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Form **990**

OMB No 1545-0047

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2013**Open to Public Inspection**

For the 2013 calendar year, or tax year beginning 10/01, 2013, and ending 9/30, 2014

Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C
HUNGER TASK FORCE, INC.
201 SOUTH HAWLEY COURT
MILWAUKEE, WI 53214

D Employer identification number

39-1345847

E Telephone number

(414) 777-0483

G Gross receipts \$ 17,600,165.

F Name and address of principal officer **SHERRIE TUSSLER**
SAME AS C ABOVE

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)**H(c)** Group exemption number ▶

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

Website: ▶ WWW.HUNGERTASKFORCE.ORG**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation 1974**M** State of legal domicile WI**Part I Summary**

1 Briefly describe the organization's mission or most significant activities TO PREVENT HUNGER AND MALNUTRITION BY PROVIDING FOOD TO PEOPLE IN NEED TODAY AND BY PROMOTING SOCIAL POLICIES TO ACHIEVE FOOD SECURITY TOMORROW.

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) **3** 13**4** Number of independent voting members of the governing body (Part VI, line 1b) **4** 13**5** Total number of individuals employed in calendar year 2013 (Part V, line 2a) **5** 70**6** Total number of volunteers (estimate if necessary) **6** 12,000**7a** Total unrelated business revenue from Part VIII, column (C), line 12 **7a** 0.**b** Net unrelated business taxable income from Form 990-T, line 34 **7b** 0.**8** Contributions and grants (Part VIII, line 1h) **8** 18,573,404.**9** Program service revenue (Part VIII, line 2g) **9** 70,255.**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d) **10** 89,127.**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10b, and 11e) **11** 14,271.**12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) **12** 18,657,930.**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3) **13** 8,718,744.**14** Benefits paid to or for members (Part IX, column (A), line 4) **14** 9,829,332.**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) **15** 3,426,625.**16a** Professional fundraising fees (Part IX, column (A), line 11e) **16a** 3,741,027.**b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 639,530.**17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) **17** 3,280,085.**18** Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) **18** 15,425,454.**19** Revenue less expenses Subtract line 18 from line 12 **19** 3,232,476.**20** Total assets (Part X, line 16) **20** 608,026.**21** Total liabilities (Part X, line 26) **21** 9,813,170.**22** Net assets or fund balances Subtract line 21 from line 20 **22** 681,825.**Prior Year****Current Year**

18,573,404.

17,480,966.

70,255.

89,127.

14,271.

30,072.

18,657,930.

17,600,165.

8,718,744.

9,829,332.

3,426,625.

3,741,027.

3,280,085.

3,421,780.

15,425,454.

16,992,139.

3,232,476.

608,026.

Beginning of Current Year**End of Year**

9,813,170.

10,842,885.

681,825.

918,446.

9,131,345.

9,924,439.

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

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

KATY L. SOMMER

Katy L Sommer

3/6/15

P00273273

Firm's name ▶ RITZ HOLMAN LLP

Firm's address ▶ 330 E. KILBOURN STE. 550

MILWAUKEE, WI 53202-3144

Firm's EIN ▶

Phone no (414) 271-1451

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

☒ Yes☐ No**BAA For Paperwork Reduction Act Notice, see the separate instructions.**

TEEA0113L 11/08/13

Form 990 (2013)

9-17 22

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:

TO PREVENT HUNGER AND MALNUTRITION BY PROVIDING FOOD TO PEOPLE IN NEED TODAY AND BY
PROMOTING SOCIAL POLICIES TO ACHIEVE FOOD SECURITY TOMORROW.

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 and section 4947(a)(1) trusts 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 \$ 12,298,973. including grants of \$ 9,163,189.) (Revenue \$)

FOOD PROGRAM: COLLECTED AND DISTRIBUTED 9,489,773 POUNDS OF DONATED, GROWN AND
PURCHASED FOOD TO PANTRIES, MEAL SITES AND ELIGIBLE SENIOR CITIZENS.

4b (Code) (Expenses \$ 2,903,687. including grants of \$ 666,143.) (Revenue \$)

OUTREACH: PROVIDED SUMMER MEALS TO LOCAL ELIGIBLE CHILDREN IN MILWAUKEE; MAINTAINED
THE HUNGER RELIEF FUND; ORGANIZED FOOD FOR FAMILIES CAMPAIGN AND HOLIDAY BINS;
ASSISTED ELIGIBLE PARTICIPANTS WITH NAVIGATING THE WISCONSIN FOODSHARE PROGRAM;
PROVIDED NUTRITION EDUCATION IN LOCAL PUBLIC SCHOOLS

4c (Code) (Expenses \$ 615,279. including grants of \$) (Revenue \$)

ADVOCACY: WORKED TO ENSURE THAT NUTRITION AND ANTI-HUNGER PROGRAMS ARE ADEQUATELY
FUNDED AND OPERATED IN A MANNER THAT MAKES THEM ACCESSIBLE TO THOSE WHO NEED
ASSISTANCE

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ► 15,817,939.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

BAA

Form 990 (2013)

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 ☐

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	10	
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2 a	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	70	
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		
4 a	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)?		X
4 b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	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?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
7 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?	X	
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	X	
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10 a	Initiation fees and capital contributions included on Part VIII, line 12		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
11 a	Gross income from members or shareholders		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 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.		
13 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			
13 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		
13 c	Enter the amount of reserves on hand		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		

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

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

☒**Section A. Governing Body and Management**

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	13	
1 b Enter the number of voting members included in line 1a, above, who are independent	13	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

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

	Yes	No
10 a Did the organization have local chapters, branches, or affiliates?		X
10 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?		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11 b Describe in Schedule O the process, if any, used by the organization to review this Form 990	SEE SCHEDULE O	
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
12 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	SEE SCHEDULE O	
b Other officers of key employees of the organization	SEE SCHEDULE O	
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 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 taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: WI

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

☒ Own website ☒ Another's website ☐ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

*** LISA FELDMER 201 S. HAWLEY COURT MILWAUKEE WI 53214 414-238-6480**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MIKE ZEKA PRESIDENT	1 0	X		X				0.	0.	0.
(2) ERIC THOMAS DIRECTOR	1 0	X						0.	0.	0.
(3) PATRICK BYRNE TREASURER	1 0	X		X				0.	0.	0.
(4) MARY BURGOON SECRETARY	1 0	X		X				0.	0.	0.
(5) SALLY CALLAN DIRECTOR	1 0	X						0.	0.	0.
(6) JENNIFER JONES DIRECTOR	1 0	X						0.	0.	0.
(7) PAUL MATHEWS VICE PRESIDENT	1 0	X		X				0.	0.	0.
(8) S. EDWARD SARKAS DIRECTOR	1 0	X						0.	0.	0.
(9) JEFF MANBY DIRECTOR	1 0	X						0.	0.	0.
(10) SADHNA MORATO-LINDVALL DIRECTOR	1 0	X						0.	0.	0.
(11) TODD ADAMS DIRECTOR	1 0	X						0.	0.	0.
(12) JAISON BATTLE DIRECTOR	1 0	X						0.	0.	0.
(13) ROBERTA HARRIS DIRECTOR	1 0	X						0.	0.	0.
(14) SHERRIE TUSSLER EXECUTIVE DIREC	40 0			X				181,065.	0.	19,395.

