

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable:

<input type="checkbox"/>	Address change	C Name of organization LESEA GLOBAL FEED THE HUNGRY, INC	D Employer identification number 32-0053249
<input type="checkbox"/>	Name change	Doing business as	E Telephone number (574) 291-3292
<input type="checkbox"/>	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 61300 IRONWOOD ROAD	G Gross receipts \$ 46,473,215.
<input type="checkbox"/>	Final return/terminated return	City or town, state or province, country, and ZIP or foreign postal code SOUTH BEND, IN 46614	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/>	Application pending	F Name and address of principal officer: ANTONIO AGOSTINO 61300 IRONWOOD ROAD, SOUTH BEND, IN 46614	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

J Website: WWW.FEEDTHEHUNGRY.ORG

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 2003 **M** State of legal domicile: IN

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDING FOOD AND NON-FOOD ASSISTANCE TO THE POOR AND HUNGRY, EMERGENCY RELIEF TO PEOPLE AFFECTED BY FAMINE, DROUGHT, FLOOD, WAR, OR OTHER DISASTER.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 5
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5 27
	6 Total number of volunteers (estimate if necessary)	6 5
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 43,680,244. Current Year: 44,358,378.
	9 Program service revenue (Part VIII, line 2g)	NONE NONE
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	44,402. 484,921.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	NONE 1,750.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	43,724,646. 44,845,049.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	37,246,413. 35,794,885.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,146,927. 1,137,982.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	45,000. 126,533.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,943,997.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,876,922. 4,694,519.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	41,315,262. 41,753,919.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	2,409,384. 3,091,130.
	20 Total assets (Part X, line 16)	Beginning of Current Year: 5,532,052. End of Year: 8,955,303.
	21 Total liabilities (Part X, line 26)	863,865. 976,244.
	22 Net assets or fund balances. Subtract line 21 from line 20.	4,668,187. 7,979,059.

Part II Signature Block

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

Sign Here

Signature of officer: *Antonio Agostino* Date: 10/28/2022

ANTONIO AGOSTINO CFO

Paid Preparer Use Only

Print/Type preparer's name: JACOB COOK Prepare's signature: *Jacob Cook* Date: 10/28/2022 Check if self-employed PTIN: P01240455

Firm's name ▶ BDO USA, LLP Firm's EIN ▶ 13-5381590

Firm's address ▶ 200 OTTAWA AVE NW STE 300 GRAND RAPIDS, MI 49503 Phone no. 616-774-7000

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2021)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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

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

4a (Code:) (Expenses \$ 39,644,622. including grants of \$ 35,794,885.) (Revenue \$)

SEE SCHEDULE O

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

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

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

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

4e Total program service expenses ▶ 39,644,622.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 27		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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 contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 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		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (6), 1b (5), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

ANTONIO AGOSTINO 61300 IRONWOOD ROAD SOUTH BEND, IN 46614 574-231-5212

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEFAN RADELICH CEO/PRESIDENT	40.00 NONE	X		X				94,090.	NONE	27,692.
(2) ANGELA N. GRABOWSKI SECRETARY/TREASURER	5.00 NONE	X		X				NONE	NONE	NONE
(3) ANDREW J. SUMRALL DIRECTOR	5.00 NONE	X						NONE	NONE	NONE
(4) DR. RODRIGO RODRIGUEZ DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(5) DR. MARK LANTZ DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(6) JOHN CORY DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(7) ANTONIO AGOSTINO CFO	5.00 NONE			X				NONE	NONE	NONE
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for 1b, 1c, and 1d.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization NONE

