56	(3) Optiplex Computers	1/15/20	2,675			2,675	5 MO S/L	1,337	535
57	(2) Pallet Jacks	9/21/21	3,000			3,000	7 MO S/L	643	428
58	Computer & Monitor	4/30/21	1,214			1,214	5 MO S/L	364	243
59	2018 Mitsubishi Forklift	7/26/22	9,500			9,500	7 MO S/L	565	1,358
60	2017 Bluebird Bus-donated	12/20/22	15,000			15,000	5 MO S/L	0	3,000
	Total Other Depreciation		<u>330,803</u>			<u>330,803</u>		<u>101,036</u>	<u>30,222</u>
	Total ACRS and Other Depreciation		<u>330,803</u>			<u>330,803</u>		<u>101,036</u>	<u>30,222</u>
	Grand Totals		766,393			714,875		224,798	40,942
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>766,393</u>			<u>714,875</u>		<u>224,798</u>	<u>40,942</u>

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MI Asset Report

FYE: 12/31/2023

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	MI Prior	MI Current	Federal Current	Difference Fed - MI
Non-Residential Real Property:								
61	Septic Tank	5/17/23	7,715	7,715	0	124	124	0
			<u>7,715</u>	<u>7,715</u>	<u>0</u>	<u>124</u>	<u>124</u>	<u>0</u>
Prior MACRS:								
1	Freezer Panels	9/12/16	41,675	41,675	31,256	2,779	1,389	-1,390
2	Freezer Foundation	9/12/16	7,029	7,029	469	468	235	-233
3	Freezer #1	11/01/16	5,998	5,998	2,599	400	199	-201
5	Building	9/12/16	193,925	193,925	31,285	4,972	4,972	0
6	Facility Renovations	9/12/16	26,257	26,257	4,236	673	673	0
7	2004 Great Dane Trailer HFC 1	4/08/11	17,325	17,325	17,325	0	0	0
9	Forklift	5/29/12	3,250	3,250	3,250	0	0	0
10	Pro Scale/Label Maker	3/04/13	1,800	1,800	1,800	0	0	0
11	Floor Scrubber	5/10/13	2,250	2,250	2,250	0	0	0
16	Predator Shrink Wrapper	12/02/15	5,895	5,895	5,895	0	0	0
18	Dell Optiplex 790 Core i5 Desktop	6/29/15	485	485	485	0	0	0
34	2016 In-Kind - Building	1/01/17	105,300	105,300	16,088	2,700	2,700	0
37	Building Renovations	8/27/17	3,468	3,468	478	89	89	0
38	Ramp Project	11/20/17	7,175	7,175	943	184	184	0
45	Insulation	3/15/18	2,320	2,320	285	60	60	0
54	Tunnel Project	12/01/20	3,723	3,723	195	95	95	0