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) LISA FELDMER CONTROLLER	40 0			X				19,823.	0.	1,025.
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total								200,888.	0.	20,420.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								200,888.	0.	20,420.

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 **1**

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

	Yes	No
3		X
4	X	
5		X

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

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

Section B. Independent Contractors

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

(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	1 a Federated campaigns	1 a			
	b Membership dues	1 b			
	c Fundraising events	1 c			
	d Related organizations	1 d			
	e Government grants (contributions)	1 e 5,977,324.			
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 11,503,642.			
	g Noncash contributions included in lines 1a-1f	\$ 9,195,510.			
	h Total. Add lines 1a-1f	17,480,966.			
PROGRAM SERVICE REVENUE	2 a	Business Code			
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f				
	OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		89,127.	
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6 a Gross rents		(i) Real (ii) Personal			
b Less: rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7 a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other			
b Less: cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)					
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a			
b Less: direct expenses		b			
c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities See Part IV, line 19		a			
b Less: direct expenses		b			
c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances		a			
b Less: cost of goods sold		b			
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code			
11 a MISCELLANEOUS INCOME	624210	30,072.	30,072.		
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		30,072.			
12 Total revenue. See instructions		17,600,165.	30,072.	0.	89,127.

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 governments and organizations in the United States. See Part IV, line 21.	9,829,332.	9,829,332.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	308,570.	233,114.	34,351.	41,105.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	2,505,853.	1,893,706.	278,592.	333,555.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	152,008.	114,469.	17,140.	20,399.
9 Other employee benefits	476,987.	359,192.	53,784.	64,011.
10 Payroll taxes	297,609.	224,854.	33,114.	39,641.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	21,914.	4,906.	16,309.	699.
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees	9,965.		9,965.	
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	107,996.	91,224.	13,351.	3,421.
12 Advertising and promotion	177,398.	165,386.		12,012.
13 Office expenses	284,804.	232,308.	6,796.	45,700.
14 Information technology				
15 Royalties				
16 Occupancy	217,569.	208,416.	1,831.	7,322.
17 Travel	31,639.	21,499.	8,787.	1,353.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,039.	4,265.	1,431.	343.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	264,042.	253,256.	1,729.	9,057.
23 Insurance	85,388.	71,367.	5,884.	8,137.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PROGRAM EXPENSE	898,196.	897,479.	717.	
b FOOD EXPENSES	659,651.	659,651.		
c MAINTENANCE AND SUPPLIES	289,117.	280,694.	2,316.	6,107.
d NON-CAPITALIZED EQUIPMENT	128,392.	99,300.	15,482.	13,610.
e All other expenses	239,670.	173,521.	33,091.	33,058.
25 Total functional expenses. Add lines 1 through 24e	16,992,139.	15,817,939.	534,670.	639,530.
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 SheetCheck 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	1,260,205.	1	1,450,046.
	2 Savings and temporary cash investments	525,264.	2	536,554.
	3 Pledges and grants receivable, net	1,644,849.	3	2,059,860.
	4 Accounts receivable, net	11,798.	4	17,349.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,000,950.	8	1,859,455.
	9 Prepaid expenses and deferred charges	69,934.	9	115,102.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 3,623,795.		
	b Less accumulated depreciation	10b 1,712,415.	10c 1,658,453.	1,911,380.
	11 Investments — publicly traded securities	2,641,717.	11	2,893,139.
	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 34)	9,813,170.	16	10,842,885.	
LIABILITIES	17 Accounts payable and accrued expenses	373,371.	17	542,197.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	50,656.
	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	308,454.	25	325,593.
	26 Total liabilities. Add lines 17 through 25	681,825.	26	918,446.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,786,826.	27	7,183,779.
	28 Temporarily restricted net assets	2,344,519.	28	2,740,660.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	9,131,345.	33	9,924,439.
	34 Total liabilities and net assets/fund balances	9,813,170.	34	10,842,885.

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Form 990 (2013)

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	17,600,165.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,992,139.
3	Revenue less expenses Subtract line 2 from line 1	3	608,026.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,131,345.
5	Net unrealized gains (losses) on investments	5	185,068.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,924,439.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

BAA

Form 990 (2013)

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

HUNGER TASK FORCE, INC.

Employer identification number

39-1345847

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)**.
- 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 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)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III – Functionally integrated d ☐ Type III – Non-functionally integrated
- e ☐ 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)**.
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g 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) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	12271256.	13696180.	12729926.	18573404.	17480966.	74,751,732.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	12271256.	13696180.	12729926.	18573404.	17480966.	74,751,732.
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).						3,745,811.
6 Public support. Subtract line 5 from line 4						71,005,921.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	12271256.	13696180.	12729926.	18573404.	17480966.	74,751,732.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	41,360.	54,645.	65,238.	70,255.	89,127.	320,625.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV	26,609.	45,891.	40,377.	14,271.	30,072.	157,220.
11 Total support. Add lines 7 through 10						75,229,577.
12 Gross receipts from related activities, etc (see instructions)					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	94.39 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	95.06 %
16a 33-1/3% support test – 2013. If the organization did not check the box on line 13, and the 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 – 2012. 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 – 2013. 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 IV 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 – 2012. 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 ▶ <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 9 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 yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 in 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 IV.)						
13 Total Support. (Add lines 9, 10c, 11 and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%
19a 33-1/3% support tests — 2013. 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 — 2012. 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

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information.
(See instructions).

[illegible]

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

**Open to Public
Inspection**

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization

HUNGER TASK FORCE, INC.

