** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047 Open to Public Inspection

ΑI	For the	2017 calendar year, or tax year beginning OCT 1, 2017 and	ending	SEP 30, 2018						
В	Check if applicable	C Name of organization		D Employer identifi	cation number					
	Addres	Food For The Hungry, Inc.								
	Name change	Doing business as		95-268	0390					
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	none number					
	Final return/	1224 E. Washington St.		800-24						
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	126,035,964.					
	Amend			H(a) Is this a group re	eturn					
	Application	F Name and address of principal officer:Gary Edmonds		for subordinates						
	pendin	same as C above	12	H(b) Are all subordinates in	ncluded? Yes No					
1	Tax-exe	mpt status	or 52	7 If "No," attach a	list (see instructions)					
		e: www.fh.org		H(c) Group exemptio						
K	Form of	organization: X Corporation Trust Association Other	∟ Yea	r of formation; 1971	A State of legal domicile: CA					
		Summary								
-	1	Briefly describe the organization's mission or most significant activities: Food F	or The H	ungry, Inc. is an						
Governance		organization of Christian motivation committed to helping th								
ř	`2	Check this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of mo	re than 25% of its net as	ssets.					
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	9					
<u>ح</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9					
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	213					
<u>vi</u>	6	Total number of volunteers (estimate if necessary)		6	739					
Activities &	7 a '	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.					
		Pr. : CETVED		Prior Year	Current Year					
<u> </u>	8	Contributions and grants (Part VIII, line 1h)		109,843,843.	125,821,698.					
en	9	Program service revenue (Part VIII, line 2g)	118,727.	76,024.						
Revenue	10	rves (Fer 2010 arr VIII, column (6 thes 201 and 7d)	52,324.	38,872.						
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	_	0.	0.					
		Total revenue - ad ্ ান্থ ও in bu ক ৌ 1 (must equal Part VIII, column (A), line 12)		110,014,894.	125,936,594.					
	13	Grants and similar amounte paid (Rant IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)	75,836,068.	85,700,169.						
	1		_	0.	0,					
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	F	13,871,982.	16,557,949.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	1,184,155.	2,567,563.					
X	_b	Total fundraising expenses (Part IX, column (D), line 25)	''90.	15 025 072	10 660 000					
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	15,035,073.	18,662,889.					
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-	105,927,278.	123,488,570.					
_ <u> </u>		Revenue less expenses Subtract line 18 from line 12		4,087,616.	2,448,024.					
ets or		F. I. J	<u>-</u>	eginning of Current Year 13,556,518.	End of Year 17,505,679.					
SSE	20	Total assets (Part X, line 16)	-	1,895,883.	3,137,572.					
Net Asse	21 22	Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20	-	11,660,635.	14,368,107.					
	art II	Signature Block		11,000,000.	22,500,207.					
		ties ot perjury, I declare that I have examined this return, including accompanying schedule	s and state	ments, and to the best of m	v knowledge and helief, it is					
		t, and complete. Declaration of preparer (other than officer) is based on all information of wi			, · · · · · · · · · · · · · · · · · · ·					
	,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
Sig	n	≤Signature of officer		Date						
Here Barry Gardner, CFO										
,		Type or print name and title			 					
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN					
Pai	d	red R. Batson, Jr. Led R. Batsa	\mathcal{L}	5/08/2019 If self-employ	ed P00721951					
	parer	Hrm's name	7/	Firm's EIN	36-3990892					
	Only	Prim's address 2435 Research Parkway, Suite 200								
	•	Colorado Springs, CO 80920		Phone no.719	-528-6225					
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)	_		X Yes No					
	001 11-2		ons.		Form 990 (2017)					





	1990 (2017) Food for the Hungry, Inc.	95-2680390	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		х
1	Briefly describe the organization's mission		
	Food For The Hungry, Inc. is an organization of Christian motivation		
	committed to helping the poor and needy throughout the world, by		
	generating cash and in-kind gifts, and fostering world hunger advocacy		
	in the United States.		
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	X 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	X 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 expense	ıs.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
	revenue, if any, for each program service reported.	o, and total expended,	u
4a	(Code) (Expenses \$ 42,352,933. including grants of \$ 40,527,561.) (Revenue	- · ·	
70	General Relief And Development Program -		—— <i>'</i>
	Under the umbrella of Child-Focused Community Transformation emergency		
	relief and rehabilitation, clean-water and sanitation projects, health		
	education and intervention, agriculture development, income generation,		
	life-skills training, and education programs are conducted around the	· ·	
	world in developing countries and specifically in the hard places among		
	the poorest of the poor. Over 3 million have been helped this past		
	year through these programs.		
		···· -	
4b	(Code) (Expenses \$ 33,721,010. including grants of \$ 24,385,008.) (Revenue	e \$)
	Child Sponsorship Program -		
	Through a community development model, monthly sponsorship equips		
	families to address the nutrition, clothing, health, and spiritual		
	needs of a child. Because the programs are family and community based,		
	gifts help the entire family and community. Currently there are over		
	125,000 sponsored children in 17 countries around the world. These		
	countries are Bolivia, Peru, Dominican Republic, Haiti, Guatemala,		
	Nicaragua, Burundi, Uganda, Rwanda, Ethiopia, Kenya, Mozambique,		
	Cambodia, Bangladesh, Indonesia, Philippines, and India.		
4c	(Code) (Expenses \$19,956,936. including grants of \$19,956,936.) (Revenue)	e\$)
	Gifts In Kind Program -		
	Non-monetary donations, called "gifts-in-kind", including but not		
	limited to, food, seeds, clothing, medical supplies, and		
	pharmaceuticals are sought and integrated in FH relief, rehabilitation,		
	and development programs. These donations are matched with the needs		
	of field locations as well as other agencies. Through all our donated		
	pharmaceuticals, water filtration units, hope packs, medical supplies		
	and other smaller gifts in kind, we have been privileged to serve		
	millions of the poorest of the poor around the world. Countries to		
	which we have shipped these donations are Bolivia, Peru, Dominican		
	Republic, Haiti, Guatemala, Nicaragua, Burundi, Uganda, Rwanda,		
	Ethiopia, Kenya, Mozambique, Cambodia, Bangladesh, Indonesia,		
44	Other program services (Describe in Schedule O)		
74	020 665) (76,024.)	
40	07.005.000		

Form 990 (2017) Food For The Hungr 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	- - -		<u> </u>
	public office? If "Yes," complete Schedule C, Part I	3		х
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	х	
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		х
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		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			ļ
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
_	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
a	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	ı ıa		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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	11c	х	
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	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	х	х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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	1-70		 -
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
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	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		х
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

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Form 990 (2017) Food For The Hungry, Inc.

Part IV Checklist of Required Schedules (continued)

			Yes	No
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	Х	ļ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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)	00-		x
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	-	x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive more than \$25,000 in normal reason contributions of art, historical treasures, or other similar assets, or qualified conservation	 		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	<u> </u>		
•	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
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	38	990 /	<u> </u>
			MUIT	ハイカ

Form	990 (2017) Food For The Hungry, Inc.		95-2680390		P	age \$
Par	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	111			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and		e gaming			
·	(gambling) winnings to prize winners?	сропавк	c garriirig	1c		
0-		1 1		10		
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		213			
	filed for the calendar year ending with or within the year covered by this return	2a	213		- <u>-</u>	ļ
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the control of t			2b_		-
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	is)				l- <u></u> -
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_		3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		Ь_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	•	·			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)	12	4a		X
b	If "Yes," enter the name of the foreign country: ▶					İ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	•		5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-	action?		5b		х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		·	50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he organi	zation solicit			
	any contributions that were not tax deductible as charitable contributions?	•		6a		x
ь	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions or o	ufts			
	were not tax deductible?		,	6b		
7	Organizations that may receive deductible contributions under section 170(c).					<u> </u>
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ervices pro	vided to the payor?	7a		×
_	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	vas reduir	red			
_	to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit)	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F		ac required?	7g		
			· '	79 7h		\vdash
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations maintaining donor advised funds. Did a donor advised fund maintainer		a romi 1096-C	/11		
		a by the				
_	sponsoring organization have excess business holdings at any time during the year?			8		├
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter	امدا				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter	11				
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in lieu of Form		ļ	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		Į	13a		
	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c				<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b		

Form 990 (2017)

Food For The Hungry, Inc.