			<u>427,875</u>	<u>427,875</u>	<u>118,839</u>	<u>12,420</u>	<u>10,596</u>	<u>-1,824</u>
Other Depreciation:								
4	Land	9/12/16	102,700	102,700	0	0	0	0
26	Freezer Unit from Stafford	7/01/08	2,400	2,400	2,400	0	0	0
27	Stafford Smith Freezer Unit	7/01/09	2,295	2,295	2,295	0	0	0
28	Freezer Unit from GFS	7/01/08	2,600	2,600	2,600	0	0	0
29	Freezer Panels from GFS	7/01/08	2,500	2,500	2,500	0	0	0
35	Evaporators for Refrigerator	1/27/17	24,682	24,682	19,393	3,526	3,526	0
36	Used Generator & Pad	4/13/17	5,190	5,190	4,078	741	741	0
39	Pickup	4/21/17	11,100	11,100	11,100	0	0	0
41	Compressor	4/03/18	7,684	7,684	4,940	1,097	1,097	0
42	Pallet Jack	6/20/18	1,500	1,500	964	215	215	0
44	Straight Truck-donated	2/06/18	4,000	4,000	3,600	400	400	0
46	Light Project	12/26/19	6,223	6,223	1,245	414	415	1
47	Freezer #2	12/01/20	92,133	92,133	26,872	13,162	13,162	0
48	2008 Utility Trailer HFC 2	10/29/19	3,500	3,500	1,750	500	500	0
49	2007 Wabash Trailer HFC 3	11/05/19	1,500	1,500	750	214	214	0
50	Walk-in Freezer	1/16/19	17,247	17,247	8,623	2,464	2,464	0
51	2013 Big Joe Forklift	3/12/20	4,000	4,000	1,429	571	571	0
52	Vacuum Sealer & Cart	8/06/20	4,890	4,890	1,746	699	699	0
53	Security Camera System	11/20/20	1,900	1,900	950	380	380	0
55	Van-donation	1/01/20	1,370	1,370	685	274	274	0
56	(3) Optiplex Computers	1/15/20	2,675	2,675	1,337	535	535	0
57	(2) Pallet Jacks	9/21/21	3,000	3,000	643	428	428	0
58	Computer & Monitor	4/30/21	1,214	1,214	364	243	243	0
59	2018 Mitsubishi Forklift	7/26/22	9,500	9,500	565	1,358	1,358	0
60	2017 Bluebird Bus-donated	12/20/22	15,000	15,000	0	3,000	3,000	0
	Total Other Depreciation		<u>330,803</u>	<u>330,803</u>	<u>100,829</u>	<u>30,221</u>	<u>30,222</u>	<u>1</u>
	Total ACRS and Other Depreciation		<u>330,803</u>	<u>330,803</u>	<u>100,829</u>	<u>30,221</u>	<u>30,222</u>	<u>1</u>
	Grand Totals		766,393	766,393	219,668	42,765	40,942	-1,823
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>766,393</u>	<u>766,393</u>	<u>219,668</u>	<u>42,765</u>	<u>40,942</u>	<u>-1,823</u>