Employer identification number

39-1345847

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures \$ ▶
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If 'Yes,' describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2013

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and 'limited control' provisions apply

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)		1,567.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		7,407.													
c Total lobbying expenditures (add lines 1a and 1b)		8,974.	0.												
d Other exempt purpose expenditures		16,983,165.													
e Total exempt purpose expenditures (add lines 1c and 1d)		16,992,139.	0.												
f Lobbying nontaxable amount. Enter the amount from the following table in both columns		999,607.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is</th> <th>The lobbying nontaxable amount is</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000			
If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		249,902.	0.												
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.												
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2 a Lobbying non-taxable amount	838,512.	837,800.	921,273.	999,607.	3,597,192.
b Lobbying ceiling amount (150% of line 2a, column (e))					5,395,788.
c Total lobbying expenditures	10,477.	8,750.	9,881.	8,974.	38,082.
d Grassroots nontaxable amount	209,628.	209,450.	230,318.	249,902.	899,298.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,348,947.
f Grassroots lobbying expenditures	1,388.	1,452.	1,892.	1,567.	6,299.

BAA

Schedule C (Form 990 or 990-EZ) 2013

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

- 1 Were substantially all (90% or more) dues received nondeductible by members?
- 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?
- 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

	Yes	No
1		
2		
3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2 a	
b Carryover from last year	2 b	
c Total	2 c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013**Open to Public
Inspection**

Employer identification number

HUNGER TASK FORCE, INC.

39-1345847

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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' to 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 (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d

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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ 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' to Form 990, Part IV, line 8.

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

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

(i) Revenues included in 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 SFAS 116 (ASC 958) relating to these items

a Revenues included in 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 are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a 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
1 c	
1 d	
1 e	
1 f	

2 a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	216,438.	191,307.	164,946.	166,264.	64,342.
b Contributions					90,000.
c Net investment earnings, gains, and losses	21,134.	26,082.	27,237.	-462.	12,536.
d Grants or scholarships					
e Other expenditures for facilities and programs				0.	
f Administrative expenses	1,094.	951.	876.	856.	614.
g End of year balance	236,478.	216,438.	191,307.	164,946.	166,264.

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

- a Board designated or quasi-endowment ▶ 100.00 %
 b Permanent endowment ▶ %
 c Temporarily restricted endowment ▶ %

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

3 a 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' to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to 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
1 a Land		134,600.		134,600.
b Buildings		1,164,400.	470,239.	694,161.
c Leasehold improvements		329,295.	141,677.	187,618.
d Equipment		1,926,206.	1,032,272.	893,934.
e Other		69,294.	68,227.	1,067.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,911,380.

BAA

Schedule D (Form 990) 2013

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' to 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) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

N/A

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

N/A

Complete if the organization answered 'Yes' to 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)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATION	325,593.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	325,593.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

SEE PART XIII ☒

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	17,783,130.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2 a	185,068.	
b	Donated services and use of facilities	2 b	7,862.	
c	Recoveries of prior year grants	2 c		
d	Other (Describe in Part XIII)	2 d		
e	Add lines 2a through 2d		2 e	192,930.
3	Subtract line 2e from line 1		3	17,590,200.
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	4 a	9,965.	
b	Other (Describe in Part XIII)	4 b		
c	Add lines 4a and 4b		4 c	9,965.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	17,600,165.

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	16,990,036.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2 a	7,862.	
b	Prior year adjustments	2 b		
c	Other losses	2 c		
d	Other (Describe in Part XIII)	2 d		
e	Add lines 2a through 2d		2 e	7,862.
3	Subtract line 2e from line 1		3	16,982,174.
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	4 a	9,965.	
b	Other (Describe in Part XIII)	4 b		
c	Add lines 4a and 4b		4 c	9,965.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	16,992,139.

Part XIII Supplemental Information.

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

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDFINANCIAL RESERVESPART X - FIN 48 FOOTNOTEHTF IS EXEMPT FROM INCOME TAX UNDER SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODEAND IS CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION. MANAGEMENT HAS REVIEWED ALLTAX POSITIONS TAKEN IN PREVIOUS FISCAL YEARS AND THOSE EXPECTED TO BE TAKEN INFUTURE FISCAL YEARS. AS OF SEPTEMBER 30, 2014, HTF HAD NO AMOUNTS RELATED TOUNRECOGNIZED INCOME TAX BENEFITS AND NO AMOUNTS RELATED TO ACCRUED INTEREST AND

BAA

Schedule D (Form 990) 2013

Part XIII Supplemental Information *(continued)***PART X - FIN 48 FOOTNOTE (CONTINUED)**

PENALTIES. HTF DOES NOT ANTICIPATE ANY SIGNIFICANT CHANGES TO UNRECOGNIZED INCOME
TAX BENEFITS OVER THE NEXT YEAR.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

HUNGER TASK FORCE, INC.

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) <u>AGAPE COMMUNITY CENTER</u> <u>6100 N 42ND ST</u> <u>MILWAUKEE, WI 53209</u>	39-1641846		17,749.	78,232. FMV		FOOD	
(2) <u>AIDS RESOURCE CENTER OF MILWAUKEE</u> <u>PO BOX 510498</u> <u>MILWAUKEE, WI 53203</u>	39-1534049		4,459.	147,062. FMV		FOOD	
(3) <u>ALL SAINTS PANTRY</u> <u>4060 N 26TH ST</u> <u>MILWAUKEE, WI 53209</u>	39-1821872		0.	301,661. FMV		FOOD	
(4) <u>ARLINGTON COURT APARTMENTS</u> <u>1633 N ARLINGTON PLACE</u> <u>MILWAUKEE, WI 53202</u>			0.	19,159. FMV		FOOD	
(5) <u>BECHER COURT</u> <u>1802 W BECHER STREET</u> <u>MILWAUKEE, WI 53215</u>			0.	23,565. FMV		FOOD	
(6) <u>BEULAH BRINTON SENIOR CENTER</u> <u>2555 S BAY STREET</u> <u>MILWAUKEE, WI 53207</u>			0.	21,744. FMV		FOOD	
(7) <u>BOULEVARD APARTMENTS</u> <u>2627 W LAPHAM STREET</u> <u>MILWAUKEE, WI 53204</u>			0.	23,187. FMV		FOOD	
(8) <u>BRADFORD PLACE APARTMENTS</u> <u>2323 E BRADFORD AVENUE</u> <u>MILWAUKEE, WI 53211</u>			0.	14,132. FMV		FOOD	

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

TEEA3901L 07/12/13

Schedule I (Form 990) (2013)

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

39-1345847

☐ Yes ☒ No

Part III: Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV: Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION

HTF ADMINISTERS THE HUNGER RELIEF FUND BASED ON THE DESIGNATIONS OF ITS DONORS. EFSP

RECIPIENTS PROVIDE SUPPORTING DOCUMENTATION FOR INDIVIDUALS SERVED, WHICH IS

REVIEWED AND MAINTAINED ON FILE.

