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SCANNED SEP 0 8 2014,

PROPERTY SERVICE SERVI

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

2	Α	For the	2009 calendar year, or tax year beginning , and ending				
	В	Check if	applicable Please C Name of organization		D Em	ployer identification number	
		Address	change use IRS				
		Name change label or print or Hungry4Him, Inc.			26-3561919		
	X	Initial re	I' I	Room/suite	E Tel	ephone number	
	П	Termina	tion See PO Box 16060				
		Amende	Specific dreturn Instruc- City or town, state or country, and ZIP + 4		F Gro	oup Exemption	
		Application pending tions. Dublin GA 31040				mber •	
	_	• Sec	tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach	method	X Cash Accrual		
			a completed Schedule A (Form 990 or 990-EZ).				
		Websit	e: b www.hungry4him.com	X If th	ne organization is not		
3*	<u>J</u>	Tax-exe	empt status (check only one) — X 501(c) (3) ◀ (insert no) 4947(a)(1) or	527 required to a 990-EZ, or 9	attach So 190-PF)	ne organization is not chedule B (Form 990,	
70.1 ₄	K	Check	▶ If the organization is not a section 509(a)(3) supporting organization and it	s gross receipts are norn	nally no	ot more than \$25,000 A	
8 7		Form 9	90-EZ or Form 990 return is not required, but if the organization chooses to file a return,	e returr	1		
0	<u>L</u>	Add line	s 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Fo	rm 990-EZ	▶ \$ 106,854		
	F	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balar	nces (See the instru	<u>iction</u>	s for Part I.)	
AUG		1	Contributions, gifts, grants, and similar amounts received		1	106,743	
41		2	Program service revenue including government fees and contracts		2		
		3	Membership dues and assessments STATUTE UNIT RECEIVED		3		
¥5	3 6	4	Investment income		4	41	
3	5	5a	Gross amount from sale of assets other than inventory		_		
		b	Less cost or other basis and sales expenses 5b		_		
5	Ø.	C	Gain or (loss) from sale of assets other than inventory (Subtract line 30 BRANCH		5c		
	Revenue POSTMANN UN	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gamin	g, check here			
		а	Gross revenue (not including \$ of contributions	I			
		-	reported on line 1) 6a		4		
		b	Less direct expenses other than fundraising expenses 6b		_		
		C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	Ì	6c		
		7a	Gross sales of inventory, less returns and allowances 7a		_		
		b	Less cost of goods sold 7b		_		
		C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
		8	Other revenue (describe See Statement 1	8	70		
		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	106,854		
		10	Grants and similar amounts paid (attach schedule)		10	 	
	sesue	11	Benefits paid to or for members	11			
		12	Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors		12	2,090	
		1	; (41, 57, 51)	د مسود د		2,090	
	Exp	15	· · · · · · · · · · · · · · · · · · ·	0044	15	7,688	
		16	Printing, publications, postage, and shipping Other expenses (describe See Statement 2 AUG 12	ΣΩ1 4	16	61,457	
		17	Total expenses. Add lines 10 through 16	· · · · · · · · · · · · · · · · · · ·	17	71,235	
		18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	35,619	
0 8 Zu14.	ets	19	Net assets or fund balances at beginning of year (from line 27, column-(A))-(must agree	-17- are		30/025	
	Net Assets		end-of-year figure reported on prior year's return)		19		
	et	20	Other changes in net assets or fund balances (attach explanation)		20		
	Z	21	Net assets or fund balances at end of year Combine lines 18 through 20	•	21	35,619	
	P	art II	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more				
SEP			(See the instructions for Part II)		(B) End of year		
	22	Cash, s	savings, and investments		22	35,619	
\mathbf{Q}	23	Land a	nd buildings	23			
ANNED	24	Other a	ssets (describe)	24			
Z		25 Total assets				35,619	
\blacksquare	26	Total li	abilities (describe	7) 26	1	

Form 990-EZ (2009)

0 27

27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

Form 990-EZ (2009) Hungry41	<u>lim, Inc.</u>	26	<u>5-356191</u>	<u>.9</u>				Page
Part III Statement of Prog	ram Service Accomplishmen	ts (See the instruc	tions for Pa	rt II	II.)		Ex	penses
What is the organization's primary exem	pt purpose?					(R	equired	for section
See Statement 4							and 501(c)(4)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise								ons and section
manner, describe the services provided, the number of persons benefited, or other relevant information for							_	trusts, optional
each program title	•						others	
	lies, school uniforms and boo	oks to orphaned						
	ries, school millorms and boo	oks to orphanea						
children.								
(O) If the amount includes foreign group	te ebaak bara		•		28a		40,685
) If this amount includes foreign grant					208		40,000
	es and other support to school	l and to church					}	
volunteers and pastors se	rving orphaned children.							
								05 404
(Grants \$) If this amount includes foreign grant	ts, check here		<u> </u>		29a		25,406
30								
							İ	
(Grants \$) If this amount includes foreign grant	ts, check here		<u> </u>		30a		
31 Other program services (attach sche	edule)						İ	
(Grants \$) If this amount includes foreign grant	ts, check here		•		31a	ĺ	
32 Total program service expenses (a						32		66,091
	ors, Trustees, and Key Employees. Li	st each one even if not	compensated	(See	the	ınstru	ctions fo	
		(b) Title and average	(c) Compensa	lion	(d)	Contrib	utions to	(e) Expense
(a) Nar	me and address	hours per week devoted to position	(If not paid enter -0)	,			efit plans & pensation	account and other allowances
Colby Kinser	Overland Park	President /			uoic	100 0011	Schoolon	otilei dilottarides
•	KS 66210	10.00	Board	0			0	,
11437 W. 117th St	· · · · · · · · · · · · · · · · · · ·				<u> </u>		4	
Bruce Byxbe	Lancaster	· · ·	Board	_	•			
400 Ashford Dr.	PA 17601	10.00	<u> </u>	0	-		0	
Jeff Meyer	Hoschton	Secretary /	Board		1			
4640 Wheeler Creek Dr.	GA 30548	10.00		0			0	
Sarah Bothwell	Dublin	Vice Preside	ht					
PO Box 16060	GA 31040	10.00		0			0	
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44	A.	
45	X	