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AMT Asset Report

FYE: 12/31/2023

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Non-Residential Real Property:									
61	Septic Tank	5/17/23	7,715			7,715	39 MMS/L	0	124
			<u>7,715</u>			<u>7,715</u>		<u>0</u>	<u>124</u>
Prior MACRS:									
1	Freezer Panels	9/12/16	41,675	X		20,837	15 HY S/L	29,867	1,389
2	Freezer Foundation	9/12/16	7,029	X		3,514	15 HY S/L	5,037	235
3	Freezer #1	11/01/16	5,998	X		2,999	15 HY S/L	4,299	199
5	Building	9/12/16	193,925			193,925	39 MMS/L	31,285	4,972
6	Facility Renovations	9/12/16	26,257			26,257	39 MMS/L	4,236	673
7	2004 Great Dane Trailer HFC 1	4/08/11	17,325	X		0	5 HY 200DB	17,325	0
9	Forklift	5/29/12	3,250	X		1,625	5 HY 200DB	3,250	0
10	Pro Scale/Label Maker	3/04/13	1,800	X		900	5 HY 200DB	1,800	0
11	Floor Scrubber	5/10/13	2,250	X		1,125	5 HY 200DB	2,250	0
16	Predator Shrink Wrapper	12/02/15	5,895	X		2,947	5 HY 200DB	5,895	0
18	Dell Optiplex 790 Core i5 Desktop	6/29/15	485	X		242	5 HY 200DB	485	0
34	2016 In-Kind - Building	1/01/17	105,300			105,300	39 MMS/L	16,088	2,700
37	Building Renovations	8/27/17	3,468			3,468	39 MMS/L	478	89
38	Ramp Project	11/20/17	7,175			7,175	39 MMS/L	943	184
45	Insulation	3/15/18	2,320			2,320	39 MMS/L	285	60
46	Light Project	12/26/19	6,223	X		0	15 HY S/L	6,223	0
54	Tunnel Project	12/01/20	3,723			3,723	39 MMS/L	195	95
			<u>434,098</u>			<u>376,357</u>		<u>129,941</u>	<u>10,596</u>
Other Depreciation:									
4	Land	9/12/16	0			0	0 HY	0	0
26	Freezer Unit from Stafford	7/01/08	0			0	0 HY	0	0
27	Stafford Smith Freezer Unit	7/01/09	0			0	0 HY	0	0
28	Freezer Unit from GFS	7/01/08	0			0	0 HY	0	0
29	Freezer Panels from GFS	7/01/08	0			0	0 HY	0	0
35	Evaporators for Refrigerator	1/27/17	0			0	0 HY	0	0
36	Used Generator & Pad	4/13/17	0			0	0 HY	0	0
39	Pickup	4/21/17	0			0	0 HY	0	0
41	Compressor	4/03/18	0			0	0 HY	0	0
42	Pallet Jack	6/20/18	0			0	0 HY	0	0
44	Straight Truck-donated	2/06/18	0			0	0 HY	0	0
47	Freezer #2	12/01/20	0			0	0 HY	0	0
48	2008 Utility Trailer HFC 2	10/29/19	0			0	0 HY	0	0
49	2007 Wabash Trailer HFC 3	11/05/19	0			0	0 HY	0	0
50	Walk-in Freezer	1/16/19	0			0	0 HY	0	0
51	2013 Big Joe Forklift	3/12/20	0			0	0 HY	0	0
52	Vacuum Sealer & Cart	8/06/20	0			0	0 HY	0	0
53	Security Camera System	11/20/20	0			0	0 HY	0	0
55	Van-donation	1/01/20	0			0	0 HY	0	0
56	(3) Optiplex Computers	1/15/20	0			0	0 HY	0	0
57	(2) Pallet Jacks	9/21/21	0			0	0 HY	0	0
58	Computer & Monitor	4/30/21	0			0	0 HY	0	0
59	2018 Mitsubishi Forklift	7/26/22	0			0	0 HY	0	0
60	2017 Bluebird Bus-donated	12/20/22	0			0	0 HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		441,813			384,072		129,941	10,720
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>441,813</u>			<u>384,072</u>		<u>129,941</u>	<u>10,720</u>

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Bonus Depreciation Report

FYE: 12/31/2023

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
1	Freezer Panels	9/12/16	41,675		0	0	20,838	20,837
2	Freezer Foundation	9/12/16	7,029		0	0	3,515	3,514
3	Freezer #1	11/01/16	5,998		0	0	2,999	2,999
7	2004 Great Dane Trailer HFC 1	4/08/11	17,325		0	0	17,325	0
9	Forklift	5/29/12	3,250		0	0	1,625	1,625
10	Pro Scale/Label Maker	3/04/13	1,800		0	0	900	900
11	Floor Scrubber	5/10/13	2,250		0	0	1,125	1,125
16	Predator Shrink Wrapper	12/02/15	5,895		0	0	2,948	2,947
18	Dell Optiplex 790 Core i5 Desktop	6/29/15	485		0	0	243	242
46	Light Project	12/26/19	6,223		0	0	0	6,223
Grand Total			<u>91,930</u>		<u>0</u>	<u>0</u>	<u>51,518</u>	<u>40,412</u>

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Depreciation Adjustment Report