Continuation Sheet for Schedule I (Form 990)

2013

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 16

Name of the organization		Employer identification number					
HUNGER TASK FORCE, INC.		39-1345847					
Part II Continuation of Grants and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CACSCW							
1717 N STOUGHTON ROAD				72,693.	FMV	FOOD	
MADISON, WI 53704							
CAMBRIDGE SENIOR APARTMENTS				11,017.	FMV	FOOD	
1831 N CAMBRIDGE AVENUE							
MILWAUKEE, WI 53202							
CATHEDRAL CENTER SHELTER							
845 N VAN BUREN STREET	74-3038890		67,961.	7,472.	FMV	FOOD	
MILWAUKEE, WI 53202							
CENTER FOR VETERANS ISSUES							
PO BOX 08518							
MILWAUKEE, WI 53208	39-1712359		14,486.	2,233.	FMV	FOOD	
CENTRAL CITY CHURCHES							
3022 W WISCONSIN AVE							
MILWAUKEE, WI 53208	39-1313030		10,501.	388,193.	FMV	FOOD	
CHURCH OF THE GOOD HOPE UNITE							
8700 W GOOD HOPE ROAD							
MILWAUKEE, WI 53224	39-0913343		1,805.	67,731.	FMV	FOOD	
CHURCH OF THE LIVING GOD FOOD							
3649 N TEUTONIA AVENUE							
MILWAUKEE, WI 53206	42-1741393			11,491.	FMV	FOOD	
CITY OF GREENFIELD-PARKS & RE							
7325 W FOREST HOME AVENUE							
GREENFIELD, WI 53220				19,619.	FMV	FOOD	
CLARE COURT APARTMENTS							
3069 N 59TH STREET							
MILWAUKEE, WI 53210				6,360.	FMV	FOOD	
CLARKE SQUARE TERRACE							
1740 W PIERCE STREET							
MILWAUKEE, WI 53204				11,668.	FMV	FOOD	

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Continuation Sheet for Schedule I (Form 990)

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► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

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Name of the organization		Employer identification number					
HUNGER TASK FORCE, INC.		39-1345847					
Part III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLINTON ROSE SENIOR CENTER 3045 N MARTIN LUTHER KING DR MILWAUKEE, WI 53212				67,632.	FMV	FOOD	
COLLEGE COURT 3334 WEST HIGHLAND BOULEVARD MILWAUKEE, WI 53208				22,354.	FMV	FOOD	
COMMUNITY ACTION COALITION FO 1717 N STOUTINGTON ROAD MADISON, WI 53704			32.	7,600.	FMV	FOOD	
COMMUNITY ADVOCATES 728 N JAMES LOVELL ST MILWAUKEE, WI 53233	39-1249426		24,686.	12,740.	FMV	FOOD	
CONVENT HILL 403 E OGDEN AVENUE MILWAUKEE, WI 53202				16,674.	FMV	FOOD	
DAYSTAR INC PO BOX 2130 MILWAUKEE, WI 53201	39-1546606		15,804.	14,074.	FMV	FOOD	
EASTBROOK CHURCH FOOD PANTRY 5385 N GREEN BAY AVENUE MILWAUKEE, WI 53209	39-1364853		1,600.	81,598.	FMV	FOOD	
EBENEZER COGIC 3132 N MARTIN LUTHER KING DR MILWAUKEE, WI 53212	39-1287366			80,012.	FMV	FOOD	
EBENEZER LUTHERAN CHURCH FOOD 1127 S 35TH ST MILWAUKEE, WI 53215	39-6020915		7,360.	120,144.	FMV	FOOD	
ECHO IN JANESVILLE 65 S HIGH STREET JANESVILLE, WI 53548				146,502.	FMV	FOOD	

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▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

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Name of the organization **HUNGER TASK FORCE, INC.** Employer identification number **39-1345847**

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELK'S LODGE 5555 W GOOD HOPE ROAD MILWAUKEE, WI 53223				26,964.	FMV	FOOD	
EVERGREEN SQUARE OF CUDAHY 3757 E RAMSEY AVENUE CUDAHY, WI 53110				6,673	FMV	FOOD	
EVERGREEN 3141 S 77TH STREET MILWAUKEE, WI 53219				15,006.	FMV	FOOD	
FAMILY LIFE CENTER AT ST STEP 1441 W OAKWOOD ROAD OAK CREEK, WI 53154	39-0830275		926.	36,982.	FMV	FOOD	
FEED MY PEOPLE FOOD BANK 2610 ALPINE ROAD EAU CLAIRE, WI 54703				23,965.	FMV	FOOD	
FERNWOOD COURT 6700 W APPLETON AVENUE MILWAUKEE, WI 53216				13,615.	FMV	FOOD	
FLORIST AVENUE LUTHERAN CHURCH 5975 N 40TH STREET MILWAUKEE, WI 53209				71,663.	FMV	FOOD	
FOOD PANTRY OF WAUKESHA COUNTY 1301 SENTRY DR WAUKESHA, WI 53186	39-1502732		14,711.	68,989.	FMV	FOOD	
FORT ATKINSON FOOD PANTRY 715 JONES AVENUE FORT ATKINSON, WI 53538				49,958.	FMV	FOOD	
FRIEDENS COMMUNITY MINISTRIES PO BOX 05411 MILWAUKEE, WI 53205	39-1587037		8,150.	199,402.	FMV	FOOD	