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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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	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.			'
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
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	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).]
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	_		}
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AK, AZ, FL, GA, IN, KY, MA, MD, MI, MN, MS, NC			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Barry Gardner, CFO - 800-248-6437			
	1224 E. Washington St. Phoenix AZ 85034-1102			

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than c box, unless person is both officer and a director/trust				than	one th an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Indiwdual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Larry Jones	1.00									
Board Member/Board Chair	1,00	х		Х	L.,	oxdot	<u> </u>	0.	0.	0.
(2) Peter Mogan	1.00	l							. 1	
Board Vice-Chair	1.00	Х	<u> </u>	Х	<u> </u>	<u> </u>	├	0.	0.	0.
(3) Francoise Andre	1.00	۱		١					_	_
Board Member/Secretary	1.00	<u> </u>	<u> </u>	х	_	₩	\vdash	0.	0.	0.
(4) Jeanie Dassow, MD	1,00	 								_
Board Member (5) Steven Corbett	1.00	X	-	<u> </u>			-	0.	0.	0.
Board Member	1.00	Į,						0.	0.	
(6) Paul Graves	1.00	^	\vdash	┝	-	├—	\vdash	0.	0.	0.
Board Member	1.00	Į,	1					0.	0.	0
(7) Me. Cir Donnah Kamashazi Gasana	1,00	Ĥ	⊢		⊢	⊢	\vdash	0.	0.	0.
Board Member	1.00	v			Ì			0.	0.	0.
(8) Alan Holmer	1.00	Ë	\vdash		\vdash	\vdash	\vdash		.	••
Board Member	1.00	x]		0.	0.	0.
(9) Kim Mizuno	1.00	 	\vdash		\vdash	 	<u> </u>	•		•••
Board Member	1.00	x			•			0.	0.	0.
(10) Gary Edmonds	40.00	\vdash	\vdash	<u> </u>	┢	-				_
CEO	2.00	1		x				224,439.	0.	24,005.
(11) Barry Gardner	40.00							, -		, -
CFO	2.00	1		х				147,600.	0.	21,071.
(12) Luis Noda	40.00									, ,
VP-Transformational Engage	2.00	1			х			182,626.	0.	20,295.
(13) Michael Meyers	40.00	T							_	·
Chief Development Officer		1			x			152,085.	0.	23,718.
(14) Peter Howard	40.00									
Chief Int'l Operations Officer		L			L	x		133,111.	0.	21,540.
(15) Shep Owen	40.00									
Sr Dır Relief/Humanitarıan						х		142,349.	0.	23,233.
(16) Maria McCulley	40.00				[
Chief Public Dev. & Strategic		L	L	L		х	L	103,303.	0.	21,726.
(17) Craig Jaggers	40.00									
Regional Deputy Director Africa					<u> </u>	х		185,563.	0.	3,491.

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

Page 8

(A) Name and title	Average hours per week (do not check more than one box, unless person is both an officer and a director/trustee)							, , , , , , , , , , , , , , , , , , , ,			on amount of			
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	s	fr org an	other pensation the anizate anizate	ation e tion ted	
					\vdash		┢							
		_	_	ļ	-	▙								
-								1						
			_		_	_	_							
							L	1,271,076.		0.		150	070	
1b Sub-total c Total from continuation sheets to Part V	II. Section A							0.		0.		133	,079. 0.	
d Total (add lines 1b and 1c)							<u> </u>	1,271,076.		٥.		159	079.	
2 Total number of individuals (including but r	ot limited to th	ose	liste	ed al	bove	e) wl	no r	eceived more than \$100	,000 of reportabl	е			8	
compensation from the organization												Yes	No	
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	-	uste	e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on		3		x	
4 For any individual listed on line 1a, is the st	ım of reportab								the organization	Í				
and related organizations greater than \$15Did any person listed on line 1a receive or a									dual for services		4	х		
rendered to the organization? If "Yes," com	•				-		Ciai		dual for scivious		5		х	
Section B. Independent Contractors														
 Complete this table for your five highest co the organization. Report compensation for 	•								•	ipens	ation t	rom		
(A)	are caleridar y	Cai .	cria	<u> </u>	*11.11	<u> </u>		(B)			((
Name and business	address						4	Description of s	ervices		ompe	nsatio	'n	
Awakening Events, Inc. 1025 Front St., Ste 1, Conway, AR 72	032							Promoter			3	971	740.	
A Time to Speak, LLC, 4317 Gallant R		_												
Drive, Franklin, TN 37064							_	Promoter			1	,139	280.	
Inspire Live, LLC 6830 Northfork Drive, Lincoln, NE 68	516							Promoter				737	660.	
33 Miles Touring Inc.		-					\dashv						<u> </u>	
PO Box 53, Arrington, TN 37014								Artist				667	400.	

Total number of independent contractors (including but not limited to those listed above) who received more than

487,575.

Fundraising Consultant

BBS & Associates, 130 Springside Drive,

\$100,000 of compensation from the organization

Suite 200, Akron, OH 44333

Form 990 (2017)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under sections 512 - 514 Related or Total revenue Unrelated exempt function business revenue revenue 170,419. ibutions, Gifts, Grants ther Similar Amounts 1 a Federated campaigns 1b **b** Membership dues c Fundraising events 1c 337,978, d Related organizations 1d 52,568,540, e Government grants (contributions) 1e f All other contributions, gifts, grants, and other Other 72,744,761. similar amounts not included above 1f 19,956,936 g Noncash contributions included in lines 1a-1f \$ 125,821,698 Total. Add lines 1a-1f Business Code 900099 67,369 67,369 2 a Event Registration Fee 900099 8,655 8,655 All other program service revenue 76,024 Total. Add lines 2a-2f Investment income (including dividends, interest, and 39,240 39,240. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 98,367. 635 assets other than inventory b Less cost or other basis 99,370. 0 and sales expenses <1,003. 635 c Gain or (loss) <368 d Net gain or (loss) <368.> 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c) See Part IV. line 18 Other b Less. direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 125,936,594. 76,024. 0. 38,872.

95-2680390

Form 990 (2017) Food For The Hungry,
Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must co	mplete column (A)	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	21,623.	21,623.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	85,678,546.	85,678,546.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		-		
	trustees, and key employees	794,067.		607,092.	186,975
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	10 602 206	6 707 407	0.350.001	2 (02 00
7	Other salaries and wages	12,683,396.	6,727,427.	2,352,701.	3,603,268
8	Pension plan accruals and contributions (include	, 262 523	205 074	42 516	00 143
_	section 401(k) and 403(b) employer contributions)	367,533.	225,874.	43,516.	98,143
9	Other employee benefits	1,785,631. 927,322.	824,220. 450,941.	418,064. 202,786.	543,347 273,595
10	Payroll taxes	321,322.	430,941.	202,700.	2/3,393
11	Fees for services (non-employees)				
a		67,531.	25,270.	17,708.	24,553
b	· · ·	164,460.	83,410.	81,050.	24,333
	Accounting	104,400.	05,410.		
a	Lobbying Professional fundraising services. See Part IV, line 17	2,567,563.			2,567,563
•	Investment management fees	2,507,503.			2,301,303
g					
9	column (A) amount, list line 11g expenses on Sch O.)	678,054.	477,521.	87,587.	112,946
12	Advertising and promotion	10,356,262.	268,155.		10,088,107
13	Office expenses	2,364,446.	252,090.	1,438,644.	673,712
14	Information technology	112,572.	90,234.	22,338.	
15	Royalties				
16	Occupancy	582,308.	308,193.	208,889.	65,226
17	Travel	1,901,428.	1,185,200.	206,809.	509,419
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			1	
19	Conferences, conventions, and meetings	161,267.	104,685.	16,484.	40,098
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	268,066.	294.	267,772.	
23	Insurance	176,959.		176,959.	
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 0.)				
а	Equipment/Repairs	737,871.	199,881.	361,407.	176,583
b	Bad Debt	635,580.			635,580
c	Dues & Memberships	172,061.	52,815.	82,340.	36,906
d	Training Expenses	79,826.	57,187.	13,452.	9,187
e	All other expenses	204,198.	192,236.	1,380.	10,582
25	Total functional expenses. Add lines 1 through 24e	123,488,570.	97,225,802.	6,606,978.	19,655,790
26	Joint costs. Complete this line only if the organization		•		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2017)
Part X Balance Sheet