FYE: 12/31/2023

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	1	Freezer Panels	1,389	1,389	0
Page 1	1	2	Freezer Foundation	235	235	0
Page 1	1	3	Freezer #1	199	199	0
Page 1	1	5	Building	4,972	4,972	0
Page 1	1	6	Facility Renovations	673	673	0
Page 1	1	7	2004 Great Dane Trailer HFC 1	0	0	0
Page 1	1	9	Forklift	0	0	0
Page 1	1	10	Pro Scale/Label Maker	0	0	0
Page 1	1	11	Floor Scrubber	0	0	0
Page 1	1	16	Predator Shrink Wrapper	0	0	0
Page 1	1	18	Dell Optiplex 790 Core i5 Desktop	0	0	0
Page 1	1	34	2016 In-Kind - Building	2,700	2,700	0
Page 1	1	37	Building Renovations	89	89	0
Page 1	1	38	Ramp Project	184	184	0
Page 1	1	45	Insulation	60	60	0
Page 1	1	54	Tunnel Project	95	95	0
Page 1	1	61	Septic Tank	124	124	0
				<u>10,720</u>	<u>10,720</u>	<u>0</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	Freezer Panels	9/12/16	41,675	1,389	1,389
2	Freezer Foundation	9/12/16	7,029	234	234
3	Freezer #1	11/01/16	5,998	200	200
5	Building	9/12/16	193,925	4,973	4,973
6	Facility Renovations	9/12/16	26,257	673	673
7	2004 Great Dane Trailer HFC 1	4/08/11	17,325	0	0
9	Forklift	5/29/12	3,250	0	0
10	Pro Scale/Label Maker	3/04/13	1,800	0	0
11	Floor Scrubber	5/10/13	2,250	0	0
16	Predator Shrink Wrapper	12/02/15	5,895	0	0
18	Dell Optiplex 790 Core i5 Desktop	6/29/15	485	0	0
34	2016 In-Kind - Building	1/01/17	105,300	2,700	2,700
37	Building Renovations	8/27/17	3,468	89	89
38	Ramp Project	11/20/17	7,175	184	184
45	Insulation	3/15/18	2,320	59	59
54	Tunnel Project	12/01/20	3,723	96	96
61	Septic Tank	5/17/23	7,715	197	197
			<u>435,590</u>	<u>10,794</u>	<u>10,794</u>

Other Depreciation:

4	Land	9/12/16	102,700	0	0
26	Freezer Unit from Stafford	7/01/08	2,400	0	0
27	Stafford Smith Freezer Unit	7/01/09	2,295	0	0
28	Freezer Unit from GFS	7/01/08	2,600	0	0
29	Freezer Panels from GFS	7/01/08	2,500	0	0
35	Evaporators for Refrigerator	1/27/17	24,682	1,763	0
36	Used Generator & Pad	4/13/17	5,190	371	0
39	Pickup	4/21/17	11,100	0	0
41	Compressor	4/03/18	7,684	1,098	0
42	Pallet Jack	6/20/18	1,500	214	0
44	Straight Truck-donated	2/06/18	4,000	0	0
46	Light Project	12/26/19	6,223	415	0
47	Freezer #2	12/01/20	92,133	13,162	0
48	2008 Utility Trailer HFC 2	10/29/19	3,500	500	0
49	2007 Wabash Trailer HFC 3	11/05/19	1,500	215	0
50	Walk-in Freezer	1/16/19	17,247	2,464	0
51	2013 Big Joe Forklift	3/12/20	4,000	571	0
52	Vacuum Sealer & Cart	8/06/20	4,890	699	0
53	Security Camera System	11/20/20	1,900	380	0
55	Van-donation	1/01/20	1,370	274	0
56	(3) Optiplex Computers	1/15/20	2,675	535	0
57	(2) Pallet Jacks	9/21/21	3,000	429	0
58	Computer & Monitor	4/30/21	1,214	243	0
59	2018 Mitsubishi Forklift	7/26/22	9,500	1,357	0
60	2017 Bluebird Bus-donated	12/20/22	15,000	3,000	0
	Total Other Depreciation		<u>330,803</u>	<u>27,690</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>330,803</u>	<u>27,690</u>	<u>0</u>
	Grand Totals		<u>766,393</u>	<u>38,484</u>	<u>10,794</u>