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization NONE

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	73,445.				
	e	Government grants (contributions) . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	44,284,933.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 35,533,940.				
	h	Total. Add lines 1a-1f ▶		44,358,378.				
	Program Service Revenue	2a	Business Code					
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶		NONE				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		154,295.			154,295.	
	4	Income from investment of tax-exempt bond proceeds . ▶		NONE				
	5	Royalties ▶		NONE				
	6a	Gross rents	(i) Real	(ii) Personal				
			6a					
			6b					
	c	Rental income or (loss)	NONE	NONE				
	d	Net rental income or (loss) ▶			NONE			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a	1,958,792.				
			7b	1,628,166.				
	c	Gain or (loss)	330,626.					
	d	Net gain or (loss) ▶			330,626.		330,626.	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		NONE				
			8a					
8b								
c	Net income or (loss) from fundraising events ▶			NONE				
9a	Gross income from gaming activities. See Part IV, line 19		NONE					
		9a						
		9b						
c	Net income or (loss) from gaming activities ▶			NONE				
10a	Gross sales of inventory, less returns and allowances		NONE					
		10a						
		10b						
c	Net income or (loss) from sales of inventory ▶			NONE				
Miscellaneous Revenue	11a	MISCELLANEOUS REVENUE	Business Code	900099	1,750.	1,750.		
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d ▶			1,750.			
12	Total revenue. See instructions ▶			44,845,049.	1,750.		484,921.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	23,078,303.	23,078,303.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	12,716,582.	12,716,582.		
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	121,782.	121,782.		
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	1,016,200.	341,060.	99,710.	575,430.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	NONE			
9 Other employee benefits	NONE			
10 Payroll taxes	NONE			
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	NONE			
c Accounting	NONE			
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	126,533.			126,533.
f Investment management fees	8,558.	8,558.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	692,371.	328,906.	57,673.	305,792.
12 Advertising and promotion	1,297.		649.	648.
13 Office expenses	NONE			
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	302,402.	302,402.		
17 Travel	51,455.	23,173.	933.	27,349.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	25,778.	25,778.		
23 Insurance	NONE			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SHIPPING AID & RELIEF	1,482,189.	1,482,189.		
b MISSIONS & OUTREACH	507,771.	507,771.		
c POSTAGE & MAILINGS	1,445,999.	554,105.	2,079.	889,815.
d BANK CHARGES & FEES	99,903.	95,317.	826.	3,760.
e All other expenses	76,796.	58,696.	3,430.	14,670.
25 Total functional expenses. Add lines 1 through 24e	41,753,919.	39,644,622.	165,300.	1,943,997.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,119,903.	1	2,216,825.
	2 Savings and temporary cash investments	NONE	2	NONE
	3 Pledges and grants receivable, net	NONE	3	NONE
	4 Accounts receivable, net	767,534.	4	449,336.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	301,888.	8	395,080.
	9 Prepaid expenses and deferred charges	33,430.	9	53,423.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 776,760.		
	b Less: accumulated depreciation	10b 615,845.		
	11 Investments - publicly traded securities	129,463.	10c	160,915.
	12 Investments - other securities. See Part IV, line 11	2,169,559.	11	5,679,724.
	13 Investments - program-related. See Part IV, line 11	NONE	12	NONE
	14 Intangible assets	NONE	13	NONE
	15 Other assets. See Part IV, line 11	NONE	14	NONE
16 Total assets. Add lines 1 through 15 (must equal line 33)	10,275.	15	NONE	
	5,532,052.	16	8,955,303.	
Liabilities	17 Accounts payable and accrued expenses	420,865.	17	533,244.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	NONE	19	NONE
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties	400,000.	24	400,000.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	43,000.	25	43,000.
	26 Total liabilities. Add lines 17 through 25	863,865.	26	976,244.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,668,187.	27	7,979,059.
	28 Net assets with donor restrictions	NONE	28	NONE
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	4,668,187.	32	7,979,059.
33 Total liabilities and net assets/fund balances	5,532,052.	33	8,955,303.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	44,845,049.
2	Total expenses (must equal Part IX, column (A), line 25)	2	41,753,919.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,091,130.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,668,187.
5	Net unrealized gains (losses) on investments	5	219,742.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,979,059.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and 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?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization LESEA GLOBAL FEED THE HUNGRY, INC	Employer identification number 32-0053249
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (79.37%); 15 Public support percentage from 2020 Schedule A, Part II, line 14 (77.47%); 16a 33 1/3% support test - 2021 (checked); 16b 33 1/3% support test - 2020; 17a 10%-facts-and-circumstances test - 2021; 17b 10%-facts-and-circumstances test - 2020; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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

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

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

Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

LESEA GLOBAL FEED THE HUNGRY, INC

32-0053249

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

[] 527 political organization

Form 990-PF

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

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

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

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

LESEA GLOBAL FEED THE HUNGRY, INC

Employer identification number

32-0053249

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 1,412,591.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 8,733,809.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 6,029,080.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 2,039,613.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 1,876,521.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 1,234,178.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LESEA GLOBAL FEED THE HUNGRY, INC	Employer identification number 32-0053249
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A <hr/> <hr/> <hr/>	\$ 1,091,140.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A <hr/> <hr/> <hr/>	\$ 1,038,675.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

LESEA GLOBAL FEED THE HUNGRY, INC

Employer identification number

32-0053249

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	ASSORTED FOOD _____ _____ _____	\$ 1,412,591.	12/31/2021
2	RICE MEALS _____ _____ _____	\$ 8,733,809.	12/31/2021
3	ASSORTED FOOD _____ _____ _____	\$ 6,029,080.	12/31/2021
4	ASSORTED VITAMINS & SUPPLEMENTS _____ _____ _____	\$ 2,039,613.	12/31/2021
5	ASSORTED FOOD, CLOTHING & HOUSEHOLD _____ _____ _____	\$ 1,876,521.	12/31/2021
6	ASSORTED FOOD _____ _____ _____	\$ 1,234,178.	12/31/2021

Name of organization

LESEA GLOBAL FEED THE HUNGRY, INC

Employer identification number

32-0053249

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	ASSORTED FOOD	\$ 1,091,140.	12/31/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	ASSORTED FOOD, VITAMINS & SUPPLEMENTS	\$ 1,038,675.	12/31/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____	\$ _____	_____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Name of the organization

Employer identification number

LESEA GLOBAL FEED THE HUNGRY, INC

32-0053249

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes questions about purpose of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures in financial statements.