rar	t X	Balance Sheet					- 1 1
	_	Check if Schedule O contains a response or not	e to a	ny line in this Part X	(A)		
		•		•	(A) Beginning of year		(B) End of year
- 1	1	Cash - non-interest-bearing		L	2,978,888.	1	3,232,685
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net -		692,294.	3	1,321,154	
	4	Accounts receivable, net			4		
ı	5	Loans and other receivables from current and for	officers, directors,				
		trustees, key employees, and highest compensation					
		Part II of Schedule L			5		
	6	Loans and other receivables from other disquali	rsons (as defined under				
l		section 4958(f)(1)), persons described in section	(c)(3)(B), and contributing				
		employers and sponsoring organizations of sections	1(c)(9) voluntary				
2		employees' beneficiary organizations (see instr)	Comp	lete Part II of Sch L		6	
	7	Notes and loans receivable, net			4,534.	7	53,405
۱ ۲	8	Inventories for sale or use				8	50,000
	9	Prepaid expenses and deferred charges			1,743,320.	9	831,334
	10a	Land, buildings, and equipment cost or other					
		basis Complete Part VI of Schedule D	10a	8,160,618.			
	b	Less accumulated depreciation	10b	3,263,919.	1,214,656.	10c	4,896,699
	11	Investments - publicly traded securities		1,265,345.	11	1,381,347	
	12	Investments - other securities See Part IV, line		12			
	13	Investments - program-related See Part IV, line	11		4,295,604.	13	4,295,604
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11		1,361,877.	15	1,443,451	
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	13,556,518.	16	17,505,679
	17	Accounts payable and accrued expenses			1,036,392.	17	1,225,889
	18	Grants payable			268,137.	18	1,057,776
	19	Deferred revenue				19	74,716
	20	Tax-exempt bond liabilities				20	•
	21	Escrow or custodial account liability Complete	of Schedule D		21		
3	22	Loans and other payables to current and former	office	rs, directors, trustees,		,	
		key employees, highest compensated employee	s, and	disqualified persons			
Liabilities		Complete Part II of Schedule L				22	
د	23	Secured mortgages and notes payable to unrela	ited th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24) Complete Part X of			
		Schedule D			591,354.	25	779,191
	26	Total liabilities. Add lines 17 through 25			1,895,883.	26	3,137,572
		Organizations that follow SFAS 117 (ASC 958), che	k here X and			
3		complete lines 27 through 29, and lines 33 an	d 34.	1.			
	27	Unrestricted net assets			6,482,299.	27	7,695,504
	28	Temporarily restricted net assets		4,678,336.	28	6,172,603	
	29	Permanently restricted net assets	Γ	500,000.	29	500,000	
•		Organizations that do not follow SFAS 117 (A	SC 95	B), check here ▶ 🔲 📗			
5		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 ed	uipme	nt fund		31	
;	32	Retained earnings, endowment, accumulated in	•	<u> </u>		32	
ا ؛	33	Total net assets or fund balances	-,	·	11,660,635.	33	14,368,107
	34	Total liabilities and net assets/fund balances			13,556,518,	34	17,505,679

Fo <u>rm</u>	990 (2017) Food For The Hungry, Inc.	95-2680390		Pa	ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part Xi				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,936	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,488	
3	Revenue less expenses Subtract line 2 from line 1	3		<u>- </u>	024.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11		635.
5	Net unrealized gains (losses) on investments	5		182	010.
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		77,	438.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	14	,368	,107.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	٥.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				,
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			t
	consolidated basis, or both				
	Separate basis				
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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Audıt		_	
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X	
			Form	990 ((2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public

Employer identification number

Food For The Hungry, Inc. 95-2680390 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 | section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | x | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 L An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (III) Type of organization (iv) is the organization listed (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) **Total**

Schedule A (Form 990 or 990-EZ) 2017 Food For The Hungry, Inc.	95	-2680390	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any addition (See instructions)	and Sed,	2, Part IV, Section B, line 1e, P	n C,
Schedule A, Part II, Line 10, Explanation for Other Income:		_	<u> </u>
Sales tax refund settlement			
2014 Amount: \$ 7,790.			
Credit card rebates			
2014 Amount: \$ 1,310.			
			
•			
-			

Page 2

Schedule A (Form 990 or 990-EZ) 2017 Food For The Hungry, Inc.

95-2680390

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)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	85,404,206.	85,469,071.	114,570,951.	109,843,843.	125,821,698.	521,109,769.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf		_				·
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	85,404,206.	85,469,071.	114,570,951.	109,843,843.	125,821,698.	521,109,769.
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)						31,631,445.
_	Public support. Subtract line 5 from line 4						489,478,324.
$\overline{}$	ction B. Total Support			,			
Cale	indar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	85,404,206.	85,469,071.	114,570,951.	109,843,843.	125,821,698.	521,109,769.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		-				
	and income from similar sources	71,011.	51,718.	39,958.	52,196.	39,240.	254,123.
9	Net income from unrelated business				•		
	activities, whether or not the			- •			
	business is regularly carried on			,			<u>'</u>
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)		9,100.				9,100.
	Total support. Add lines 7 through 10						521,372,992.
	Gross receipts from related activities,	•	•			12	408,643.
13	First five years. If the Form 990 is for	=	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	. \Box
20	organization, check this box and storection C. Computation of Publ		rcentage				<u> </u>
						441	93,88 %
	Public support percentage for 2017 (I			column (1))		14	
	Public support percentage from 2016			a loss 12 and loss	14 :- 22 1/20/	15	
102	33 1/3% support test - 2017. If the c				14 IS 33 1/370 OF II	iore, check this bo	x and ▶ x
	stop here. The organization qualifies 33 1/3% support test - 2016. If the o				Uno 15 is 22 1/20/	or more, check th	_
					i iii le 13 is 33 i/370	or more, check ii	IIS DOX ►
47.	and stop here. The organization qual 10% -facts-and-circumstances tes				12 162 or 16b	nd line 14 is 10%	or more
1/6	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	· ·	t viriow the organ	■ ■
	10% -facts-and-circumstances tes	_	•		_	17a and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶ □
12	Private foundation. If the organization						
	Trivate roundation. If the organization	in did not offect a l	55X 511 III 16_10, 10	٠, ١٥٥, ١١۵, ١١١		dule A (Form 990	

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

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						<i>j</i>
	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 bus- iness under section 513					· /	
4	Tax revenues levied for the organ- ization'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						
7:	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ı	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						
•	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)			<u></u>			
Se	ction B. Total Support					-	
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10:	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
1	o Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	ſ					
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is fo	r the organization's	L s first second thir	d fourth or fifth to	ay year as a sectio	n 501(c)(3) organia	ration
• •	check this box and stop here		or, second, till	_, or mut to	, our as a scotto	30 (O)(O) Organiz	
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2017 (column (fl)		15	<u></u> %
16				Soldinar (i))		16	
	ction D. Computation of Inve						
	Investment income percentage for 20			ne 13 column (fl)		17	%
	Investment income percentage from			10, colui III (I <i>))</i>		18	
	a 33 1/3% support tests - 2017. If the	-	=	on line 14, and line	15 is more than 3		
131	more than 33 1/3%, check this box a	•				•	a not ⊾
1	b 33 1/3% support tests - 2016. If the		•				and
	line 18 is not more than 33 1/3%, che	eck this box andst	op here. The orga	nization qualifies a	s a publicly suppo	orted organization	▶∐
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	ns box and see ins	structions	<u> </u>