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Name of the organization		Employer identification number					
HUNGER TASK FORCE, INC.		39-1345847					
Part II Continuation of Grants and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>FULL SHELF FOOD PANTRY OF WES</u> <u>231 MUNICIPAL DRIVE</u> <u>WEST BEND, WI 53095</u>				46,154.	FMV	FOOD	
<u>GARDEN TERRACE/GARDEN PLACE</u> <u>10851 W DONNA DRIVE</u> <u>MILWAUKEE, WI 53224</u>				10,156.	FMV	FOOD	
<u>GOLDA MEIR APARTMENTS</u> <u>1567 N PROSPECT AVENUE</u> <u>MILWAUKEE, WI 53202</u>				15,523.	FMV	FOOD	
<u>GOOD SAMARITAN OUTREACH CENTE</u> <u>5924 W BURNHAM STREET</u> <u>MILWAUKEE, WI 53219</u>	06-1760787			176,439.	FMV	FOOD	
<u>GOOD SAMARTIAN COGIC</u> <u>5226 W BURLEIGH STREET</u> <u>MILWAUKEE, WI 53210</u>	39-1634034		1,202.	42,566.	FMV	FOOD	
<u>GRAND AVE UNITED METHODIST CH</u> <u>505 WEST GRAND AVENUE</u> <u>PORT WASHINGTON, WI 53074</u>				19,076.	FMV	FOOD	
<u>GRAND HAVEN</u> <u>520 N 20TH STREET</u> <u>MILWAUKEE, WI 53233</u>				6,218.	FMV	FOOD	
<u>GRANT PARK SQUARE</u> <u>2825 S CHICAGO AVENUE</u> <u>SOUTH MILWAUKEE, WI 53172</u>				8,829.	FMV	FOOD	
<u>GRANVILLE INTERFAITH</u> <u>5736 BROWN DEER ROAD 165</u> <u>BROWN DEER, WI 53223</u>	39-1383214			15,525.	FMV	FOOD	
<u>GREAT FAITH FOOD PANTRY</u> <u>4767 N HOPKINS STREET</u> <u>MILWAUKEE, WI 53209</u>				27,613.	FMV	FOOD	

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Name of the organization		Employer identification number					
HUNGER TASK FORCE, INC.		39-1345847					
Part III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER GALILEE BAPTIST CHURCH 2433 N 13TH STREET MILWAUKEE, WI 53206	39-0990174		1,723.	11,036.	FMV	FOOD	
GREEN COURT APARTMENTS 4185 W SCHROEDER DRIVE BROWN DEER, WI 53209				8,837.	FMV	FOOD	
GREENBROOK TERRACE APARTMENTS 4960 S GREENBROOK TERRACE GREENFIELD, WI 53220				9,209.	FMV	FOOD	
GREENTREE-TEUTONIA APARTMENTS 3744 W GREEN TREE ROAD MILWAUKEE, WI 53209				16,011.	FMV	FOOD	
GROBSCHMIDT SENIOR CENTER 2424 15TH AVENUE SOUTH MILWAUKEE, WI 53215				6,116.	FMV	FOOD	
GUEST HOUSE OF MILWAUKEE 1216 N 13TH STREET MILWAUKEE, WI 53205	39-1539301		33,271.	11,697.	FMV	FOOD	
HADLEY TERRACE APARTMENTS 3515 W HADLEY STREET MILWAUKEE, WI 53210				12,695.	FMV	FOOD	
HALES CORNERS LUTHERAN CHURCH 5885 S 116TH STREET HALES CORNERS, WI 53130				20,720.	FMV	FOOD	
HAMPTON REGENCY APARTMENTS, B 12999 W HAMPTON AVENUE #305 BUTLER, WI 53007				8,657.	FMV	FOOD	
HART PARK SENIOR CENTER 7300 W CHESTNUT STREET WAUWATOSA, WI 53213				16,401.	FMV	FOOD	

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Name of the organization		Employer identification number					
HUNGER TASK FORCE, INC.		39-1345847					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
- HELPING PLACE @ SOLOMON COMM - - 3295 N MARTIN LUTHER KING DRI - MILWAUKEE, WI 53212	39-1208603		3,092.	199,905.	FMV	FOOD	
- HERITAGE HOUSE - - 11515 W CLEVELAND AVENUE - WEST ALLIS, WI 53227				17,678.	FMV	FOOD	
- HERITAGE WEST ALLIS ASSISTED - - 7901 W NATIONAL AVENUE - WEST ALLIS, WI 53214				16,153.	FMV	FOOD	
- HIGHLAND GARDENS - - 1818 W JUNEAU AVENUE - MILWAUKEE, WI 53233				8,400.	FMV	FOOD	
- HMONG/AMERICAN FRIENDSHIP AS - - 3824 W VLIET STREET - MILWAUKEE, WI 53208	39-1456011		2,998.	102,510.	FMV	FOOD	
- HOLY ASSUMPTION CATHOLIC CHUR - - 1525 S 71ST STREET - MILWAUKEE, WI 53214	23-7582120		1,533.	63,024.	FMV	FOOD	
- HOPE HOUSE OF MILWAUKEE, INC. - - 209 W ORCHARD ST. - MILWAUKEE, WI 53204	39-1592900		26,423.	35,483.	FMV	FOOD	
- HOPE LUTHERAN CHURCH FOOD PAN - - 1115 N 35TH STREET - MILWAUKEE, WI 53208	39-1024998			32,025.	FMV	FOOD	
- HOUSE OF PEACE - - 1702 W WALNUT ST - MILWAUKEE, WI 53205	39-1636105		26,234.	301,810.	FMV	FOOD	
- HTF HOLIDAY BINS - - 201 S HAWLEY COURT - MILWAUKEE, WI 53214				33,599.	FMV	FOOD	

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Name of the organization
HUNGER TASK FORCE, INC.

Employer identification number
39-1345847

Part II: Continuation of Grants and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
-- HTF WALK-IN -- -- 201 S HAWLEY COURT -- -- MILWAUKEE, WI 53214 --				89,122.	FMV	FOOD	
-- IMMACULATE HEART OF MARY - SV -- -- 1322 S 117TH STREET -- -- MILWAUKEE, WI 53214 --	39-0878089			27,221.	FMV	FOOD	
-- INTERCHANGE INC. -- -- 1105 N WAVERLY PLACE -- -- MILWAUKEE, WI 53202 --	23-7175702		13,070.	58,076.	FMV	FOOD	
-- JACKSON AREA COMMUNITY CENTER -- -- N265W20330 HICKORY LANE -- -- JACKSON, WI 53237 --				5,613.	FMV	FOOD	
-- JEFFERSON COURT APARTMENTS -- -- 415 E KNAPP STREET -- -- MILWAUKEE, WI 53202 --				22,282.	FMV	FOOD	
-- JEREMIAH MISSIONARY BAPTIST C -- -- 4519 W VILLARD AVENUE -- -- MILWAUKEE, WI 53218 --				70,983.	FMV	FOOD	
-- JEWISH COMMUNITY PANTRY -- -- 2930 W CENTER ST -- -- MILWAUKEE, WI 53206 --	39-0806234		8,021.	399,687.	FMV	FOOD	
-- JUST ONE MORE MINISTRY MEAL -- -- 631 N 19TH ST -- -- MILWAUKEE, WI 53233 --	46-1176899			5,481.	FMV	FOOD	
-- KELLY SENIOR CENTER -- -- 6100 S LAKE DRIVE -- -- CUDAHY, WI 53110 --				6,242.	FMV	FOOD	
-- LACAUSA CRISIS CENTER -- -- 522 W WALKER STREET -- -- MILWAUKEE, WI 53204 --	39-1247667		6,650.	8,267.	FMV	FOOD	