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

Schedule D (Form 990) 2021

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ _____%
 - b Permanent endowment ▶ _____%
 - c Term endowment ▶ _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		522,975.	461,232.	61,743.
c Leasehold improvements		15,888.	7,134.	8,754.
d Equipment		189,238.	139,991.	49,247.
e Other		48,659.	7,488.	41,171.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				160,915.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SPLIT INTEREST AGREEMENTS	43,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CORRESPONDING STATE PROVISIONS. THE ORGANIZATION IS SUBJECT TO TAXES ON THE BUSINESS INCOME, WHEN INCURRED, FROM FTH LOGISTICS, INC., WHICH WAS DISSOLVED IN 2021. DURING 2021, \$12,000 OF TAXES WERE INCURRED ON UNRELATED BUSINESS INCOME. DURING 2020, THERE WERE NO TAXES ON UNRELATED BUSINESS INCOME OR ON THE FOR-PROFIT ENTITY BECAUSE ALL APPLICABLE ACTIVITIES PRODUCED A TAXABLE LOSS. THE ORGANIZATION'S INFORMATION RETURNS ARE OPEN FOR EXAMINATION FOR A PERIOD OF THREE YEARS FROM THE DATE FILED.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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.**

Name of the organization

Employer identification number

LESEA GLOBAL FEED THE HUNGRY, INC

32-0053249

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 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? **Yes** **No**
- 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.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	GRANTMAKING	HUMANITARIAN RELIEF	6,260,934.
(2) EAST ASIA AND THE PACIFIC	NONE	NONE	GRANTMAKING	HUMANITARIAN RELIEF	528,490.
(3) SUB-SAHARAN AFRICA	NONE	NONE	GRANTMAKING	HUMANITARIAN RELIEF	5,794,824.
(4) SOUTH CENTRAL ASIA	NONE	NONE	GRANTMAKING	HUMANITARIAN RELIEF	114,334.
(5) EUROPE	NONE	NONE	GRANTMAKING	HUMANITARIAN RELIEF	18,000.
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	NONE	NONE			12,716,582.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	NONE	NONE			12,716,582.

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

Schedule F (Form 990) 2021

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.

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)
(1)			CENT. AMERICA/CARIBBEAN	RELIEF	80,899.	WIRE	857,683.	FOOD & OTHER	FMV OR COST
(2)			CENT. AMERICA/CARIBBEAN	RELIEF	46,998.	WIRE	219,029.	FOOD & OTHER	FMV OR COST
(3)			CENT. AMERICA/CARIBBEAN	RELIEF	79,994.	WIRE	312,158.	FOOD & OTHER	FMV OR COST
(4)			CENT. AMERICA/CARIBBEAN	RELIEF	436,696.	WIRE	3,784,164.	FOOD & OTHER	FMV OR COST
(5)			CENT. AMERICA/CARIBBEAN	RELIEF	11,121.	WIRE			
(6)			CENT. AMERICA/CARIBBEAN	RELIEF	12,005.	WIRE	65,621.	FOOD & OTHER	FMV OR COST
(7)			CENT. AMERICA/CARIBBEAN	RELIEF	17,120.	WIRE	261,878.	FOOD & OTHER	FMV OR COST
(8)			CENT. AMERICA/CARIBBEAN	RELIEF	10,250.	WIRE	65,318.	FOOD & OTHER	FMV OR COST
(9)			EAST ASIA/PACIFIC	RELIEF	38,198.	WIRE	267,840.	FOOD & OTHER	FMV OR COST
(10)			EAST ASIA/PACIFIC	RELIEF	12,313.	WIRE	130,939.	FOOD & OTHER	FMV OR COST
(11)			EAST ASIA/PACIFIC	RELIEF	79,200.	WIRE			
(12)			SUB-SAHARAN AFRICA	RELIEF	82,145.	WIRE	337,306.	FOOD & OTHER	FMV OR COST
(13)			SUB-SAHARAN AFRICA	RELIEF	10,488.	WIRE	65,318.	FOOD & OTHER	FMV OR COST
(14)			SUB-SAHARAN AFRICA	RELIEF	34,351.	WIRE	65,621.	FOOD & OTHER	FMV OR COST
(15)			SUB-SAHARAN AFRICA	RELIEF	24,335.	WIRE			
(16)			SUB-SAHARAN AFRICA	RELIEF	22,820.	WIRE	65,621.	FOOD & OTHER	FMV OR COST

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ 33

3 Enter total number of other organizations or entities ▶ NONE

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.

