

Form **990**Department of the Treasury
Internal Revenue Service**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

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.**2024**Open to Public
Inspection**A For the 2024 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)

4565 135TH AVE, PO BOX 71**D Employer identification number****38-3676870****E Telephone number****269-264-1307**

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

HAMILTON MI 49419**G Gross receipts \$ 9,822,141****F Name and address of principal officer:****CURTIS BROWER
4565 135TH AVE, PO BOX 71
HAMILTON MI 49419****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****Part I Summary**

- 1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

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

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

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

- 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)

- 6 Total number of volunteers (estimate if necessary)

- 7a Total unrelated business revenue from Part VIII, column (C), line 12

- b Net unrelated business taxable income from Form 990-T, Part I, line 11

3	5
4	5
5	5
6	277
7a	0
7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,713,842	9,686,845
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	46	3,040
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	197,849	132,214
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,911,737	9,822,099

		Prior Year	Current Year
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	148,429	153,590
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)	7,690,612	8,118,796
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	7,839,041	8,272,386
19	Revenue less expenses. Subtract line 18 from line 12	72,696	1,549,713

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,416,671	4,010,884
21	Total liabilities (Part X, line 26)	140,972	103,266
22	Net assets or fund balances. Subtract line 21 from line 20	2,275,699	3,907,618

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

Date

CURTIS BROWER**PRESIDENT**

Type or print name and title

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	TODD G. BROEKHUIS, EA	TODD G. BROEKHUIS, EA	07/30/25		P02374215
	Firm's name	JERRY L. BROEKHUIS CPA, LLC		Firm's EIN	82-1854649
	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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2024)

Part III Statement of Program Service AccomplishmentsCheck 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 \$ **8,193,558** including grants of \$) (Revenue \$)**SEE SCHEDULE O**

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 **8,193,558**

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions
- 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
- 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
- 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
- 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
- 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
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 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
- 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
- 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
- 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
- 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
- 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
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
- 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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- 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
- 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
- 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
- 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
- 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
- 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
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
- 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

	Yes	No
1	X	
2	X	
3		X
4		X
5		X
6		X
7		X
8		X
9		X
10		X
11a	X	
11b		X
11c		X
11d		X
11e		X
11f		X
12a		X
12b		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18	X	
19		X
20a		X
20b		
21		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

- 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2
- b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0
- c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	5
2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
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
4b	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
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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
6b			
7a			
7b			
7c			
7d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
7e			
7f			
7g			
7h			
8			
9a			
9b			
10a			
10b			
11a			
11b			
12a			
12b			
13a			
13b			
13c			
14a			X
14b			
15			X
16			X
17			

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?

b If "Yes," did the organization notify the donor of the value of the goods or services provided?

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

d If "Yes," indicate the number of Forms 8282 filed during the year

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

9 Sponsoring organizations maintaining donor advised funds.

a Did the sponsoring organization make any taxable distributions under section 4966?

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

10 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on Part VIII, line 12

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders

b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

Note: See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

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.

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.

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.

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

- 1a Enter the number of voting members of the governing body at the end of the tax year **5**
- 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.
- 1b Enter the number of voting members included on line 1a, above, who are independent **5**
- 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? **2**
- 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? **3**
- 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **4**
- 5 Did the organization become aware during the year of a significant diversion of the organization's assets? **5**
- 6 Did the organization have members or stockholders? **6**
- 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? **7a**
- b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? **8a**
- 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: **8b**
- a The governing body? **8b**
- b Each committee with authority to act on behalf of the governing body? **9**
- 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O **9**

	Yes	No
1a	5	
1b	5	
2	X	
3	X	
4	X	
5	X	
6	X	
7a	X	
7b	X	
8a	X	
8b	X	
9	X	

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

- 10a Did the organization have local chapters, branches, or affiliates? **10a**
- 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? **10b**
- 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **11a**
- b Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a**
- 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 **12b**
- b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12c**
- c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done **13**
- 13 Did the organization have a written whistleblower policy? **14**
- 14 Did the organization have a written document retention and destruction policy? **15**
- 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? **15a**
- a The organization's CEO, Executive Director, or top management official **15b**
- b Other officers or key employees of the organization **16a**
- If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. **16b**
- 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? **16b**
- b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? **16b**

	Yes	No
10a	X	
10b		
11a	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a	X	
16b	X	