Asset	Description	Date In Service	Cost	MI
Prior MACRS:				
1	Freezer Panels	9/12/16	41,675	2,778
2	Freezer Foundation	9/12/16	7,029	469
3	Freezer #1	11/01/16	5,998	400
5	Building	9/12/16	193,925	4,973
6	Facility Renovations	9/12/16	26,257	673
7	2004 Great Dane Trailer HFC 1	4/08/11	17,325	0
9	Forklift	5/29/12	3,250	0
10	Pro Scale/Label Maker	3/04/13	1,800	0
11	Floor Scrubber	5/10/13	2,250	0
16	Predator Shrink Wrapper	12/02/15	5,895	0
18	Dell Optiplex 790 Core i5 Desktop	6/29/15	485	0
34	2016 In-Kind - Building	1/01/17	105,300	2,700
37	Building Renovations	8/27/17	3,468	89
38	Ramp Project	11/20/17	7,175	184
45	Insulation	3/15/18	2,320	59
54	Tunnel Project	12/01/20	3,723	96
61	Septic Tank	5/17/23	7,715	197
			<u>435,590</u>	<u>12,618</u>

Other Depreciation:

4	Land	9/12/16	102,700	0
26	Freezer Unit from Stafford	7/01/08	2,400	0
27	Stafford Smith Freezer Unit	7/01/09	2,295	0
28	Freezer Unit from GFS	7/01/08	2,600	0
29	Freezer Panels from GFS	7/01/08	2,500	0
35	Evaporators for Refrigerator	1/27/17	24,682	1,763
36	Used Generator & Pad	4/13/17	5,190	371
39	Pickup	4/21/17	11,100	0
41	Compressor	4/03/18	7,684	1,098
42	Pallet Jack	6/20/18	1,500	214
44	Straight Truck-donated	2/06/18	4,000	0
46	Light Project	12/26/19	6,223	415
47	Freezer #2	12/01/20	92,133	13,162
48	2008 Utility Trailer HFC 2	10/29/19	3,500	500
49	2007 Wabash Trailer HFC 3	11/05/19	1,500	215
50	Walk-in Freezer	1/16/19	17,247	2,464
51	2013 Big Joe Forklift	3/12/20	4,000	571
52	Vacuum Sealer & Cart	8/06/20	4,890	699
53	Security Camera System	11/20/20	1,900	380
55	Van-donation	1/01/20	1,370	274
56	(3) Optiplex Computers	1/15/20	2,675	535
57	(2) Pallet Jacks	9/21/21	3,000	429
58	Computer & Monitor	4/30/21	1,214	243
59	2018 Mitsubishi Forklift	7/26/22	9,500	1,357
60	2017 Bluebird Bus-donated	12/20/22	15,000	3,000
	Total Other Depreciation		<u>330,803</u>	<u>27,690</u>
	Total ACRS and Other Depreciation		<u>330,803</u>	<u>27,690</u>
	Grand Totals		<u>766,393</u>	<u>40,308</u>

SCHEDULE G (Form 990 or 990-EZ)	Fundraising Other Events	2023
For calendar year 2023, or tax year beginning _____, and ending _____		

Name **HUNGRY FOR CHRIST**

Employer Identification Number
****-***6870**

		(a) Other event <u>GOLF OUTING</u> <small>(event type)</small>	(b) Other event <u>PANCAKE BREAKFA</u> <small>(event type)</small>	(c) Other event <small>(event type)</small>	(d) Total other events <small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts	25,378	19,336		44,714
	2 Less: Charitable contributions				
	3 Gross income <small>(line 1 minus line 2)</small>	25,378	19,336		44,714
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses		55		55

Form 990	Two Year Comparison Report	2022 & 2023
For calendar year 2023, or tax year beginning _____, ending _____		