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)
(1)			SUB-SAHARAN AFRICA	RELIEF	70,357.	WIRE	290,899.	FOOD & OTHER	FMV OR COST
(2)			SUB-SAHARAN AFRICA	RELIEF	230,329.	WIRE	1,135,431.	FOOD & OTHER	FMV OR COST
(3)			SUB-SAHARAN AFRICA	RELIEF	13,450.	WIRE	65,621.	FOOD & OTHER	FMV OR COST
(4)			SUB-SAHARAN AFRICA	RELIEF	422,664.	WIRE	1,244,678.	FOOD & OTHER	FMV OR COST
(5)			SUB-SAHARAN AFRICA	RELIEF	44,331.	WIRE	269,445.	FOOD & OTHER	FMV OR COST
(6)			SUB-SAHARAN AFRICA	RELIEF	45,950.	WIRE			
(7)			SUB-SAHARAN AFRICA	RELIEF	70,767.	WIRE	261,878.	FOOD & OTHER	FMV OR COST
(8)			SUB-SAHARAN AFRICA	RELIEF	54,048.	WIRE	196,258.	FOOD & OTHER	FMV OR COST
(9)			SUB-SAHARAN AFRICA	RELIEF	63,030.	WIRE	262,483.	FOOD & OTHER	FMV OR COST
(10)			SUB-SAHARAN AFRICA	RELIEF	30,765.	WIRE	131,242.	FOOD & OTHER	FMV OR COST
(11)			SUB-SAHARAN AFRICA	RELIEF	23,580.	WIRE			
(12)			SUB-SAHARAN AFRICA	RELIEF	15,735.	WIRE	65,621.	FOOD & OTHER	FMV OR COST
(13)			SUB-SAHARAN AFRICA	RELIEF	10,100.	WIRE	65,318.	FOOD & OTHER	FMV OR COST
(14)			SOUTH ASIA	RELIEF	45,275.	WIRE	65,319.	FOOD & OTHER	FMV OR COST
(15)			EUROPE/ICELAND/GREENLAND	RELIEF	18,000.	WIRE			
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ _____

3 Enter total number of other organizations or entities ▶ _____

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 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 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 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 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 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 No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PART I, LINE 2:

LESEA GLOBAL FEED THE HUNGRY (LGFTH) MONITORS THE USE OF CASH AND
NON-CASH GRANTS USED OUTSIDE OF THE UNITED STATES VIA MANDATORY QUARTERLY
REPORTS SUBMITTED BY EACH GRANTEE AS WELL AS THROUGH SITE VISITS AND
INSPECTIONS PERFORMED BY LGFTH PERSONNEL.

IN ORDER TO RECEIVE FOOD OR NON-FOOD RELIEF AN APPLICATION FORM MUST BE
SUBMITTED BY THE REQUESTING ORGANIZATION. LGFTH MAINTAINS RECORDS OF ALL
DISBURSEMENTS (WIRE TRANSFERS, CASH DISBURSEMENTS, SHIPMENTS OF GOODS)
AND OUR BOOKS ARE AUDITED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT,
BUT THE ORGANIZATION DOES NOT MAINTAIN WRITTEN RECORD OF GRANTEE'S
ELIGIBILITY STATUS OR OF THEIR SELECTION CRITERIA.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2021

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

Name of the organization

Employer identification number

LESEA GLOBAL FEED THE HUNGRY, INC

32-0053249

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

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

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

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SEE SUPPLEMENT INFORMATION 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				4,267,146.	126,533.	4,140,613.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CA, GA, HI, IN, KY, MD, MA, MI, MN, MS, NH, OR, SC, TN, VA, WV, WI

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

=====

NAME:

MILWAUKEE DIRECT MARKETING

ADDRESS:

675 N BAKER RD
BROOKFIELD, WI 53045

ACTIVITY :

APPEALS VARIOUS

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	4,267,146.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	126,533.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	4,140,613.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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Name of the organization