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Name of the organization **HUNGER TASK FORCE, INC.** Employer identification number **39-1345847**

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>LAKE FOREST APARTMENTS</u>							
<u>8551 S CHICAGO ROAD</u>							
<u>OAK CREEK, WI 53154</u>				9,932.	FMV	FOOD	
<u>LAPHAM PARK APARTMENTS</u>							
<u>1901 N 6TH STREET #223</u>				14,750.	FMV	FOOD	
<u>MILWAUKEE, WI 53212</u>							
<u>LAYTON GARDENS</u>							
<u>2220 W LAYTON AVENUE</u>							
<u>MILWAUKEE, WI 53221</u>				14,157.	FMV	FOOD	
<u>MCGOVERN PARK SENIOR CENTER</u>							
<u>4500 W CUSTER AVENUE</u>							
<u>MILWAUKEE, WI 53218</u>				29,761.	FMV	FOOD	
<u>MEETING HOUSE</u>							
<u>10901 W DONNA DRIVE</u>							
<u>MILWAUKEE, WI 53224</u>				5,996.	FMV	FOOD	
<u>MENOMONEE FALLS COMMUNITY CEN</u>							
<u>W152N8645 MARGARET ROAD</u>							
<u>MENOMONEE FALLS, WI 53051</u>				9,565.	FMV	FOOD	
<u>MERRILL PARK</u>							
<u>222 N 33RD STREET APT 915</u>							
<u>MILWAUKEE, WI 53208</u>				11,747.	FMV	FOOD	
<u>MESSNER MANOR</u>							
<u>N90W17421 SAINT FRANCIS DRIVE</u>							
<u>MENOMONEE FALLS, WI 53051</u>				5,437.	FMV	FOOD	
<u>METROPOLITAN BAPTIST CHURCH F</u>							
<u>1345 W BURLEIGH STREET</u>							
<u>MILWAUKEE, WI 53206</u>	39-1125226			66,302.	FMV	FOOD	
<u>MILWAUKEE CHRISTIAN CENTER</u>							
<u>807 S 14TH ST</u>							
<u>MILWAUKEE, WI 53204</u>	39-0807066		4,942.	253,111.	FMV	FOOD	

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Name of the organization **HUNGER TASK FORCE, INC.** Employer identification number **39-1345847**

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE RESCUE MISSION 830 N 19TH STREET MILWAUKEE, WI 53233				14,889.	FMV	FOOD	
MITCHELL COURT APARTMENTS 2600 W NATIONAL AVENUE #305 MILWAUKEE, WI 53204				15,748.	FMV	FOOD	
MONUMENTAL BAPTIST CHURCH FOO 2407 W NORTH AVENUE MILWAUKEE, WI 53205	39-2029692		1,694.	61,005.	FMV	FOOD	
MT. CALVARY FOOD PANTRY 5933 W NATIONAL AVENUE MILWAUKEE, WI 53214	39-1573105			19,748.	FMV	FOOD	
MT. VERNON COMMUNITY CENTER 2345 N 18TH STREET MILWAUKEE, WI 53206				44,699.	FMV	FOOD	
MUKWONAGO FOOD PANTRY 325 EAGLE LAKE AVE MUKWONAGO, WI 53149	39-1664601		4,077.	14,197.	FMV	FOOD	
NORTHCOTT NEIGHBORHOOD HOUSE 2460 N 6TH STREET MILWAUKEE, WI 53212	39-0984402		617.	264,118.	FMV	FOOD	
NORTHWEST BAPTIST CHURCH AND 4353 N 92ND STREET MILWAUKEE, WI 53222	23-7369494			79,930.	FMV	FOOD	
OAK CREEK COURTS 195 W PUETZ ROAD OAK CREEK, WI 53154				10,606.	FMV	FOOD	
OASIS 2414 W MITCHELL STREET MILWAUKEE, WI 53204				23,939.	FMV	FOOD	

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Name of the organization		Employer identification number					
HUNGER TASK FORCE, INC.		39-1345847					
Part III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPEN DOOR CAFE MEAL PROGRAM 831 N VAN BUREN STREET MILWAUKEE, WI 53202	53-0196617		4,911.	27,861.	FMV	FOOD	
OSHKOSH AREA COMMUNITY PANTRY 2551 JACKSON ST OSHKOSH, WI 54091	29-3714702		495.	71,077.	FMV	FOOD	
PARK BLUFF APARTMENTS 555 S LAYTON BOULEVARD MILWAUKEE, WI 53215				24,424.	FMV	FOOD	
PATHFINDERS MILWAUKEE, INC 4200 N. HOLTON ST., STE 400 MILWAUKEE, WI 53204	39-1185304		12,475.				
PAUL'S PANTRY 1529 LEO FRIGO WAY GREEN BAY, WI 54302	39-1708806			33,337.	FMV	FOOD	
PETER'S PANTRY 843 S 21ST STREET MANITOWOC, WI 54220				31,224.	FMV	FOOD	
PLEASANT TERRACE APARTMENTS 1027 E PLEASANT TERRACE MILWAUKEE, WI 53202				7,949.	FMV	FOOD	
PLYMOUTH APARTMENTS 824 W GALENA STREET MILWAUKEE, WI 53205				9,767.	FMV	FOOD	
PROJECT CONCERN OF CUDAHAY PO BOX 100093 CUDAHAY, WI 53110	39-1757379		10,224.	209,067.	FMV	FOOD	
RACINE COUNTY FOOD BANK 2000 DEKOVEN AVENUE RACINE, WI 53403				173,392.	FMV	FOOD	