Part IV | Supporting Organizations

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

Section A.	All	Supporting	Organi	izations
------------	-----	------------	--------	----------

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

	Yes	No
 1		
2		
3a		
3b	-	
3c		
4a		
4b		1
-10		
 4c	~	
		:
5a		
- 5b		-
5c		
6	-	,
7		- 1
8	_	J
•		
9a		,
9b		
9c		
10a	_	
 10b	-	

Га	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		- .	
	below, the governing body of a supported organization?	11a	<u> </u>	↓
	A family member of a person described in (a) above?	11b		ļ
	A 35% controlled entity of a person described in (a) or (b) above?//f "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	
Sec	tion B. Type I Supporting Organizations			
	Dilling described described as a second of the second of t		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		├
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization	2		L
Sec	tion C. Type II Supporting Organizations			T
4	Ware a majority of the organization's dispotent or trustees during the territory also a majority of the dispotent		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
500	tion D. All Type III Supporting Organizations	1		<u> </u>
<u> </u>	tion B. All Type III Supporting Organizations		V	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>	-	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	 -i	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
	significant voice in the organization's investment policies and in directing the use of the organization's			ĺ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	்		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions			
· a	The organization satisfied the Activities Test Complete line 2 below	:•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	taictions	-1	
2	Activities Test Answer (a) and (b) below.	liuctions	Yes	No
- a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined			1
	that these activities constituted substantially all of its activities	2a		
ь			\vdash	\vdash
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			l
	reasons for the organization's position that its supported organization(s) would have engaged in these			l
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.		$\vdash \dashv$	
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			l
a	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov 20, 1970 (explain in	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5′	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Mınimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d	•	
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6	,	
7	Recoveries of prior-year distributions	7		iii ii
8	Minimum Asset Amount (add line 7 to line 6)	8	·	
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	· · · · · · · · · · · · · · · · · · ·	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionall	y integra	ated Type III supporting org	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2017

[Fai		(a)(3) Supporting Org	anizations (continued)	
	ion D - Distributions		· · · · · · · · · · · · · · · · · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	ns		
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI) See instructions.			
	Total annual distributions. Add lines 1 through 6			<u> </u>
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI) See instructions.			
9_	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		· · · · · · · · · · · · · · · · · · ·	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI) See instructions.			
3	Excess distributions carryover, if any, to 2017			
a	}		, , ,	
<u>b</u>	From 2013			
c	From 2014			
<u>d</u>	From 2015	_		
<u>e</u>	From 2016			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
<u>_i</u>	Carryover from 2012 not applied (see instructions)			
<u>j</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D,			
	line 7 \$			
<u>a</u>	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2017 distributable amount			
<u>c</u>	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3 _j	•		
	and 4c			
8	Breakdown of line 7			
a	Excess from 2013			
<u>b</u>	Excess from 2014			
c	Excess from 2015			
<u>d</u>	Excess from 2016			
е	Excess from 2017			
	· · · · · · · · · · · · · · · · · · ·			

Schedule A (Form 990 or 990-EZ) 2017

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

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.

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

2017
Open to Public

Inspection

If the organization answered "Yes," on 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," on 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-B.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• ;	Section 501(c)(4), (5), or (6) organiza	itions Complete Part III.			
	ne of organization	· · · · · · · · · · · · · · · · · · ·		Emp	oloyer identification number
		he Hungry, Inc.			95-2680390
Pa	art I-A Complete if the org	ganization is exempt un	der section 501(c)	or is a section 527	organization.
				· <u>-</u>	
1	Provide a description of the organia	zation's direct and indirect politi	cal campaign activities	in Part IV.	
2	Political campaign activity expendi	tures		▶:	\$
3	Volunteer hours for political campa	ign activities			
Pa	art I-B Complete if the or	ganization is exempt un	der section 501(c)(3).	
1				▶;	\$
2	Enter the amount of any excise tax	incurred by organization manag	gers under section 495	5 ▶ 9	\$
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	o for this year?		Yes No
4a	Was a correction made?				🔲 Yes 🔲 No
b	If "Yes," describe in Part IV				
Pa	art I-C Complete if the org	ganization is exempt un	der section 501(c)	, except section 501	(c)(3).
1	Enter the amount directly expende	d by the filing organization for se	ection 527 exempt fund	ction activities	\$
2	Enter the amount of the filing organ	nization's funds contributed to o	ther organizations for s		
	exempt function activities		<u>-</u>	▶:	\$
3	Total exempt function expenditures	s 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
	Enter the names, addresses and er	•	EIN) of all section 527 p	olitical organizations to whi	
	made payments For each organiza				
	contributions received that were pr	· ·	• •		•
	political action committee (PAC) If	additional space is needed, pro	vide information in Par	t IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(0)	(2) 120 200	(0, 5	filing organization's	contributions received and
				funds. If none, enter -0-	promptly and directly
					delivered to a separate political organization
					If none, enter -0-
				 	
				-	
					
					
		<u> </u>			
			1		

Schedule C (Form 990 or 990-EZ) 2017	Food For	The Hung	gry, Inc.		95-26	80390 Page
Part II-A Complete if the org	anizatio	on is exer	npt under sectio	n 501(c)(3) and fil	ed Form 5768 (e	election under
section 501(h)).						1
A Check ► if the filing organiza	tion belon	gs to an affi	liated group (and list in	Part IV each affiliated	group member's na	me, address, EIN,
expenses, and shar	e of exces	ss lobbying (expenditures)			
B Check 🕨 🔲 if the filing organiza	tion check	ed box A ar	nd "limited control" pro	ovisions apply.		
Limit	te on Loh	bying Expe	nditures '		(a) Filing	(b) Affiliated group
			ints paid or incurred.)	organization's totals	totals
1a Total lobbying expenditures to influ						· ·
b Total lobbying expenditures to influ		_	dy (direct lobbying)	ļ		
c Total lobbying expenditures (add li		d 1b)				-
d Other exempt purpose expenditure					 	<u> </u>
e Total exempt purpose expenditure					-	
f Lobbying nontaxable amount. Enter						
If the amount on line 1e, column (a) o	r (D) is:		bying nontaxable am			
Not over \$500,000			the amount on line 1e			
Over \$500,000 but not over \$1,000			0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5			0 plus 10% of the exc			
Over \$1,500,000 but not over \$17,	000,000		0 plus 5% of the exce			
Over \$17,000,000		\$1,000,0	000			
g Grassroots nontaxable amount (en	tor 25% o	f line 16				
h Subtract line 1g from line 1a If zero		•				
i Subtract line 1f from line 1c If zero			``			
j If there is an amount other than ze	•		line 1. did the organiz	ι ation file Form 4720		
reporting section 4911 tax for this		31 11110 1111 01	into ti, dia tito organiz	4.0		Yes N
roporting bootion for tax or time	704.	4-Year Ave	eraging Period Under	section 501(h)		
(Some organizations the	nat made				of the five columns	below.
	Se	e the separa	ate instructions for li	nes 2a through 2f.)		-
	Lob	bying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year						, ,
(or fiscal year beginning in)	(a)	2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount						ļ
b Lobbying ceiling amount						
(150% of line 2a, column(e))						+
a Tatal labbung award tura						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						1.
(150% of line 2d, column (e))						
(100)00	-					<u> </u>
f Grassroots lobbying expenditures	•			·		