LESEA GLOBAL FEED THE HUNGRY, INC

Employer identification number

32-0053249

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HANDS OF HOPE 511 OAKLEAF UNIT C JOLIET, IL 60436	26-0643414	501(C)(3)		3,079,932.	FMV	FOOD & NON-PERISHABL	RELIEF
(2) ARM FULL OF HELP 5138 SUNSET BLVD. #16 LOS ANGELES, CA 90027	71-0593529	501(C)(3)		2,617,296.	FMV	FOOD & NON-PERISHABL	RELIEF
(3) BLESSINGS OF HOPE 48 EAGLE DR LEOLA, PA 17542	20-8597936	501(C)(3)		2,614,280.	FMV	FOOD & NON-PERISHABL	RELIEF
(4) CHRISTMAS BEHIND BAR'S OUTREACH MINISTRIES P.O BOX 474 BLUFFTON, IN 46714	26-4458163	501(C)(3)		2,435,171.	FMV	FOOD & NON-PERISHABL	RELIEF
(5) GEORGIA FOOD & RESOURCE CENTER 470 STEELE DR HAMPTON, GA 30228	58-2553019	501(C)(3)		1,656,729.	FMV	FOOD & NON-PERISHABL	RELIEF
(6) CHRISTIAN APPALACHIAN PROJECT P.O. BOX 1768 PAINTSVILLE, KY 41240	61-0661137	501(C)(3)		1,150,518.	FMV	FOOD & NON-PERISHABL	RELIEF
(7) HELPING HANDS SOCIETY OF LOS ANGELES 1995 E. 20TH ST ANGELES, CA 90058	81-4772946	501(C)(3)		943,552.	FMV	FOOD & NON-PERISHABL	RELIEF
(8) CONVOY OF HOPE 330 S PATTERSON SPRINGFIELD, MO 65802	68-0051386	501(C)(3)		803,895.	FMV	FOOD & NON-PERISHABL	RELIEF
(9) MUSICIANS MISSION OF MERCY 4400 MOLINE MARTIN RD MILLBURY, OH 43447	47-4792627	501(C)(3)		730,758.	FMV	FOOD & NON-PERISHABL	RELIEF
(10) JEZREEL INTL. 10 INTERSTATE AVE. ALBANY, NY 12205	14-1790920	501(C)(3)		671,907.	FMV	FOOD & NON-PERISHABL	RELIEF
(11) HUNGRY FOR CHRIST 4565 135TH AVE HAMILTON, MI 49419	38-3676870	501(C)(3)		658,747.	FMV	FOOD & NON-PERISHABL	RELIEF
(12) CHILDRENS HUNGER FUND-TX 4940 EISENHAUER ROAD BLDG. A, SUITE 146	95-4335462	501(C)(3)		633,756.	FMV	FOOD & NON-PERISHABL	RELIEF

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 78

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

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Schedule I (Form 990) 2021

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(Form 990)**

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(1) LOVE FROM ABOVE 100 N RIVER RD MT. CLEMONS, MI 48045	38-3362524	501(C)(3)		564,365.	FMV	FOOD & NON-PERISHABL	RELIEF
(2) BORDERLAND FOOD BANK 270 W PRODUCE ROW NOGALES, AZ 85621	73-1330955	501(C)(3)		517,365.	FMV	FOOD & NON-PERISHABL	RELIEF
(3) WORD ALIVE INTERNATIONAL OUTREACH PROJECT 5 5337 US HIGHWAY 78 OXFORD, AL 36203	63-1270961	501(C)(3)		397,101.	FMV	FOOD & NON-PERISHABL	RELIEF
(4) NORTHSTAR BRIDGE 528 WEST G STREET JENKS, OK 74037	73-1610281	501(C)(3)		356,857.	FMV	FOOD & NON-PERISHABL	RELIEF
(5) THE FREEDOM CHURCH 108 1ST STREET ELOISE, FL 38800	81-4516415	501(C)(3)		336,823.	FMV	FOOD & NON-PERISHABL	RELIEF
(6) RUBY'S PANTRY 5833 PECAN ST NORTH BRANCH, MN 55056	30-0157388	501(C)(3)		277,560.	FMV	FOOD & NON-PERISHABL	RELIEF
(7) PALM BEACH HARVEST, INC. P.O. BOX 701 LAKE WORTH, FL 33460	90-0508579	501(C)(3)		273,904.	FMV	FOOD & NON-PERISHABL	RELIEF
(8) ABUNDANT LIFE CHRISTIAN CENTER 601 DELANY RD LAMARQUE, TX 77568	76-0164062	501(C)(3)		236,792.	FMV	FOOD & NON-PERISHABL	RELIEF
(9) THE STEW POT 1835 YOUNG ST DALLAS, TX 75201	75-0871727	501(C)(3)		224,586.	FMV	FOOD & NON-PERISHABL	RELIEF
(10) MCIA 101 INTERCHANGE PLAZA, SUITE 202	23-3111054	501(C)(3)		203,122.	FMV	FOOD & NON-PERISHABL	RELIEF
(11) TABERNACLE OF GOD MINISTRIES 1404 N MAIN ST. MARION, SC 29571	57-0956049	501(C)(3)		177,302.	FMV	FOOD & NON-PERISHABL	RELIEF
(12) L.A. DREAM CENTER 2301 BELLEVUE AVE LOS ANGELES, CA 90026	95-1803686	501(C)(3)		175,641.	FMV	FOOD & NON-PERISHABL	RELIEF