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	
		Officer	Individual trustee	Institutional trustee	Officer	Key employee	Former employee Highest compensated				
(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			54,780	0	0	1,643
(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
		Former or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee			
(12).....										
(13).....										
(14).....										
(15).....										
(16).....										
(17).....										
(18).....										
(19).....										
1b Subtotal								54,780		1,643
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								54,780		1,643
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		X
4		X
5		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 RevenueCheck 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			
	1b Membership dues	1b			
	1c Fundraising events	1c			
	1d Related organizations	1d			
	1e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 9,686,845			
	g Noncash contributions included in lines 1a-1f	1g \$ 9,199,702			
	h Total. Add lines 1a-1f		9,686,845		
Program Service Revenue		Business Code			
	2a	2a			
	b	b			
	c	c			
	d	d			
	e	e			
	f All other program service revenue	f			
	g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest, and other similar amounts)		3,040		3,040
	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 \$	8a			
	of contributions reported on line 1c). See Part IV, line 18		92,148		
	b Less: direct expenses	8b		42	
	c Net income or (loss) from fundraising events			92,106	92,106
	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		Business Code			
	11a MISCELLANEOUS INCOME	900099	40,108		40,108
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d		40,108		
	12 Total revenue. See instructions		9,822,099	0	0
					135,254

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	56,423		56,423	
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	84,107	79,205	4,902	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	2,523	2,376	147	
10 Payroll taxes	10,537	5,884	4,653	
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	5,591	5,591		
13 Office expenses	4,055		4,055	
14 Information technology	5,035		5,035	
15 Royalties				
16 Occupancy	83,073	80,911	2,162	
17 Travel	131		131	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	350		350	
20 Interest	5,754	5,754		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	124,618	124,618		
23 Insurance	9,564	9,164	400	
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	7,798,851	7,798,851		
b SIMPLY GIVE FOOD PURCHASE	46,228	46,228		
c VEHICLE EXPENSES	19,519	19,519		
d PROGRAM SUPPLIES	13,911	13,911		
e All other expenses	2,116	1,546	570	
25 Total functional expenses. Add lines 1 through 24e	8,272,386	8,193,558	78,828	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	283,494	1	240,079	
	2 Savings and temporary cash investments		2	150,000	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	20,980	4	20,170	
	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	1,600,819	7	2,992,744	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	905,318			
	b Less: accumulated depreciation	297,427	511,378	10c	607,891
	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)	2,416,671	16	4,010,884		
Liabilities	17 Accounts payable and accrued expenses	21,581	17	20,120	
	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	119,391	23	83,146	
	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	140,972	26	103,266	
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	2,189,553	27	3,886,888	
	28 Net assets with donor restrictions	86,146	28	20,730	
	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	2,275,699	32	3,907,618	
33 Total liabilities and net assets/fund balances	2,416,671	33	4,010,884		

Form 990 (2024)

Part XI Reconciliation of Net AssetsCheck 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	9,822,099
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,272,386
3	Revenue less expenses. Subtract line 2 from line 1	3	1,549,713
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,275,699
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	82,206
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,907,618

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

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

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

2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____

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

 Separate basis Consolidated basis Both consolidated and separate basis

2b Were the organization's financial statements audited by an independent accountant? _____

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

 Separate basis Consolidated basis Both consolidated and separate basis

2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____

If the organization changed either its oversight process or selection process during the tax year, explain 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? _____

3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why 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.

OMB No. 1545-0047

2024Open to Public
Inspection

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

HUNGRY FOR CHRIST

Employer identification number

38-3676870**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

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,972,723	5,245,862	7,052,655	7,713,842	9,686,845	35,671,927
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5,972,723	5,245,862	7,052,655	7,713,842	9,686,845	35,671,927
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						35,671,927

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	5,972,723	5,245,862	7,052,655	7,713,842	9,686,845	35,671,927
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				46	3,040	3,086
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	29,698	11,595	23,923	46,016	40,108	151,340
11 Total support. Add lines 7 through 10						35,826,353
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	99.57 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	99.53 %
16a 33 1/3% support test — 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test — 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test — 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests — 2024. 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		<input type="checkbox"/>
b 33 1/3% support tests — 2023. 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		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

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? 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.	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
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?	5b	
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- c The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

		Yes	No
2	Activities Test. Answer lines 2a and 2b below.	2a	
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2b	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	3a	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	3b	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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	\$ 1,522
SALE OF DONATED ITEMS	\$ 149,818

SUPPLEMENTAL INFORMATION

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

DESCRIPTION: MISC INCOME 2020: \$15. 2021: \$64.