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 Food For The Hungry, Inc. 95-2680390 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 ea	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(6	a)	-	(b)
	e lobbying activity.	Yes	•	No	Am	ount
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					
а	Volunteers? .		L	x		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			X		
C	Media advertisements?		_	X		
d	Mailings to members, legislators, or the public?			х		
e	Publications, or published or broadcast statements?			Х		
f	Grants to other organizations for lobbying purposes?			Х		
_	Direct contact with legislators, their staffs, government officials, or a legislative body?			X		_
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			Х		
	Other activities?	Х				10,000
	Total. Add lines 1c through 1i	<u> </u>				10,000
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	L	<u> </u>	x		_
	If "Yes," enter the amount of any tax incurred under section 4912	1	ŀ			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
<u>d</u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		<u> </u>			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c)	(5),	or se	ection	
					Yes	No
์ 1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from	the prior yea	r?	3		
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	tical				
	expenses for which the section 527(f) tax was paid).					
а	Current year		ļ	2a		
b	Carryover from last year			2b		
С	Total			2c		
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 ex-	cess				
	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					
Provid	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	p list), Part II	-A, lır	nes 1 a	nd 2 (see	
ınstru	ctions), and Part II-B, line 1. Also, complete this part for any additional information				·	
Part	II-B, Line 1, Lobbying Activities:					
11 0	ther activities - Food for the Hungry, Inc. pays dues to an					
orga	nization that engages in lobbying around poverty.					
					<u> </u>	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Nam	e of the organization Food For The Hungry, Inc.		95-2680390
Pai		ed Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, III		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis-	ed funds
•	are the organization's property, subject to the organization's	· · · · · ·	Yes No
6	Did the organization inform all grantees, donors, and donor		
Ü	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?	or defici devicer, or for any enter purposes	Yes No
Pai		ganization answered "Yes" on Form 990, F	
1	Purpose(s) of conservation easements held by the organizat	- 	
•	Preservation of land for public use (e.g., recreation or		orically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified 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
а	Total number of conservation easements		2a
-	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic st	ructure included in (a)	2c
	Number of conservation easements included in (c) acquired	• •	ire
	listed in the National Register	•	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax
	year▶		3
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	ervation easements during the year
	•		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservat	tion easements during the year
	▶ \$	-	
8	Does each conservation easement reported on line 2(d) abo	ove 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	tion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements		
Pai	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	chibition, education, or research in furtherar	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	
-	the following amounts required to be reported under SFAS		-
а	Revenue included on Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , ,	▶ \$
- -	Assats included in Form 990. Part Y		•

			Hungry, Inc.						95-2680		Page 2
Par	rt III Organizations Maint	aining Col	lections of A	rt, Hist	torical Tr	easures, (or Oth	er Sim	ilar Asse	ts(continu	ed)
3	Using the organization's acquisition	n, accession,	and other record	ls, checl	k any of the	following tha	at are a s	significai	nt use of its	collection	rtems
	(check all that apply)										
а	Public exhibition		d		Loan or exc	hange progra	ams				
b											
C											
4	Provide a description of the organ	zation's collec	ctions and explair	n how th	ney further tl	ne organizati	on's exe	empt pu	rpose in Pa	rt XIII	
5	During the year, did the organization	on solicit or re	ceive donations	of art, hi	storical trea	sures, or oth	er sımıla	ır assets	;		
	to be sold to raise funds rather that									Yes	No_
Par	art IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount on For	m 990, Part X	, line 21								
1a	Is the organization an agent, truste	e, custodian	or other intermed	liary for	contribution	s or other as	sets no	t include	ed	_	
	on Form 990, Part X?									Yes	☐ No
b	If "Yes," explain the arrangement i	n Part XIII and	d complete the fo	llowing t	table						
										Amount	
С	Beginning balance							1c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an arr	ount on Form	n 990, Part X, line	21, for 6	escrow or cu	istodial acco	ount liab	ılıty?		Yes	No No
b	If "Yes," explain the arrangement i										
Par	rt V Endowment Funds.	Complete if the	e organization an	swered	"Yes" on Fo	rm 990, Parl	IV, line	10			
		<u>(a</u>	a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Thre	e years back	(e) Four y	ears back
1a	Beginning of year balance		1,255,248.	1	,150,827.	1,08	2,394.	1	,144,527,	1,0	63,162.
b	Contributions										
С	Net investment earnings, gains, ar	nd losses	187,603.		163,621.	12	3,057.		<1,509.	- 1	36,865.
d	Grants or scholarships		66,840.		59,200.	5-	4,624.		60,624.		55,500.
е	Other expenditures for facilities						-				
	and programs										
f	Administrative expenses										
g	End of year balance		1,376,011.	1	,255,248.	1,15	0,827.	1	,082,394.	1,1	44,527.
2	Provide the estimated percentage	of the current	year end balanc	e (line 1	g, column (a)) held as:					
а	Board designated or quasi-endow	ment >		%							
b	Permanent endowment	36.34	%	_							
c	Temporarily restricted endowment	63	3.66 %								
	The percentages on lines 2a, 2b, a	ind 2c should	equal 100%								
За	Are there endowment funds not in	the possession	on of the organiza	ation tha	at are held a	nd administe	ered for t	he orga	nization		
	by									Y	'es No
	(i) unrelated organizations									3a(i)	х
	(ii) related organizations									3a(ii)	х
b	If "Yes" on line 3a(ii), are the relate	d organization	ns listed as requir	ed on S	chedule R?					3b	
4	Describe in Part XIII the intended i	uses of the org	ganization's endo	wment t	funds						
Par	rt VI Land, Buildings, and	Equipmen	nt.								
	Complete if the organization	n answered "\	es" on Form 990), Part IV	/, line 11a S	ee Form 990), Part X	, line 10.			
	Description of property	<u> </u>	(a) Cost or of	ther	(b) Cost	or other	(c) A	ccumula	ated	(d) Book v	value
			basis (investri	nent)	basis (other)	de	preciation	on		
1a	Land					168,851.				1	.68,851.
b	Buildings		3,568	3,560.	1	,921,239.		1,12	0,702.	4,3	69,097.
С	Leasehold improvements										
d	Equipment				1	,660,432.		1,32	7,590.	3	32,842.
е	Other					841,536.		81	5,627.		25,909.
Total	I. Add lines 1a through 1e (Column	(d) must equa	l Form 990, Part	X, colun	nn (B), line 1	0c)				4,8	96,699.

	(Form 990) 2017 Food For The Hung	gry, Inc.		95-	2680390	Page 3
Part VII	J					
1 h Deserve	Complete if the organization answered "Yes"					
	ption of security or category (including name of security)	(b) Book value	(c) Method of v	valuation Cost or end	l-of-year marke	t value
•	ial derivatives					
-	r-held equity interests					
3) Other						
(A)		 				
(B)		 				
(C)		+				
(D)		 				
(E)		 				
<u>(F)</u>						
(G)		+				
(H)	(b) must equal Form 990, Part X, col. (B) line 12.)	-				
	I Investments - Program Related.	1				
Fait viii	-	Earm 900 Part IV	/ line 110 See Form 000	Dort V line 12		
	Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		valuation Cost or end	I-of-vear marke	t value
/4) Tn:	vestment in affiliate companies	4,295,	 	Market Value		
	VESCUENC IN GITTING COMPANIE.	-,,		Market (2225		
(2) (3)						
(4)		 				
(5)		+				
(6)						
(7)		†				
(8)		†				
(9)		 				
	(b) must equal Form 990, Part X, col. (B) line 13.)	4,295,	604.			
Part IX	Other Assets.					
	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11d See Form 990,	Part X, line 15.		
	(a)	Description			(b) Book	value
(1) Anı	nuity assets & reinsurance contract				1,	,211,090.
(2) Ca	sh surrender value of life insurance	e				232,361.
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	umn (b) must equal Form 990, Part X, col (B) lin	e 15)		▶	1,	,443,451.
Part X	Other Liabilities.					
	Complete if the organization answered "Yes"	on Form 990, Part IV		n 990, Part X, line 25		
1	(a) Description of liability		(b) Book value]		
	deral income taxes			1		
	nuity obligations		586,848.			
	tercompany payable		192,343.	1		
(4)	·]		
(5)]		
(6)]		
(7)]		
(8)]		