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(1) METRO WORLD CHILD P.O. BOX 409 BROOKLYN, NY 11237	11-3382193	501(C)(3)		161,521.	FMV	FOOD & NON-PERISHABL	RELIEF
(2) FAITH MISSION OF ELKHART 801 BENHAM AVENUE ELKHART, IN 46516	35-6033504	501(C)(3)		153,354.	FMV	FOOD & NON-PERISHABL	RELIEF
(3) BUFFALO DREAM CENTER 437 MASTEN AVENUE BUFFALO, NY 14209	16-1450334	501(C)(3)		142,896.	FMV	FOOD & NON-PERISHABL	RELIEF
(4) WARM A HEART COMMUNITY OUTREACH P.O. BOX 246 WATERLOO, IN 46793	46-1494726	501(C)(3)		127,645.	FMV	FOOD & NON-PERISHABL	RELIEF
(5) WESTSIDE MINISTRIES 950 COLUMBIA ST. TURLOCK, CA 95380	77-0149949	501(C)(3)		113,822.	FMV	FOOD & NON-PERISHABL	RELIEF
(6) MANNA MINISTRIES 120 STREET AA PICAYUNE, MS 39466	20-1788094	501(C)(3)		112,507.	FMV	FOOD & NON-PERISHABL	RELIEF
(7) PHOENIX DREAM CENTER 3210 GRAND AVE PHOENIX, AZ 85017	45-1456334	501(C)(3)		108,986.	FMV	FOOD & NON-PERISHABL	RELIEF
(8) PRAISEALUJAH MINISTRY 17800 DES MOINES MEMORIAL DRIVE SUITE G	01-0964541	501(C)(3)		99,101.	FMV	FOOD & NON-PERISHABL	RELIEF
(9) LIFE CHURCH 1800 N GERMANTOWN PKWY CORDOVA, TN 38016	62-1644529	501(C)(3)		96,463.	FMV	FOOD & NON-PERISHABL	RELIEF
(10) ST. MARY'S FOOD BANK ALLIANCE 2831 N. 31ST AVENUE PHOENIX, AZ 85009	23-7353532	501(C)(3)		96,367.	FMV	FOOD & NON-PERISHABL	RELIEF
(11) RUNNERS REFUGE 2727 CLEVELAND STREET DALLAS, TX 75215	82-3192544	501(C)(3)		94,837.	FMV	FOOD & NON-PERISHABL	RELIEF
(12) HARVEST TIME INTERNATIONAL 225 KENNEL ROAD SANFORD, FL 32771	54-1698630	501(C)(3)		88,040.	FMV	FOOD & NON-PERISHABL	RELIEF

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Schedule I (Form 990) 2021

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**Grants and Other Assistance to Organizations,
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(1) HARVESTERS COMMUNITY FOOD BANK 3801 TOPPING AVENUE KANSAS CITY, MO 64129	43-1208665	501(C)(3)		85,176.	FMV	FOOD & NON-PERISHABL	RELIEF
(2) NOURISH PIERCE COUNTRY 8500 DURANGO ST SW, DOOR 7 LAKEWOOD, WA 984	91-1198391	501(C)(3)		74,998.	FMV	FOOD & NON-PERISHABL	RELIEF
(3) HEALING WATERS MIN., ELLIS JOHNSON ELEMENTA 815 MCGIRTS BRIDGE ROAD, LAURENBURG, NC 283	99-9999999	501(C)(3)		67,367.	FMV	FOOD & NON-PERISHABL	RELIEF
(4) THE SALVATION ARMY 159 LINCOLN WAY W CHAMBERSBURG, PA 17201	75-4130170	501(C)(3)		66,423.	FMV	FOOD & NON-PERISHABL	RELIEF
(5) FOUNTAIN OF LIFE CHURCH 1107 US HWY 17, SOUTH ELIZABETH CITY, NC 27	56-1184982	501(C)(3)		65,330.	FMV	FOOD & NON-PERISHABL	RELIEF
(6) LIGHTHOUSE FAITH CENTER 352 E. AYER STREET IRONWOOD, MI 49938	38-6107980	501(C)(3)		63,721.	FMV	FOOD & NON-PERISHABL	RELIEF
(7) TOTAL FAITH MINISTRIES FOOD BANK 352 AYER STREET IRONWOOD, MI 49938	99-9999999	501(C)(3)		55,568.	FMV	FOOD & NON-PERISHABL	RELIEF
(8) PLEASANT LAKE 1160 W MAIN ST. FORT WAYNE, IN 46779	35-1500456	501(C)(3)		52,030.	FMV	FOOD & NON-PERISHABL	RELIEF
(9) THE RIVER AT TAMPA BAY CHURCH 3738 RIVER INTERNATIONAL DRIVE, TAMPA, FL 3	59-3273513	501(C)(3)		51,682.	FMV	FOOD & NON-PERISHABL	RELIEF
(10) HOPE EXTREME 437 GRAND CAILLOU HOUMA, LA 70363	20-5871523	501(C)(3)		47,840.	FMV	FOOD & NON-PERISHABL	RELIEF
(11) CENTRAL PENNSYLVANIA FOOD BANK 3908 COREY ROAD HARRISBURG, PA 17109	23-2202250	501(C)(3)		46,333.	FMV	FOOD & NON-PERISHABL	RELIEF
(12) COMMON GRACE MINISTRIES, INC. 2004 E. DOWLING STREET, PO BOX 203	35-1995595	501(C)(3)		44,672.	FMV	FOOD & NON-PERISHABL	RELIEF