2022: \$1,238. 2023: \$205. 2024: \$0.

DESCRIPTION: SALE OF DONATED ITEMS 2020: \$29,683. 2021: \$11,531.

2022: \$22,685. 2023: \$45,811. 2024: \$40,108

Schedule B
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

HUNGRY FOR CHRIST

Employer identification number

38-3676870

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section: 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 foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

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

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

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

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

Name of organization

HUNGRY FOR CHRIST

Employer identification number

38-3676870**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	HUDSONVILLE ICE CREAM 345 E 48TH ST STE 200 HOLLAND MI 49423	\$ 1,611,584	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	BLUE TRITON 19275 8 MILE RD STANWOOD MI 49346	\$ 963,492	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	REQUEST FOODS 3460 JOHN F. DONNELLY DRIVE HOLLAND MI 49424	\$ 831,155	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	MEL TROTTER - GFS 225 COMMERCE AVENUE SW GRAND RAPIDS MI 49503	\$ 715,573	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	\$ 664,745	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	FEED THE HUNGRY 530 E IRELAND RD SOUTH BEND IN 46614	\$ 549,780	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

38-3676870**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	NATURAL CHOICE FOODS 5899 COMSTOCK PARK DRIVE COMSTOCK PARK MI 49321	\$ 491,623	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	\$ 302,657	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	KENT QUALITY FOODS 703 LEONARD ST NW GRAND RAPIDS MI 49504	\$ 269,331	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	MEANS DATABASE INC FOODRECOVERY.ORG 4410 MASSACHUSETTS AVE NW WASHINGTON DC 20016	\$ 235,791	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	KALAMAZOO LOAVES & FISHES 901 PORTAGE ST KALAMAZOO MI 49001	\$ 227,795	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	CULTIVATE FOOD RESCUE 1403 PRAIRIE AVE SOUTH BEND IN 46613	\$ 195,154	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

38-3676870**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	\$ 1,611,584
2	FOOD	\$ 963,492
3	FOOD	\$ 831,155
4	FOOD	\$ 715,573
5	FOOD	\$ 664,745
6	FOOD	\$ 549,780

Name of organization

HUNGRY FOR CHRIST

Employer identification number

38-3676870**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	\$ 491,623	
8	FOOD	\$ 302,657	
9	FOOD	\$ 269,331	
10	FOOD	\$ 235,791	
11	FOOD	\$ 227,795	
12	FOOD	\$ 195,154	

SCHEDULE D**(Form 990)**

(Rev. December 2024)

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

**Open to Public
Inspection**

Name of the organization

Employer identification number

HUNGRY FOR CHRIST**38-3676870****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.

	(a) Donor advised funds	(b) Funds and other accounts
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
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.		
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included on line 2a	2c	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year		
4 Number of states where property subject to conservation easement is located		
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.		

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

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

1a If the organization elected, as permitted under 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.	
b 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.

	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 in 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?

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.

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

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	100,781	296,314
c Leasehold improvements				
d Equipment		227,413	171,503	55,910
e Other		178,110	25,143	152,967
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				607,891

Schedule D (Form 990) (Rev. 12-2024) **HUNGRY FOR CHRIST****38-3676870**

Page 3

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Part XII: Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

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

Part XIII Supplemental Information

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

SCHEDULE G**(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**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.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

HUNGRY FOR CHRIST

Employer identification number

38-3676870**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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of nongovernment grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

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 fund-raiser 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 PLAIDSHIRT NIGH (event type)	(b) Event #2 PANCAKE BREAKFA (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	64,767	14,980	12,375
	2 Less: Contributions			
	3 Gross income (line 1 minus line 2)	64,767	14,980	12,375
				92,122
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs			
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses		42	42
	10 Direct expense summary. Add lines 4 through 9 in column (d)			42
	11 Net income summary. Subtract line 10 from line 3, column (d)			92,080

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 G (Form 990) (Rev. 12-2024) **HUNGRY FOR CHRIST****38-3676870**Page **3**

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

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

Name

Address

- 16** Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

 Director/officer Employee Independent contractor

- 17** Mandatory distributions:

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

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

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SCHEDULE M
(Form 990)Department of the Treasury
Internal Revenue Service**Noncash Contributions**