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 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

Sche	dule D (Form 990) 2017 Food For The Hungry, Inc.		95-2680390	Page 4
Par		nents With Rev		. ugu -
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a	•	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
	Other (Describe in Part XIII)	2d		
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII)	4b		
	Add lines 4a and 4b		4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
	t XII Reconciliation of Expenses per Audited Financial State	ments With Ex		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		,	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
	Donated services and use of facilities	2a		
	Prior year adjustments	2b		
	Other losses	2c		
	Other (Describe in Part XIII)	2d		
	Add lines 2a through 2d	_ <u>Zu</u>		
_	•		2e	
3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1	الما	l i	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII)	4b		
_	Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any a			,
Part	V, line 4:			
The	primary purpose of the organization's endowment funds is to p	provide		
chil	d development program students with vocational training or se	econdary		
scho	oling scholarship assistance. The vision is for them to comp	olete a		
degr	ee of education that will adequately allow them to develop the	neir		
capa	cities and prepare them to fulfill their role and purpose in	their		
famı	ly and community, finishing with the tools they need to live	a good		

life.

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

2017
Open to Public Inspection

Employer identification number Name of the organization 95-2680390 Food For The Hungry, Inc. General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the **United States** 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total (a) Region (b) Number of expenditures employees, agents, and offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent contractors investments recipients located in the region) of service(s) in the region in the region in the region Grants to recipients in region 63,182,789. Sub-Saharan Africa Monitor and evaluation 11 of all programs 1,367,208. Sub-Saharan Africa Program services Grants to recipient in Central America and the Caribbean region 7,612,184. Monitor and evaluation of all programs 423,983. South America Program services Grants to recipient in 10,261,604. region South America

Grants to recipients in

Grants to recipients in

Program services

0

0

20

0

20

region

region

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

Schedule F (Form 990) 2017

Monitor and evaluation

of all programs

2,816,255.

214,885.

1,701,894.

87,580,802.

4,399,424.

91,980,226.

East Asia and the

East Asia and the

Pacific

Pacific

South Asia

3 a Sub-total

and 3b)

b Total from continuation

sheets to Part I

c Totals (add lines 3a)

Schedule F (Form 990)	Food For The	Hungry, Inc	·	95-2680390	Page 1
Part I Continuation	on of Activitie	s per Regio	n-(Schedule F (Form 990), Part I, line 3)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) if activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and			h		1
Morth Afria	· 0	0	Grants to recipient in region		10,000.
				•	<u> </u>
Europe			Grants to recipient in region		92,920.
				•	11,111
North America			Grants to recipient in region		900.
					1
Sub-Saharan Africa			Investments		4,295,604.
					1,233,001.
					•
	 				
		:			
					•
	<u> </u>				
					1
			,		
	 				
Totals	<u>· </u>				4,399,424.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed

95-2680390

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	,	Sub-Saharan Africa	Relief and Development Projects	49 929 597. Bank Wire	Bank Wire	13 253 192.	Medicine, Food, Hope Packs, 13 253 192.Wheelchairs	Fair Market Value
		Central America and the Caribbean	Relief and Development Projects	7,223,719,Bank Wire	Bank Wire	388,465.	Medicine, Food, Hope Packs, 388,465,Wheelchairs	Fair Market
		East Asia and the Pacific	Relief and Development Projects	2,750,189,Bank Wire	Bank Wire	9,766.	Medicine, Food, 9,766.Hope Packs	Fair Market Value
	,	East Asia and the Pacific	Relief and Development Projects	. 8,000.	Bank Wire	0.		
		East Asia and the Pacific	Relief and Development Projects	32,000.	32,000.Bank Wire	0.		
		South Asia	Relief and Development Projects	1,484,874,Bank Wire	Bank Wire	28,444.	Medicine, Food, 28,444.Hope Packs	Fair Market Value
		South Asia	Relief and Development Projects	8,000.	000. Bank Wire	0.		,
		South Asia	Relief and Development Projects	.972,081	180,576.Bank Wire	0.		
2 Enter total number of	recipient organizatio	Enter total number of recipient organizations listed above that are	recognized as charities by the foreign country, recognized as tax-exempt	foreign country,	recognized as tax-ex	cempt		

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2017

³ Enter total number of other organizations or entities

Page 2		hod of book, FMV, il, other)		ret					
		(i) Method of valuation (book, FMV, appraisal, other)		Fair Market Value					
	1)	(h) Description of non-cash assistance		Medicine, Food, 6,274,068,Hope Packs				,	
95-2680390	0), Part II, line 1	(g) Amount of non-cash assistance	0.	6,274,068.	0.	0			•
	(Schedule F (Form 9	(f) Manner of cash disbursement	10,000,Bank Wire	Bank Wire	75,000, Bank Wire	8,960.Bank Wire			
	United States.	(e) Amount of cash grant	10,000.	3,987,533.	75,000.	.096,8			-
	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	(d) Purpose of grant	Relief and Development Projects	Relief and Development Projects	Relief and Deve <u>lop</u> ment Projects	Relief and Development Projects			
Food For The Hungry, Inc.	Assistance to Organiz	(c) Region	Middle East and North Africa	South America	Burope	Europe			
Food For	f Grants and Other	(b) IRS code section and EIN (if applicable)							
Schedule F (Form 990)	Continuation o	1 (a) Name of organization							
Schedule	Part	1 (a) Narr					 		

Schedule F (Form 990) 2017 Food For The Hungry, Inc.

[Part III] Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed

Page 3

(g) Description of noncash assistance

(h) Method of valuation (book, FMV, appraisal, other)

(f) Amount of noncash assistance

(e) Manner of cash disbursement

(c) Number of (d) Amount of recipients cash grant

(b) Region

(a) Type of grant or assistance

Schedule F (Form 990) 2017

schedi	lle F (Form 990) 2017 Food For The Hungry, The.	95-2680390	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	x No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	Yes	X No

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Food For The Hungry, Inc.

Employer identification number

Inc. 95-2680390

Part I Fundraising Activities required to complete this part	. Complete if the organization answert	ered "\	es" o	n Form 990, Part IV,	line 17 Form 990-E2	I filers are not			
Indicate whether the organization raised funds through any of the following activities. Check all that apply a									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundi have c	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization			
BBS & Associates - 130 Springdale Drive, Suite 200,	Fundraising Consulting	Yes	No X	5,562,158.	563,893.	4,998,265.			
Sammy A. Ministries, LLC - 5210 Fairmeadow, Sylvania, OH 33 Miles Touring, Inc PO	Event Spokesperson		х	590,290.	690,834.	<100,544.			
Box 53, Arrington, TN 37014 MDS Communications - 545 W.	Event Spokesperson		х	290,097.	353,215.	<63,118.			
Juanita Ave, Mesa, AZ 85210 RCJ Global Impact LLC - 108 Rotunda Drive, Stephenson, VA	Telemarketing Fundraising MLB Fundraising Consultant		x	184,702. 144,953.	170,900. 90,000.	13,802. 54,953.			
A Time To Speak, LLC - 4317 Gallant Ridge Dr. Franklin,	Event Spokesperson		х	33,330.	298,050.	<264,720.			
Future City Now, LLC - 720 Charles Allen Dr. NE,	Church Fundraising Consultant		ж	16,464.	400,671.	<384,207.			
 									