Name **HUNGRY FOR CHRIST** Taxpayer Identification Number ****_***6870**

		2022	2023	Differences
Revenue	1. Contributions, gifts, grants	7,052,655	7,713,842	661,187
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue			
	5. Investment income		46	46
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	75,541	151,833	76,292
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	23,923	46,016	22,093
	12. Total revenue. Add lines 1 through 11	7,152,119	7,911,737	759,618
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	49,832	55,568	5,736
	16. Salaries, other compensation, and employee benefits	80,606	92,861	12,255
	17. Professional fundraising fees			
	18. Other professional fees	1,734		-1,734
	19. Occupancy, rent, utilities, and maintenance	78,362	79,326	964
	20. Depreciation and Depletion	41,033	42,780	1,747
	21. Other expenses	6,580,964	7,568,506	987,542
	22. Total expenses. Add lines 13 through 21	6,832,531	7,839,041	1,006,510
	23. Excess or (Deficit). Subtract line 22 from line 12	319,588	72,696	-246,892
Other Information	24. Total exempt revenue	7,152,119	7,911,737	759,618
	25. Total unrelated revenue			
	26. Total excludable revenue	99,464	197,895	98,431
	27. Total assets	2,369,875	2,416,671	46,796
	28. Total liabilities	166,872	140,972	-25,900
	29. Retained earnings	2,203,003	2,275,699	72,696
	30. Number of voting members of governing body	5	5	
	31. Number of independent voting members of governing body	5	5	
	32. Number of employees	7	5	
	33. Number of volunteers	230	286	

Form 990	Tax Return History	2023
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Name HUNGRY FOR CHRIST	Employer Identification Number **_***6870
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	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants				7,052,655	7,713,842	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income					46	
Fundraising revenue (income/loss)				75,541	151,833	
Gaming revenue (income/loss)						
Other revenue				23,923	46,016	
Total revenue				7,152,119	7,911,737	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.				49,832	55,568	
Other compensation				80,606	92,861	
Professional fees				1,734		
Occupancy costs				78,362	79,326	
Depreciation and depletion				41,033	42,780	
Other expenses				6,580,964	7,568,506	
Total expenses				6,832,531	7,839,041	
Excess or (Deficit)				319,588	72,696	
Total exempt revenue				7,152,119	7,911,737	
Total unrelated revenue						
Total excludable revenue				99,464	197,895	
Total Assets				2,369,875	2,416,671	
Total Liabilities				166,872	140,972	
Net Fund Balances				2,203,003	2,275,699	

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 46		14			
TOTAL	\$ <u>46</u>					

-*6870

Federal Statements

FYE: 12/31/2023

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
REPAIRS & MAINTENANCE	\$ 7,951	\$ 7,951	\$	\$
TRAINING	5,000		5,000	
MEMBERSHIP DUES	1,018		1,018	
STAFF APPRECIATION	472		472	
GENERAL SUPPLIES	57		57	
TOTAL	<u>\$ 14,498</u>	<u>\$ 7,951</u>	<u>\$ 6,547</u>	<u>\$ 0</u>

Federal Statements

Schedule A, Part II, Line 1(e)

Description

Amount

	\$ 1,523,824
	204,101
	24,000
PERRIGO	110,377
	80,672
	5,881
REQUEST FOODS	
FOOD	942,774
MEL TROTTER - GFS	
FOOD	793,734
NATURAL CHOICE FOODS	
FOOD	769,043
NESTLE WATERS	
FOOD	725,890
COMMUNITY ACTION HOUSE	
FOOD	457,725
KENT QUALITY FOODS	
FOOD	403,773
FEEED THE HUNGRY	
FOOD	397,109
KRAFT HEINZ-HOLLAND	
FOOD	338,068
TYSON FOODS, INC.	
FOOD	304,753
THE FROZEN FARMER	
FOOD	270,279
PEPPERIDGE FARM	
FOOD	185,703
SERV-U-SUCCESS	
FOOD	176,136
TOTAL	<u>\$ 7,713,842</u>

Federal Statements

Schedule A, Part II, Line 8(e)

Description

Amount

TOTAL

\$	<u>46</u>
\$	<u><u>46</u></u>