OMB No. 1545-0047

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.**2024****Open To Public
Inspection**

Name of the organization

Employer identification number

HUNGRY FOR CHRIST**38-3676870****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	<input checked="" type="checkbox"/>	4576416	9,015,540	PRODUCT VALUATION
20 Drugs and medical supplies	<input checked="" type="checkbox"/>	101083	151,625	PRODUCT VALUATION
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (.....	<input checked="" type="checkbox"/>	1	8,925	
26 Other (.....				
27 Other (.....				
28 Other (.....				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement		29		

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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?	<input checked="" type="checkbox"/>	
b If "Yes," describe the arrangement in Part II.		<input checked="" type="checkbox"/>
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		<input checked="" type="checkbox"/>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<input checked="" type="checkbox"/>
b If "Yes," describe in Part II.		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>

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)**

(Rev. December 2024)

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.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.**Open to Public
Inspection**

Name of the organization

Employer identification number

HUNGRY FOR CHRIST**38-3676870****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 III, LINE 4A - FIRST ACCOMPLISHMENT

HUNGRY FOR CHRIST EXISTS TO AID FAMILIES STRUGGLING WITH FOOD INSECURITY BY REMAINING A DEPENDABLE FOOD SOURCE FOR OUR PANTRY PARTNERS AND THE FAMILIES THEY SERVE. THE FOLLOWING PROGRAMS SUPPORT OUR FOOD ON THE MOVE OBJECTIVES:

MOBILE PANTRY - OUR MOBILE PANTRY PARTNERS WITH LOCAL CHURCHES, FOOD PANTRIES, SOUP KITCHENS, AND RESCUE MISSIONS THAT DISTRIBUTE FOOD IN THEIR COMMUNITIES TO FAMILIES IN NEED.

FAMILY PANTRY - HUNGRY FOR CHRIST FAMILY PANTRY IS OPEN TO AREA FAMILIES AND INDIVIDUALS TO MEET THEIR DIETARY NEEDS.

FOOD FOR HUNGRY KIDS - HUNGRY FOR CHRIST PROVIDES FOOD ITEMS FOR LOCAL CHURCHES AND ORGANIZATIONS WHO FILL BACKPACKS FOR STUDENTS. SNACKS ARE PROVIDED FOR STUDENTS DURING AND AFTER SCHOOL.

CLEAN ROOM - HUNGRY FOR CHRIST IS A USDA APPROVED SITE. OUR CLEAN ROOM IS WHERE VOLUNTEERS REPACKAGE BULK FOOD ITEMS, ASSEMBLE DRY SOUP PACKETS, PREPARE MEAL KITS, AND PROVIDE NUTRITIONAL EDUCATION.

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 THE BOARD OF DIRECTORS DETERMINES COMPENSATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION AVAILABLE UPON REQUEST.

SCHEDULE O
(Form 990)
(Rev. December 2024)
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.

OMB No. 1545-0047

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

Open to Public
Inspection

Name of the organization

Employer identification number

HUNGRY FOR CHRIST

38-3676870

FORM 990, PART XI, LINE 9 – OTHER CHANGES IN NET ASSETS EXPLANATION
BOOK / TAX DEPRECIATION DIFFERENCE **\$ 82,206**

4562Department of the Treasury
Internal Revenue Service

Name(s) shown on return

HUNGRY FOR CHRIST**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

2024Attachment Sequence No. **179**Identifying number
38-3676870

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	1,220,000
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	3,050,000
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 2023 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 2025. 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	83,355
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	27,690

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 2024	17	10,794
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 <input type="checkbox"/>		

Section B—Assets Placed in Service During 2024 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		55,570	15.0	HY	150DB	2,779
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			27.5 yrs.	MM	S/L	
				39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2024 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	124,618
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