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Name of the organization		Employer identification number					
HUNGER TASK FORCE, INC.		39-1345847					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RACINE KENOSHA COMMUNITY ACTI 2113 N WISCONSIN STREET RACINE, WI 53402				11,158.	FMV	FOOD	
REDEEMER EVANGELICAL FREE CHU 7735 W HOWARD AVENUE MILWAUKEE, WI 53220	41-0721672		1,323.	39,962.	FMV	FOOD	
REPAIRERS OF THE BREACH 1335 W VLIET STREET MILWAUKEE, WI 53205	39-1707495			15,418.	FMV	FOOD	
RIDGEWOOD/WESTRIDGE APARTMENT 7901 W GLENBROOK STREET MILWAUKEE, WI 53223				37,109.	FMV	FOOD	
RISEN SAVIOR 9550 W BROWN DEER ROAD MILWAUKEE, WI 53224	39-1491985			5,527.	FMV	FOOD	
RIVER PARK APARTMENTS 1700 E RIVER PARK COURT SHOREWOOD, WI 53211				50,347.	FMV	FOOD	
RIVERVIEW 1300 E KANE PLACE #408 MILWAUKEE, WI 53202				9,300.	FMV	FOOD	
RIVERWEST FOOD PANTRY @ ST CA 914 E CLARKE STREET MILWAUKEE, WI 53212	43-2011354		9,098.	114,900.	FMV	FOOD	
RUBY'S PANTRY 717 10 ST WAUPACA, WI 54981				33,725.	FMV	FOOD	
SALVATION ARMY EMERGENCY LODG 1730 N 7TH STREET MILWAUKEE, WI 53205	36-2167910			5,059.	FMV	FOOD	

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Name of the organization		Employer identification number					
HUNGER TASK FORCE, INC.		39-1345847					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY FOND DU LAC 237 N. MACY ST FOND DU LAC, WI 54935	36-2167910			9,792.	FMV	FOOD	
SALVATION ARMY FOX CITIES (AP 130 E NORTH STREET APPLETON, WI 54911			457.	11,960.	FMV	FOOD	
SALVATION ARMY OAK CREEK FOOD 8853 S HOWELL AVENUE MILWAUKEE, WI 53154	36-2167910		1,702.	41,276	FMV	FOOD	
SALVATION ARMY REHAB 5880 N 60TH STREET MILWAUKEE, WI 53218				19,007.	FMV	FOOD	
SALVATION ARMY WEST CORPS 1645 N 25TH ST MILWAUKEE, WI 53205	36-0806889			129,092.	FMV	FOOD	
SALVATION ARMY 324 NORTH JACKSON ST MILWAUKEE, WI 53202	36-2167910		32,095.				
SENIOR FRIENDS HARTFORD SENIO 730 HIGHLAND AVENUE HARTFORD, WI 53027				12,481.	FMV	FOOD	
SIGGENAUK CENTER FOOD PANTRY 1050 W LAPHAM AVENUE MILWAUKEE, WI 53204	39-1683577			56,885.	FMV	FOOD	
SILVER SPRING NEIGHBORHOOD CE 5460 N 64TH STREET MILWAUKEE, WI 53218	39-0966281			262,666.	FMV	FOOD	
SOUJOURNER FAMILY PEACE P.O. BOX 080319 MILWAUKEE, WI 53208	39-1276210		12,866.				

Schedule I Cont (Form 990) 2013

TEEA4001L 07/12/13

Continuation Sheet for Schedule I (Form 990)

2013

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 13 of 16

Name of the organization		Employer identification number					
HUNGER TASK FORCE, INC.		39-1345847					
Part II: Continuation of Grants and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
-- SOUTH MILW. HUMAN CONCERNS -- -- 1333 COLLEGE AVE STE H -- SOUTH MILWAUKEE, WI 53172	23-7217934		2,787.	72,543.	FMV	FOOD	
-- ST. BEN'S COMMUNITY MEAL -- -- 1015 N 9TH STREET -- MILWAUKEE, WI 53233	39-0806264		27,163.	14,568.	FMV	FOOD	
-- ST. HYANCINTH FOOD PANTRY -- -- 1414 W BECHER STREET -- MILWAUKEE, WI 53215	39-0813436		25,175.	386,062.	FMV	FOOD	
-- ST. JOSEPH FOOD PANTRY -- -- 1465 OPPORTUNITY WAY -- MENASHA, WI 54952				164,953.	FMV		
-- ST. MARTIN DEPORRES FOOD PAN -- -- 128 W BURLEIGH STREET -- MILWAUKEE, WI 53212	39-1821873			55,524.	FMV	FOOD	
-- ST. PETER IMMANUEL LUTHERAN -- -- 7801 W ACACIA STREET -- MILWAUKEE, WI 53223	43-0658188			63,861.	FMV	FOOD	
-- ST. PETERS APARTMENT -- -- 6550 N 80TH STREET -- MILWAUKEE, WI 53223				19,759.	FMV	FOOD	
-- ST. ROMAN'S PARISH FD PANTRY -- -- 1710 W BOLIVAR AVENUE -- MILWAUKEE, WI 53221	39-0921765		2,617.	45,311.	FMV	FOOD	
-- ST. VERONICAS FOOD PANTRY -- -- 353 E NORWICH STREET -- MILWAUKEE, WI 53207	39-0833082		2,122.	51,206.	FMV	FOOD	
-- SUMMER MEAL SITES -- -- VARIOUS -- MILWAUKEE, WI				21,679.	FMV	FOOD	

TEEA4001L 07/12/13

Schedule I Cont (Form 990) 2013

Continuation Sheet for Schedule I (Form 990)

2013

Continuation Page 14 of 16

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization		Employer identification number					
HUNGER TASK FORCE, INC.		39-1345847					
Part III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
- SUNRISE APARTMENTS - - 8750 W NATIONAL AVENUE - - WEST ALLIS, WI 53227				19,729.	FMV	FOOD	
- SURLow APARTMENTS - - 2940 N BARTLETT AVENUE - - MILWAUKEE, WI 53211				10,955.	FMV	FOOD	
- SUSSEX FOOD PANTRY - - N63W23626 SILVER SPRING DRIVE - - SUSSEX, WI 53089				6,583.	FMV	FOOD	
- SVDP - ST JAMES - - 9601 W SILVER SPRING DR - - MILWAUKEE, WI 53225	39-0806406		40,008.	193,186.	FMV	FOOD	
- THE COURTYARDS - - 12250 W NORTH AVENUE - - WAUWATOSA, WI 53226				9,927.	FMV	FOOD	
- THE GATHERING OF SE WI - - 804 E JUNEAU AVE - - MILWAUKEE, WI 53202	39-1891030		47,738.	64,075.	FMV	FOOD	
- THE SHARING CENTER - - 25700 WILMON RD, P.O. BOX 172 - - TREVER, WI 53179	39-1502706			5,618.	FMV	FOOD	
- TOSA COMMUNITY PANTRY - - 7474 HARWOOD AVE - - WAUWATOSA, WI 53213	39-1468045		6,306.	11,313.	FMV	FOOD	
- UMOS - - 2701 SOUTH CHASE AVE - - MILWAUKEE, WI 53207	39-1047172		52,097.	408,388.	FMV	FOOD	
- UNITED COMMUNITY CENTER - SEN - - 1028 S 9TH STREET - - MILWAUKEE, WI 53204	39-1146191			14,546.	FMV	FOOD	