Total 3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	6,821,994.	2,567,563. In t is exempt from re	4,254,431.			
or licensing AK,AZ,CA,CO,DC,FL,GA,HI,ID,IN,K PA,RI,SC,TN,UT,VA,WA,WV,WI	Y,LA,MA,MD,ME,MI,MN,MS,NC,NI	O,NH,	NJ, NN	1,NY,OR					

		le G (Form 990 or 990 EZ) 2017 Food For T	he Hungry, Inc.			680390 Page 2
Pa	irt	Fundraising Events. Complete if the of fundraising event contributions and gi				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
ē			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts				
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				•
xpense	6	Rent/facility costs			•	
Direct Expenses	7	Food and beverages				-
	8	Entertainment				
	9	Other direct expenses				
	10	,	, ,		>	
В.		Net income summary Subtract line 10 from		000 0 1 11 1 10		
Pa	iπ		answered "Yes" on For	m 990, Part IV, line 19, or	reported more than	
	1	\$15,000 on Form 990-EZ, line 6a	Τ	(b) Pull tabs/instant		(d) Total names (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Reve	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes			-	
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	Ť	other direct expanses	Yes %	Yes%	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary Add lines 2 throug	h 5 ın column (d)		•	
	8	Net gaming income summary Subtract line 7	7 from line 1, column (d)		•	
а	En	ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain	ucts gaming activities _ activities in each of these			☐ Yes ☐ No
		ere any of the organization's gaming licenses r Yes," explain	· ·	_	year?	Yes No
	_					

Sch	edule G (Form 990 or 990-EZ) 2017 Food For The Hungry, Inc.	95-268	0390	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	□ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
12			163	110
	Indicate the percentage of gaming activity conducted in:		احدا	
	The organization's facility		13a	%
	An outside facility		13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds:		
	Name			
	Address	_		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
t	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt		
	of gaming revenue retained by the third party >\$			
•	If "Yes," enter name and address of the third party			
	,			
	Name			
	Address >			
16	Gaming manager information			
	Name			
	Garning manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Employee Employee Employee			
17	Mandatory distributions			
	•			
ć	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		└── Yes	∐ No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	ın the		
_	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and F	art III, lır	nes 9, 9b, 10	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions			
Sch	edule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:			
		•		
(i)	Name of Fundraiser: BBS & Associates			
/ i \	Addross of Fundrassor.			
11/	Address of Fundraiser:			
130	Springdale Drive, Suite 200, Akron, OH 44333			
				
/: \	Name of Fundraiger, Cammy & Ministrace IIC			
(1)	Name of Fundraiser: Sammy A. Ministries, LLC			
(i)	Address of Fundraiser: 5210 Fairmeadow, Sylvania, OH 43560			

Schedule	G (Form 990 or 990-EZ) Food For The Hungry, Inc.	95-2680390	Page 4
Part IV	Supplemental Information (continued)		
(i) Name	of Fundraiser: RCJ Global Impact LLC		
(i) Addı	ess of Fundraiser: 108 Rotunda Drive, Stephenson, VA 22656		
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	,		
	· · · · · · · · · · · · · · · · · · ·		
(1) Name	of Fundraiser: A Time To Speak, LLC	_	
(i) Addı	ess of Fundraiser: 4317 Gallant Ridge Dr, Franklin, TN 37064		
		<u>.</u>	
/ ÷ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Final care Publica Cabo New 110		
(1) Name	of Fundraiser: Future City Now, LLC		
(1) Addı	ess of Fundraiser: 720 Charles Allen Dr. NE, Atlanta, GA 30308		
			_
			
			
			١
			
-			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2017	Open to Public Inspection
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OMB No 1545-0047

								-
Name of the organization Food For The Hungry, Inc.	Hungry, Inc.						Employer identification number 95-2680390	Je.
Part I General Information on Grants and Assistance	and Assistance							
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select		
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.	stance? ocedures for mont	toring the use of grant.	funds in the United	States			X Yes	Ŷ
IΣI	Domestic Organi	zations and Domestic	c Governments. Co	omplete if the orga	ınızatıon answered "Y	'es" on 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	\$5,000 Part II can	be duplicated if additi	onal space is need	led				
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, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
Accord Network PO Box 15815 Washington, DC 20003	52-1130135	501(c)(3)	18 000	0			Advocacy Programs	!
1	:							
					:			
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ind government or	ganizations listed in the	e line 1 table				•	-
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					•	•
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the instruct	ions for Form 990.		Ĭ			Schedule I (Form 990) (2017)	5

Page 2

95-2680390

Schedule I (Form 990) (2017)

SCHEDULE J (Form 990)

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.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Food For The Hungry, Inc.

Questions Regarding Compensation

Employer identification number 95-2680390

	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			ļ
	First-class or charter travel Housing allowance or residence for personal use			1
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, 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	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	х	
				i
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			Ì
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			i
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant			1
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			ł
	contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III			1
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of]
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III			}
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8,]
_	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			J
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2017

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

95-2680390

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a).(i)(a)	reported as deferred on prior Form 990
(1) Gary Edmonds	(3)	220,629.	o	3,810.	8,941.	17,133.	250,513.	0
CEO	≘	0	0	0.	0	0	0	0
(2) Barry Gardner	Ξ	143,9	0	3,651.	.800,9	17,133.	170,741.	0
CFO	Ξ		0.	.0	0	0	0	0.
(3) Luis Noda	Ξ	181,9	0.	.069	7,405.	14,960.	204,991.	0
VP-Transformational Engage	Ξ		0	.0	0	0	0	0
(4) Michael Meyers	Ξ	151,7	0.	300.	6,462.	19,326.	177,873.	0
Chief Development Officer	Ξ		0.	.0	0	0	0	0
(5) Peter Howard	(1)	132,6	0.	450.	2,448.	18,148.	156,707.	.0
Chief Int'l Operations Officer	≘	0.	0	.0	0	0	0.	0
(6) Shep Owen	Ξ	141,8	0.	450.	5,977.	19,326.	167,652.	0
Sr Dır Relief/Humanıtarian	Ξ	0	0.	.0	0	0	.0	0
(7) Craig Jaggers	Ξ	84,274	0.	101,289.	372.	3,381.	189,316.	0
Regional Deputy Director Africa	(ii)	0.	0.	0.	[•0	•0	0.	0.
	Ξ							
	Ξ							
	Ξ							
	⊞							
	(3)							
	≞							
	Ξ							
	Ξ							
	Ξ							
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Schedule J (Form 990) 2017

Schedule J (Form 990) 2017 Food For The Hungry, Inc.	95-2680390 Page 3
ormation	
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information	ste this part for any additional information
Part I, Line la:	
Tricia Edmonds, wife of Gary Edmonds, President/CEO, often accompanies him	
on overseas business travel in her role as Women's Ministry Advocate (a	
volunteer position). This arrangement was approved by the Board of	
Directors and governed by a separate signed agreement with Tricia. Using	
first-hand knowledge gained during these travels, she speaks on behalf of	
Food For The Hungry both in the US and abroad. She also informs the Board	
and management executive team members concerning information she has	
gathered. In light of the bona fide business purpose for her travel, these	
expenses are considered a nontaxable working condition fringe benefit, Her	
spouse submits expenses under an accountable expense reimbursement plan.	
	•
	Schedule J (Form 990) 2017
	•

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

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

OMB No 1545-0047

Open To Public Inspection

Name of the organization

Food For The Hungry, Inc.

Employer identification number

95-2680390

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported or				
		applicable		Form 990, Part VIII, line		Juon a	mount	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests				-			
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities · Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies	Х	8	8,904,4	26.FMV-Similar Sale	s		
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (Commodities)	Х	28	10,315,1	109.FMV-Similar Sale	8		
26	Other (Wheelchairs)	X	5		76.FMV-Similar Sale			
27	Other (School Kits)	Х	1	· · · · · · · · · · · · · · · · · · ·	25.FMV-Similar Sale			
28	Other (Water filters)	Х	1	3,0	000.FMV-Similar Sale	8		
29	Number of Forms 8283 received by the organiz		_					
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowled	gement 29	1		15	
							Yes	No
30a	During the year, did the organization receive by						l	
	must hold for at least three years from the date		al contribution, and	I which isn't required to	be used for			
	exempt purposes for the entire holding period?	•				30a_		<u> </u>
	If "Yes," describe the arrangement in Part II							
31	Does the organization have a gift acceptance p	-	•	-		31	Х	<u> </u>
32a	Does the organization hire or use third parties of	or related or	rganizations to soli	cit, process, or sell none	cash			
	contributions?					32a		X.
	If "Yes," describe in Part II							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is	s checked,			
	describe in Part II							<u> </u>

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

Schedule M (Form 990) 2017

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both Also complete this part for any additional information.
Schedule M, Part I, Column (b):
The number listed represents the number of unique
contributions/shipments received, not the number of items contributed.
,
•

SCHEDULE 0

(Form 990 or 990-EZ)

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.