Form **4562** (2024)
THERE ARE NO AMOUNTS FOR PAGE 2

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
15-year GDS Property:											
62	Parking Lot Improvement	9/03/24	130,000		X	52,000	15 HY 150DB			0	80,600
63	Concrete Pad Improvement	5/16/24	8,925		X	3,570	15 HY 150DB			0	5,534
			<u>138,925</u>			<u>55,570</u>				0	<u>86,134</u>
Prior MACRS:											
1	Freezer Panels	9/12/16	41,675		X	20,837	15 HY S/L			31,256	1,389
2	Freezer Foundation	9/12/16	7,029		X	3,514	15 HY S/L			5,272	234
3	Freezer #1	11/01/16	5,998		X	2,999	15 HY S/L			4,498	200
5	Building	9/12/16	193,925			193,925	39 MM S/L			36,257	4,973
6	Facility Renovations	9/12/16	26,257			26,257	39 MM S/L			4,909	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 MM S/L			18,788	2,700
37	Building Renovations	8/27/17	3,468			3,468	39 MM S/L			567	89
38	Ramp Project	11/20/17	7,175			7,175	39 MM S/L			1,127	184
45	Insulation	3/15/18	2,320			2,320	39 MM S/L			345	59
54	Tunnel Project	12/01/20	3,723			3,723	39 MM S/L			334	96
61	Septic Tank	5/17/23	7,715			7,715	39 MM S/L			124	197
			<u>435,590</u>			<u>384,072</u>				<u>134,482</u>	<u>10,794</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			22,919	1,763
36	Used Generator & Pad	4/13/17	5,190			5,190	7 MO S/L			4,819	371
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			6,037	1,098
42	Pallet Jack	6/20/18	1,500			1,500	7 MO S/L			1,179	214
44	Straight Truck-donated	2/06/18	4,000			4,000	5 MO S/L			4,000	0
46	Light Project	12/26/19	6,223			6,223	15 MO S/L			1,867	415
47	Freezer #2	12/01/20	92,133			92,133	7 MO S/L			40,034	13,162
48	2008 Utility Trailer HFC 2	10/29/19	3,500			3,500	7 MO S/L			2,250	500
49	2007 Wabash Trailer HFC 3	11/05/19	1,500			1,500	7 MO S/L			964	215
50	Walk-in Freezer	1/16/19	17,247			17,247	7 MO S/L			11,087	2,464
51	2013 Big Joe Forklift	3/12/20	4,000			4,000	7 MO S/L			2,000	571
52	Vacuum Sealer & Cart	8/06/20	4,890			4,890	7 MO S/L			2,445	699
53	Security Camera System	11/20/20	1,900			1,900	5 MO S/L			1,330	380
55	Van-donation	1/01/20	1,370			1,370	5 MO S/L			959	274
56	(3) Optiplex Computers	1/15/20	2,675			2,675	5 MO S/L			1,872	535
57	(2) Pallet Jacks	9/21/21	3,000			3,000	7 MO S/L			1,071	429
58	Computer & Monitor	4/30/21	1,214			1,214	5 MO S/L			607	243
59	2018 Mitsubishi Forklift	7/26/22	9,500			9,500	7 MO S/L			1,923	1,357
60	2017 Bluebird Bus-donated	12/20/22	15,000			15,000	5 MO S/L			3,000	3,000
	Total Other Depreciation		<u>330,803</u>			<u>330,803</u>				<u>131,258</u>	<u>27,690</u>
	Total ACRS and Other Depreciation		<u>330,803</u>			<u>330,803</u>				<u>131,258</u>	<u>27,690</u>
	Grand Totals		905,318			770,445				265,740	124,618
	Less: Dispositions and Transfers		0			0				0	0
	Less: Start-up/Org Expense		0			0				0	0
	Net Grand Totals		<u>905,318</u>			<u>770,445</u>				<u>265,740</u>	<u>124,618</u>