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(1) CHILDREN'S HUNGER FUND (DALLAS) 11550 NEWBERRY ST, STE 100 DALLAS, TX 75229	95-4335462	501(C)(3)		43,571.	FMV	FOOD & NON-PERISHABL	RELIEF
(2) EAST RIVER CHURCH 197 BUSINESS ROAD BLUEFIELD, VA 24605	54-1041877	501(C)(3)		42,496.	FMV	FOOD & NON-PERISHABL	RELIEF
(3) KING JESUS MINISTRY INTERNATIONAL CHARIS CO 13850 SW 143RD CT STE 9 MIAMI, FL 12309	65-0605906	501(C)(3)		41,711.	FMV	FOOD & NON-PERISHABL	RELIEF
(4) CHURCH OF GLAD TIDINGS INC 4444 LIVE OAK BLVD. LIVE OAK, CA 95953	94-2326543	501(C)(3)		39,517.	FMV	FOOD & NON-PERISHABL	RELIEF
(5) TULSA DREAM CENTER 200 W 46TH ST N TULSA, OK 74126	73-1610216	501(C)(3)		35,983.	FMV	FOOD & NON-PERISHABL	RELIEF
(6) RESURRECTION STREET MINISTRY 891 W BOXELDER PL. CHANDLER, AZ 85225	55-0799053	501(C)(3)		34,892.	FMV	FOOD & NON-PERISHABL	RELIEF
(7) COMMUNITY FOOD BANK 3000 GALVEZ AVENUE FT WORTH, TX 76111	75-1813170	501(C)(3)		31,319.	FMV	FOOD & NON-PERISHABL	RELIEF
(8) RIVERSIDE ASSEMBLY OF GOD 4242 RIVERSIDE BLVD RIVERSIDE, IL 61101	36-2854663	501(C)(3)		29,805.	FMV	FOOD & NON-PERISHABL	RELIEF
(9) LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO 500 W. WILSON BRIDGE RD. STE 245	31-4412586	501(C)(3)		29,580.	FMV	FOOD & NON-PERISHABL	RELIEF
(10) MEMPHIS LIFE CHURCH 1800 N GERMANTOWN PKWY CORDOVA, TN 38016	62-1644529	501(C)(3)		29,260.	FMV	FOOD & NON-PERISHABL	RELIEF
(11) ELEVATE PEOPLE CHURCH, WAREHOUSE 3630 CLINTON DRIVE HOUSTON, TX 77020	45-3671559	501(C)(3)		29,146.	FMV	FOOD & NON-PERISHABL	RELIEF
(12) SEVEN OAKS CHURCH OF CHRIST 290 STATE ROUTE 97 MAYFIELD, KY 42066	61-0462094	501(C)(3)		28,754.	FMV	FOOD & NON-PERISHABL	RELIEF

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(1) TOLLESON FOOD BANK PO BOX 1396 TOLLESON, AZ 85353	74-2530272	501(C)(3)		27,914.	FMV	FOOD & NON-PERISHABL	RELIEF
(2) INSPIRED VISION COMPASSION CENTER 2019 N MASTERS DR. DALLAS, TX 75217	45-2810447	501(C)(3)		27,701.	FMV	FOOD & NON-PERISHABL	RELIEF
(3) SACRAMENTO FOOD BANK & FAMILY SERVICES 1951 BELL AVENUE SACRAMENTO, CA 95838	94-3315566	501(C)(3)		27,637.	FMV	FOOD & NON-PERISHABL	RELIEF
(4) CHURCH OF THE KING ESPLANADE MALL-KENNER 1405 W ESPLANADE AVE KENNER, LA 70065	72-6014476	501(C)(3)		26,579.	FMV	FOOD & NON-PERISHABL	RELIEF
(5) HEROES CAMP 4130 HICKORY RD. MISHAWAKA, IN 46545	12-6163111	501(C)(3)		24,646.	FMV	FOOD & NON-PERISHABL	RELIEF
(6) COMPASSION COALITION, INC. 509 LAFAYETTE ST UTICA, NY 13502	16-1579336	501(C)(3)		21,720.	FMV	FOOD & NON-PERISHABL	RELIEF
(7) BETHANY HOUSE 817 HIDALGO STREET LAREDO, TX 78040	74-2317098	501(C)(3)		20,293.	FMV	FOOD & NON-PERISHABL	RELIEF
(8) FEED AMERICA FIRST 319 MURFREESBORO ST MURFREESBORO, TN 37127	62-1821057	501(C)(3)		19,641.	FMV	FOOD & NON-PERISHABL	RELIEF
(9) SPERO HOUSE NILES 24 NORTH 4TH STREET NILES, MI 49120	85-0631686	501(C)(3)		17,661.	FMV	FOOD & NON-PERISHABL	RELIEF
(10) FOOD BOX -SUMMERSVILLE REVIVAL 50 STONEWALL DRIVE SUMMERSVILLE, WV 26681	99-9999999	501(C)(3)		17,541.	FMV	FOOD & NON-PERISHABL	RELIEF
(11) MIDWEST FOOD BANK 2031y WAREHOUSE ROAD NORMAL, IL 61761	41-2120170	501(C)(3)		17,446.	FMV	FOOD & NON-PERISHABL	RELIEF
(12) SERV INTERNATIONAL INC 3145 MARIETTA HIGHWAY CANTON, GA 30114	58-2578177	501(C)(3)		16,759.	FMV	FOOD & NON-PERISHABL	RELIEF