TEEA4001L 07/12/13

Schedule I Cont (Form 990) 2013

Continuation Sheet for Schedule I (Form 990)

2013

Continuation Page 15 of 16

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization: HUNGER TASK FORCE, INC. Employer identification number: 39-1345847

Part III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED METHODIST CHILD 3940 W LISBON AVE MILWAUKEE, WI 53208	39-1030611		5,584.	165,391.	FMV	FOOD	
UNITED SOUTHSIDE EMERGENCY FO 209 W ORCHARD STREET MILWAUKEE, WI 53204	39-1592900			105,490.	FMV	FOOD	
UNITY COMMUNITY SOUP KITCHEN 1025 E OKLAHOMA AVENUE MILWAUKEE, WI 53215	39-1017387		5,331.	13,714.	FMV	FOOD	
UNITY MISSIONARY BAPTIST CHUR 3835 W FOND DU LAC AVE MILWAUKEE, WI 53216	39-1962742		6,524.	334,362.	FMV	FOOD	
WALKERS POINT YOUTH AND FAM 2030 W NATIONAL AVE MILWAUKEE, WI 53204	39-1247541		11,988.				
WALNUT PARK APARTMENTS 1551 N 9TH STREET MILWAUKEE, WI 53205				19,361.	FMV	FOOD	
WASHINGTON PARK SENIOR CENTER 3835 W FOND DU LAC AVENUE MILWAUKEE, WI 53216				28,538.	FMV	FOOD	
WEST ALLIS SENIOR CENTER 7001 W NATIONAL AVENUE WEST ALLIS, WI 53214				19,205.	FMV	FOOD	
WILKINSON MANOR 919 E SUMMIT AVENUE OCONOMOWOC, WI 53066				5,012.	FMV	FOOD	
WILSON SENIOR CENTER 2601 W HOWARD AVENUE MILWAUKEE, WI 53221				56,069.	FMV	FOOD	

Schedule I Cont (Form 990) 2013

TEEA4001L 07/12/13

2013

Continuation Page 16 of 16

► **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.**

Name of the organization

HUNGER TASK FORCE, INC.

Employer identification number

39-1345847

Part III	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

[illegible]

TEEA4001L 07/12/13

Schedule I Cont (Form 990) 2013

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

HUNGER TASK FORCE, INC.

Employer identification number

39-1345847

Part I Questions Regarding Compensation

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

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

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

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

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

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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

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

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

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

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If 'Yes' to line 6a or 6b, describe in Part III

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

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

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

Yes No

1 b

2

4 a

4 b

4 c

5 a

5 b

6 a

6 b

7

8

9

X

X

X

X

X

X

X

X

X

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	(iv) Other reportable compensation				
SHERRIE TUSSLER	(i)	(ii)	(iii)	(iv)	(C)	(D)	(E)	(F)
1 EXECUTIVE DIREC	181,065.00	0.00	0.00	0.00	6,764.00	12,631.00	200,460.00	0.00
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
BAA								

Part III

[illegible]

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545 0047

2013

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

HUNGER TASK FORCE, INC.

Employer identification number

39-1345847

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		21	112,367.	FMV
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		3,188,525	9,066,178.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MISCELLANEOUS _____)		4	16,965.	FMV
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 IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

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

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II.

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

	Yes	No
30 a		X
31		X
32 a		X
33		

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

Schedule M (Form 990) 2013

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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

HUNGER TASK FORCE, INC.

Employer identification number

39-1345847

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE BOARD REVIEWS AND THE TREASURER OF THE BOARD SIGNS FORM 990 PRIOR TO FILING

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ALL BOARD MEMBERS ARE COVERED UNDER THE CONFLICT OF INTEREST POLICY. CONFLICTS ARE

REVIEWED AT THE BOARD LEVEL. NO CONFLICTS HAVE BEEN IDENTIFIED. IF THERE WERE,

SUCH PERSONS WOULD BE PROHIBITED FROM PARTICIPATING IN RELATED DECISIONS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT

COMPENSATION SURVEY ACROSS ALL MANAGEMENT POSITIONS IN COMPARABLE ENTITIES WAS

ACQUIRED IN 2014.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

COMPENSATION SURVEY ACROSS ALL MANAGEMENT POSITIONS IN COMPARABLE ENTITIES WAS

ACQUIRED IN 2014.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

POSTED ON OWN WEBSITE

2013

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

HUNGER TASK FORCE, INC.

39-1345847

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2013	2012	2011	2010	2009
	\$ 30,072.	\$ 14,271.	\$ 40,377.	\$ 45,891.	\$ 26,609.
TOTAL	<u>\$ 30,072.</u>	<u>\$ 14,271.</u>	<u>\$ 40,377.</u>	<u>\$ 45,891.</u>	<u>\$ 26,609.</u>

Form **8868**

(Rev January 2014)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**► **File a separate application for each return.**► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

OMB No 1545 1709

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

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.***Enter filer's identifying number, see instructions**

Type or print	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	HUNGER TASK FORCE, INC.	39-1345847
	Number, street, and room or suite number. If a P.O. box, see instructions	Social security number (SSN)
	201 SOUTH HAWLEY COURT	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	MILWAUKEE, WI 53214	

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

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► LISA FELDMER

Telephone No ► 414-238-6480 Fax No ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 5/15, 20 15, to file the exempt organization return for the organization named above.
- The extension is for the organization's return for:

- ☐ calendar year 20 ____ or
- ☒ tax year beginning 10/01, 20 13, and ending 9/30, 20 14

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev 1-2014)

FIFZ0501L 12/31/13