MI Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	MI Prior	MI Current	Federal Current	Difference Fed - MI
15-year GDS Property:								
62	Parking Lot Improvement	9/03/24	130,000	130,000	0	6,500	80,600	74,100
63	Concrete Pad Improvement	5/16/24	8,925	8,925	0	446	5,534	5,088
			<u>138,925</u>	<u>138,925</u>	<u>0</u>	<u>6,946</u>	<u>86,134</u>	<u>79,188</u>
Prior MACRS:								
1	Freezer Panels	9/12/16	41,675	41,675	34,035	2,778	1,389	-1,389
2	Freezer Foundation	9/12/16	7,029	7,029	937	469	234	-235
3	Freezer #1	11/01/16	5,998	5,998	2,999	400	200	-200
5	Building	9/12/16	193,925	193,925	36,257	4,973	4,973	0
6	Facility Renovations	9/12/16	26,257	26,257	4,909	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	18,788	2,700	2,700	0
37	Building Renovations	8/27/17	3,468	3,468	567	89	89	0
38	Ramp Project	11/20/17	7,175	7,175	1,127	184	184	0
45	Insulation	3/15/18	2,320	2,320	345	59	59	0
54	Tunnel Project	12/01/20	3,723	3,723	290	96	96	0
61	Septic Tank	5/17/23	7,715	7,715	124	197	197	0
			<u>435,590</u>	<u>435,590</u>	<u>131,383</u>	<u>12,618</u>	<u>10,794</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	22,919	1,763	1,763	0
36	Used Generator & Pad	4/13/17	5,190	5,190	4,819	371	371	0
39	Pickup	4/21/17	11,100	11,100	11,100	0	0	0
41	Compressor	4/03/18	7,684	7,684	6,037	1,098	1,098	0
42	Pallet Jack	6/20/18	1,500	1,500	1,179	214	214	0
44	Straight Truck-donated	2/06/18	4,000	4,000	4,000	0	0	0
46	Light Project	12/26/19	6,223	6,223	1,659	415	415	0
47	Freezer #2	12/01/20	92,133	92,133	40,034	13,162	13,162	0
48	2008 Utility Trailer HFC 2	10/29/19	3,500	3,500	2,250	500	500	0
49	2007 Wabash Trailer HFC 3	11/05/19	1,500	1,500	964	215	215	0
50	Walk-in Freezer	1/16/19	17,247	17,247	11,087	2,464	2,464	0
51	2013 Big Joe Forklift	3/12/20	4,000	4,000	2,000	571	571	0
52	Vacuum Sealer & Cart	8/06/20	4,890	4,890	2,445	699	699	0
53	Security Camera System	11/20/20	1,900	1,900	1,330	380	380	0
55	Van-donation	1/01/20	1,370	1,370	959	274	274	0
56	(3) Optiplex Computers	1/15/20	2,675	2,675	1,872	535	535	0
57	(2) Pallet Jacks	9/21/21	3,000	3,000	1,071	429	429	0
58	Computer & Monitor	4/30/21	1,214	1,214	607	243	243	0
59	2018 Mitsubishi Forklift	7/26/22	9,500	9,500	1,923	1,357	1,357	0
60	2017 Bluebird Bus-donated	12/20/22	15,000	15,000	3,000	3,000	3,000	0
Total Other Depreciation			<u>330,803</u>	<u>330,803</u>	<u>131,050</u>	<u>27,690</u>	<u>27,690</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>330,803</u>	<u>330,803</u>	<u>131,050</u>	<u>27,690</u>	<u>27,690</u>	<u>0</u>
Grand Totals			905,318	905,318	262,433	47,254	124,618	77,364
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>905,318</u>	<u>905,318</u>	<u>262,433</u>	<u>47,254</u>	<u>124,618</u>	<u>77,364</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
15-year GDS Property:											
62	Parking Lot Improvement	9/03/24	130,000		X	52,000	15 HY 150DB			0	80,600
63	Concrete Pad Improvement	5/16/24	8,925		X	3,570	15 HY 150DB			0	5,534
			<u>138,925</u>			<u>55,570</u>				0	<u>86,134</u>
Prior MACRS:											
1	Freezer Panels	9/12/16	41,675		X	20,837	15 HY S/L			31,256	1,389
2	Freezer Foundation	9/12/16	7,029		X	3,514	15 HY S/L			5,272	234
3	Freezer #1	11/01/16	5,998		X	2,999	15 HY S/L			4,498	200
5	Building	9/12/16	193,925			193,925	39 MM S/L			36,257	4,973
6	Facility Renovations	9/12/16	26,257			26,257	39 MM S/L			4,909	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 MM S/L			18,788	2,700
37	Building Renovations	8/27/17	3,468			3,468	39 MM S/L			567	89
38	Ramp Project	11/20/17	7,175			7,175	39 MM S/L			1,127	184
45	Insulation	3/15/18	2,320			2,320	39 MM S/L			345	59
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 MM S/L			290	96
61	Septic Tank	5/17/23	7,715			7,715	39 MM S/L			124	197
			<u>441,813</u>			<u>384,072</u>				<u>140,661</u>	<u>10,794</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											
			<u>580,738</u>			<u>439,642</u>				<u>140,661</u>	<u>96,928</u>
Less: Dispositions and Transfers											
			<u>0</u>			<u>0</u>				<u>0</u>	<u>0</u>
Net Grand Totals											
			<u>580,738</u>			<u>439,642</u>				<u>140,661</u>	<u>96,928</u>