Form **990-EZ** (2009)

Yes

No

43

45

Form 990-EZ

If "Yes," enter the name of the foreign country

"Yes," Form 990 must be completed instead of Form 990-EZ

Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here

Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If

and enter the amount of tax-exempt interest received or accrued during the tax year

orm 990-EZ		Inc.		<u> </u>			Page 4
Part VI		zations and section 4947					0 k
	and complete the tables	and section 4947(a)(1) nor	exempt charitat	ne trusts must	answer questi	ons 46-4	9D
6 Did the	organization engage in direct or inc		on behalf of or in one	osition to	-	Yes	No
	ates for public office? If "Yes," comp		on behall of or in opp	osition to		46	X
	organization engage in lobbying ac		ule C. Part II			47	X
	organization operating a school as d			Schedule F		48	X
	organization make any transfers to			00,,000,00		49a	X
	" was the related organization a sec	•				49b	
	ete this table for the organization's f		ees (other than office	rs, directors, truste	es and key		
	rees) who each received more than						
	(a) Name and address of each e than \$100,000		(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Experi account a other allow	and
None							
			_				
f Total n	umber of other employees paid ove	r \$100,000	▶		_		
(a)	Name and address of each independent	contractor paid more than \$100,000	(b)	Type of service	(c) C	ompensation	
-							
•							
d Total n	umber of other independent contrac	ctors each receiving over \$100,00	0 •				
	Under a subtract of a subtract of the subtract						
		hat I have examined this return, includir plete Declaration of sceparer (other tha					
Sign		Kenson	Bridge	12/0/10	L	-	
lere	Signature of officer	17717		Date			
	Dr. Colby E.	Kinser Bayauin	RByck Pres	sident Tr	easurer		
	Type or print name and title		1				
	Preparer's	- P /	Date	Check if self-	, The state of the	lifying Number (S	•
Paid	signature / Lea	7 0 100 / //	07/30	/14 employed ▶	X POO	48917	26
_	· · · · · · · · · · · · · · · · · · ·						
-		·			EIN ▶ 2	<u>7-1246</u>	940
-	if self-employed), 4800	Rainbow Blvd St	e 200-B		Phone		
Jse Only	if self-employed), address, and ZIP + 4 West	Rainbow Blvd St wood, KS 66205-	e 200-B		Phone no ▶ 913	-384-0	
Preparer's Use Only May the IRS	if self-employed), 4800	Rainbow Blvd St wood, KS 66205-	e 200-B		Phone no ▶ 913		034 No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Hungry4Him, Inc. 26-3561919 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 11, 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) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 that describes the type of supporting organization and complete lines 11e through 11h b | Type II c Type III–Functionally integrated d Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? 11g(II) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (I) Name of supported (iii) Type of organization (IV) Is the organization (v) Did you notify (vi) Is the (VII) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support col (i) of your (I) organized in the above or IRC section governing document? support? (see instructions)) Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2009

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

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

10%-facts-and-circumstances test—2008. 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 IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

Page 4

Schedule A (Form 990 or 990-EZ) 2009 Hungry4Him, Inc. 26-3561919

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Support Schedule - Unusual Grants Dublin Bible Church, Dublin GA donor Original funding contribution unrestricted \$ 38,134

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HUNGRYFORHI. Hungry4Him, Inc.

26-3561919

Federal Statements

FYE: 12/31/2009

Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Am	Amount		
Other Revenue	\$	70		
Total	\$	70		

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount		
Expenses	\$		
Marketing		4,686	
Licenses and taxes		905	
Travel and Meeting Expenses		3,306	
Communications		2,154	
Programs and Charity		25,000	
Programs and Charity		25,406	
Total	\$	61,457	

Statement 3 - Explanation for Not Filing on Time

Description

The officers of Hungry 4 Him Inc. were not aware that they were required to file a tax return for 2009, because they are a religious organization formed to pursue charitable works as an expression of their Christian faith. Formerly the officers did similar work under the umbrella of a church, and because a return was not filed at the time they mistakenly believed that it wasn't required for this organization either. Please waive the penalties for late filing.

HUNGRYFORHI Hungry4Him, Inc.

26-3561919

Federal Statements

7/30/2014 8:33 PM

FYE: 12/31/2009

Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

Hungry 4 Him, Inc. provides assistance to orphan children, through using volunteer labor and donations to provide food, school uniforms, school supplies and books. It also provides supplemental support for teachers and schools serving orphaned children, and provides training for pastors and church workers who wish to also provide support and education for orphaned children.