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

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Food For The Hungry, Inc.	95-2680390
Form 990, Part III, Line 4c, Program Service Accomplishments:	_
Philippines, and India.	
Form 990, Part III, Line 4d, Other Program Services:	
Hunger Corps and Teams -	
This program enlists people of all ages to raise their own support and	
be sent out to work in our programs, either on a short term basis, such	
as on a 1-2 week work team, or on a long term basis as an integral part	
of our program. Participants in this program bring many skills and	
years of experience that is shared with our staff in the field to	
empower them to bring needed spiritual and physical change to their	
communities. Currently we have 6 Hunger Corps staff families serving	
the poorest of the poor around the world. Also, in this last year, we	
sent out 86 teams with a total of 838 team members.	
Through sending out teams and through written newsletters and other	
publications, as well as through our website at www.fh.org, we educate	
our constituents on the realities of the work Food For The Hungry is	
doing to end Spiritual and Physical Hungers worldwide and invite them	
to partner with us to help end poverty together.	
Expenses \$ 1,194,923. including grants of \$ 830,665. Revenue \$ 76,024.	
Form 990, Part VI, Line 1a:	
The Executive Committee of the board is comprised of two persons, who	
are members of the full board. No staff members are members of the	
Executive Committee. The Executive Committee may exercise the full	
authority of the board except for actions requiring a majority vote by	

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization Food For The Hungry, Inc.	Employer identification number 95-2680390
the full board under California law, actions concerning board or	
committee membership, changes to the governing documents, any approval	
of self-dealing transactions, or changes to compensation of top staff	
or directors.	
Form 990, Part VI, Section B, line 11b:	
The Form 990 is prepared by an independent CPA firm and then the Chief	
Financial Officer and Director Of Finance make a full review of the Form	
990 to verify accuracy. After that, the Form 990 is emailed to the board	
of directors prior to filing.	
Form 990, Part VI, Section B, Line 12c:	
The conflict of interest policy covers officers and members of the board.	
Members of the board and officers are required to sign a statement	
annually. The corporate secretary reviews the signed statements. Should any	
potential conflicts of interest be disclosed, the board member or officer	
would be asked to refrain from participation in any deliberation or	
decision with regard to matters affected by the relationship.	
Form 990, Part VI, Section B, Line 15:	
The board of directors is responsible for determining compensation for the	
organization's officers and key employees. When determining an appropriate	
level of compensation for a given position, the board works closely with	
the human resources department. Comparability data is collected on salary	
and benefits offered by similar-sized, like-minded non-profit	
organizations. This information is used to set a benchmark in determining	
appropriate compensation to offer. The compensation policy is used to set	
companyation when an officer or key employee is first hired, as well as any	

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization Food For The Hungry, Inc.	Employer identification number 95-2680390
time their compensation package is subject to change. All compensation	
decisions are recorded in documentation held by the Human Resources	222222
department. The board approves salaries and benefits in total when it	
approves the annual budget at its September meeting.	
	-
Form 990, Part VI, Line 17, List of States receiving copy of Form 990:	
AK, AZ, FL, GA, IN, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OR, PA, RI, SC, TN, UT, VA, WV, WI	
Form 990, Part VI, Section C, Line 19:	
Food For The Hungry posts its audited financial statements and Form 990 on	
its website at http://fh.org/about/finances. Copies of its governing	
documents and conflict of interest policy are available to the public upon	
request.	
Form 990, Part XI, line 9, Changes in Net Assets:	
Change in value of annuities 77,438.	
Form 990, Part XII, Line 2c - Explanation of Responsibility:	·
Food For The Hungry has a committee that assumes responsibility for	
oversight of the audit of its financial statements and selection of an	
independent accountant. This process has not changed since the prior	
year.	
•	

SCHEDULE R (Form 990) Name of the organization

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

2017

OMB No 1545-0047

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

Employer identification number Open to Public Inspection

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2017 Š × × entity? Direct controlling Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year 95-2680390 Direct controlling ood For The ood For The entity dungry, Inc. Hungry, Inc. End-of-year assets **e** status (if section Public charity Line 12a, I 501(c)(3)) Total income Exempt Code section 501(c)(3) 501(c)(4) Ð Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or Legal domicile (state or foreign country) foreign country) Switzerland Colorado telief and development Investment of program Primary activity Primary activity 3 For Paperwork Reduction Act Notice, see the Instructions for Form 990. unde Food For The Hungry, Inc. 68-0586571, 1224 E. Washington St, Phoenix, Name, address, and EIN (if applicable) Food For The Hungry Foundation, Inc. Name, address, and EIN of related organization of disregarded entity FH Association - 20-8424918 1224 E. Washington St Phoenix, AZ 85034 85034 Part Part II

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Schedule R (Form 990) 2017 Food For The Hungry, Inc.

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

(a)	(q)	(2)	(p)	(e)	6	(6)	Ξ	1	3	3
Name, address, and EIN of related organization	Primary activity	Legat domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	rtonate ons?	Code V-UBI amount in box 20 of Schedule	General o managing partner?	General or Percentage managing ownership partner?
		country)		\$60,000 \$16-514)			Aes No	K-1 (Form 1065)	Ves	
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related

(a)	(q)	(၁)	(p)	(e)		(6)	(F)	Ξ	ŀ
Name, address, and EIN of related organization	Primary activity	Legal domicite (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	of ear	Percentage ownership	Section 512(b)(13) controlled entity?	 7
		country)		Of trusty		dosels		Yes No	اہ ا
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Yes

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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

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us schedule	o Carlo de antigado de antigad
ny entity is listed in Parts II, III, or IV of thi	and the second of the second o
Note: Complete line 1 if ar	7

ed in Parts II-IV?	
nzation engage in any of the following transactions with one or more related organizations listed in	
ns with one or more rela	
ation engage in any of the following transactions with	
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- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
 - b Gift, grant, or capital contribution to related organization(s)
 c Gift, grant, or capital contribution from related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
 - Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
 - Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
 - n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 - Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses

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- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	ils line, including covered r	elationships and transaction thresholds
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FH Association	Ą	0.	
(2) FH Association	æ	0	
(3) FH Association	υ	0.	
(4) FH Association	N	0	
(5) FH Association	0	0.	
(6) FH Association	ρι	0.	

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Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2) Food For The Hungry, Inc. Schedule R (Form 990)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) FH Association	ŏ	0.	
(8) Food for the Hungry Foundation, Inc.	N	0.	
(9) Food for the Hungry Foundation, Inc.	0	0.	
(10)			
(11)			
(12)			
(13)			
(14)			
(15)	,		
(16)			
(17)			
(18)			
. (19)			
(20)			
(21)			
(22)			
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(24)			

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Schedule R (Form 990) 2017 Food For The Hungry, Inc.

[Part VI] Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs? Yes No	(f) Share of total	(g) Share of end-of-year assets	Oispropor- bonate allocations?	Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 pariner? (Form 1065)	General or managing partner?	(k) r Percentage g ownership
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Schedule R (Form 990) 2017 Food For The Hungry, Inc.	95-2680390	Page 5
Part VII Supplemental Information.		
Provide additional information for responses to questions on Schedule R. See instructions		
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