Bonus Depreciation Report**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
62	Parking Lot Improvement	9/03/24	130,000		0	78,000	0	52,000
63	Concrete Pad Improvement	5/16/24	8,925		0	5,355	0	3,570
Grand Total			230,855		0	83,355	51,518	95,982

Depreciation Adjustment Report**All Business Activities**

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<u>MACRS Adjustments:</u>						
Page 1	1	1	Freezer Panels	1,389	1,389	0
Page 1	1	2	Freezer Foundation	234	234	0
Page 1	1	3	Freezer #1	200	200	0
Page 1	1	5	Building	4,973	4,973	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	59	59	0
Page 1	1	54	Tunnel Project	96	96	0
Page 1	1	61	Septic Tank	197	197	0
Page 1	1	62	Parking Lot Improvement	80,600	80,600	0
Page 1	1	63	Concrete Pad Improvement	5,534	5,534	0
				96,928	96,928	0
				96,928	96,928	0
				96,928	96,928	0

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	Freezer Panels	9/12/16	41,675	1,390	1,390
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	4,972	4,972
6	Facility Renovations	9/12/16	26,257	674	674
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	60	60
54	Tunnel Project	12/01/20	3,723	95	95
61	Septic Tank	5/17/23	7,715	198	198
62	Parking Lot Improvement	9/03/24	130,000	4,940	4,940
63	Concrete Pad Improvement	5/16/24	8,925	339	339
			574,515	16,075	16,075

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	0	0
36	Used Generator & Pad	4/13/17	5,190	0	0
39	Pickup	4/21/17	11,100	0	0
41	Compressor	4/03/18	7,684	549	0
42	Pallet Jack	6/20/18	1,500	107	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	214	0
50	Walk-in Freezer	1/16/19	17,247	2,464	0
51	2013 Big Joe Forklift	3/12/20	4,000	572	0
52	Vacuum Sealer & Cart	8/06/20	4,890	698	0
53	Security Camera System	11/20/20	1,900	190	0
55	Van-donation	1/01/20	1,370	137	0
56	(3) Optiplex Computers	1/15/20	2,675	268	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			330,803	24,305	0

Total ACRS and Other Depreciation 330,803 24,305 0

Grand Totals 905,318 40,380 16,075

Asset	Description	Date In Service	Cost	MI
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Prior MACRS:

1	Freezer Panels	9/12/16	41,675	2,778
2	Freezer Foundation	9/12/16	7,029	468
3	Freezer #1	11/01/16	5,998	400
5	Building	9/12/16	193,925	4,972
6	Facility Renovations	9/12/16	26,257	674
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	60
54	Tunnel Project	12/01/20	3,723	95
61	Septic Tank	5/17/23	7,715	198
62	Parking Lot Improvement	9/03/24	130,000	12,350
63	Concrete Pad Improvement	5/16/24	8,925	848
			574,515	25,816

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	0
36	Used Generator & Pad	4/13/17	5,190	0
39	Pickup	4/21/17	11,100	0
41	Compressor	4/03/18	7,684	549
42	Pallet Jack	6/20/18	1,500	107
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	214
50	Walk-in Freezer	1/16/19	17,247	2,464
51	2013 Big Joe Forklift	3/12/20	4,000	572
52	Vacuum Sealer & Cart	8/06/20	4,890	698
53	Security Camera System	11/20/20	1,900	190
55	Van-donation	1/01/20	1,370	137
56	(3) Optiplex Computers	1/15/20	2,675	268
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		330,803	24,305

Total ACRS and Other Depreciation	330,803	24,305
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Grand Totals	905,318	50,121
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SCHEDULE G
(Form 990 or
990-EZ)**Fundraising Other Events****2024**

For calendar year 2024, or tax year beginning _____, and ending _____

Name

Employer Identification Number

HUNGRY FOR CHRIST**38-3676870**

	(a) Other event GIVE HUNGER THE (event type)	(b) Other event (event type)	(c) Other event (event type)	(d) Total other events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	12,375			12,375
2 Less: Charitable contributions				
3 Gross income (line 1 minus line 2)	12,375			12,375
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food/beverages				
8 Entertainment				
9 Other expenses				

Two Year Comparison Report

Form 990

2023 & 2024

For calendar year 2024, or tax year beginning _____, ending _____

Name

Taxpayer Identification Number

HUNGRY FOR CHRIST

38-3676870

		2023	2024	Differences
Revenue	1. Contributions, gifts, grants	1. 7,713,842	9,686,845	1,973,003
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4.		
	5. Investment income	5. 46	3,040	2,994
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8. 151,833	92,106	-59,727
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 46,016	40,108	-5,908
	12. Total revenue. Add lines 1 through 11	12. 7,911,737	9,822,099	1,910,362
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 55,568	56,423	855
	16. Salaries, other compensation, and employee benefits	16. 92,861	97,167	4,306
	17. Professional fundraising fees	17.		
	18. Other professional fees	18.		
	19. Occupancy, rent, utilities, and maintenance	19. 79,326	83,073	3,747
	20. Depreciation and Depletion	20. 42,780	124,618	81,838
	21. Other expenses	21. 7,568,506	7,911,105	342,599
	22. Total expenses. Add lines 13 through 21	22. 7,839,041	8,272,386	433,345
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 72,696	1,549,713	1,477,017
	24. Total exempt revenue	24. 7,911,737	9,822,099	1,910,362
Other Information	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 197,895	135,254	-62,641
	27. Total assets	27. 2,416,671	4,010,884	1,594,213
	28. Total liabilities	28. 140,972	103,266	-37,706
	29. Retained earnings	29. 2,275,699	3,907,618	1,631,919
	30. Number of voting members of governing body	30. 5	5	
	31. Number of independent voting members of governing body	31. 5	5	
	32. Number of employees	32. 5	5	
	33. Number of volunteers	33. 286	277	

Form **990****Tax Return History****2024**

Name	HUNGRY FOR CHRIST				Employer Identification Number
	2020	2021	2022	2023	2024
Contributions, gifts, grants			7,052,655	7,713,842	9,686,845
Membership dues					
Program service revenue					
Capital gain or loss					
Investment income				46	3,040
Fundraising revenue (income/loss)		75,541	151,833	92,106	
Gaming revenue (income/loss)					
Other revenue		23,923	46,016	40,108	
Total revenue	7,152,119	7,911,737	9,822,099		
Grants and similar amounts paid					
Benefits paid to or for members					
Compensation of officers, etc.	49,832	55,568	56,423		
Other compensation	80,606	92,861	97,167		
Professional fees	1,734				
Occupancy costs	78,362	79,326	83,073		
Depreciation and depletion	41,033	42,780	124,618		
Other expenses	6,580,964	7,568,506	7,911,105		
Total expenses	6,832,531	7,839,041	8,272,386		
Excess or (Deficit)	319,588	72,696	1,549,713		
Total exempt revenue					
Total unrelated revenue					
Total excludable revenue			197,895	135,254	
Total Assets	99,464				
Total Liabilities	2,369,875	2,416,671	4,010,884		
Net Fund Balances	166,872	140,972	103,266		
	2,203,003	2,275,699	3,907,618		

HF9870 HUNGRY FOR CHRIST
38-3676870
FYE: 12/31/2024

7/30/2025 12:00 PM

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
	\$ 3,040			14		
TOTAL	\$ 3,040					

HF9870 HUNGRY FOR CHRIST
38-3676870
FYE: 12/31/2024

Federal Statements

7/30/2025 12:00 PM

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
REPAIRS & MAINTENANCE	\$ 1,546	\$ 1,546	\$ 570	\$ 570
STAFF ENRICHMENT	570			
TOTAL	\$ 2,116	\$ 1,546	\$ 570	\$ 0

Schedule A, Part II, Line 1(e)

Description	Amount
HUDSONVILLE ICE CREAM FOOD	\$ 1,773,195
BLUE TRITON FOOD	151,625
REQUEST FOODS FOOD	23,612
MEL TROTTER - GFS FOOD	427,793
COMMUNITY ACTION HOUSE FOOD	59,350
FEED THE HUNGRY FOOD	8,925
NATURAL CHOICE FOODS FOOD	1,611,584
KRAFT HEINZ-HOLLAND FOOD	963,492
KENT QUALITY FOODS FOOD	831,155
MEANS DATABASE INC FOOD	715,573
KALAMAZOO LOAVES & FISHES FOOD	664,745
CULTIVATE FOOD RESCUE FOOD	549,780
CONVOY OF HOPE FOOD	491,623
TOTAL	\$ 183,665
	\$ 9,686,845