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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHRISTIAN CENTER CHURCH 530 E IRELAND RD. SOUTH BEND, IN 46614	27-0100686	501(C)(3)		15,110.	FMV	FOOD & NON-PERISHABL	RELIEF
(2) NEW WINE CHRISTIAN FELLOWSHIP 1921 W.AIRLINE HWY LAPLACE, LA 70068	99-9999999	501(C)(3)		12,653.	FMV	FOOD & NON-PERISHABL	RELIEF
(3) UNITED CHURCH OUTREACH MINISTRY 1311 CHICAGO RD SW WYOMING, MI 49509	38-2640284	501(C)(3)		10,159.	FMV	FOOD & NON-PERISHABL	RELIEF
(4) A VOICE FOR KIDS 119 S. DILL STREET MUNCIE, IN 47303	84-4385182	501(C)(3)		8,473.	FMV	FOOD & NON-PERISHABL	RELIEF
(5) FEED THE CHILDREN 333 N. MERIDIAN OKLAHOMA CITY, OK 73107	73-6108657	501(C)(3)		7,400.	FMV	FOOD & NON-PERISHABL	RELIEF
(6) EMPOWER BOONE PANTRY & RESOURCE CENTER 200 S. FIFTH ST. CAPRON, IL 61012	84-1647950	501(C)(3)		6,660.	FMV	FOOD & NON-PERISHABL	RELIEF
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

Schedule I (Form 990) 2021

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

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

PART I, LINE 2:

ALL GRANTS CONSISTED OF FOOD AND NON-PERISHABLE ITEMS AND ARE MADE MAINLY TO ELIGIBLE TAX EXEMPT CHARITABLE ORGANIZATIONS. SELECTION IS BASED ON THE NEED OF THE ORGANIZATION AND ITS ABILITY TO USE AND/OR DISTRIBUTE FOOD AND NON-PERISHABLE ITEMS TO THE NEEDY.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

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- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

LESEA GLOBAL FEED THE HUNGRY, INC

32-0053249

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,310,288.	COMPARABLE PROPERTY
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	X	5	18,227.	FAIR VALUE
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	796	28,566,664.	COMPARABLE PROPERTY
20 Drugs and medical supplies	X	4	227,438.	COMPARABLE PROPERTY
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SEE SUPP PAGE)		44.	5,411,323.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

Schedule M (Form 990) 2021

JSA

1E1298 1.000

3648PL 701U

V21-7.4F 0370481

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 B, LINE 32B:

LESEA GLOBAL FEED THE HUNGRY CONTRACTED WITH MILWAUKEE DIRECT MARKETING TO PROVIDE CONSULTING, MARKETING, AND DIRECT MAIL SERVICES. MILWAUKEE DIRECT MARKETING PROVIDES CONSULTATION SERVICES FOR FUNDRAISING CAMPAIGNS TO BENEFIT THE HUNGRY AROUND THE WORLD AND THE NON-CASH AND CASH RESOURCES PROVIDE EMERGENCY RELIEF TO THOSE IN NEED AS A RESULT OF FAMINE, DROUGHT, FLOOD, WAR, AND OTHER DISASTERS.

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 - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
VITAMINS & SUPP	X	39	5,281,624.	COMPARABLE PROPE
OTHER	X	5	129,699.	COMPARABLE PROPE
TOTALS		44.	5,411,323.	

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

LESEA GLOBAL FEED THE HUNGRY, INC

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

32-0053249

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IN PARTNERSHIP WITH INDIGENOUS LOCAL CHURCHES AND COMMUNITIES OF FAITH WE
PROMOTE SPIRITUAL, EMOTIONAL AND PHYSICAL WELFARE.

FORM 990, PART VI, SECTION A, LINE 2:

ANDREW J. SUMRALL AND ANGELA N. GRABOWSKI HAVE A FAMILY RELATIONSHIP

FORM 990, PART VI, SECTION B, LINE 11B:

EACH BOARD MEMBER WILL RECEIVE AN ELECTRONIC COPY OF FORM 990 FOR
INDEPENDENT REVIEW. EACH BOARD MEMBER WILL THEN RESPOND TO THE CFO AND
CONTROLLER WITH ANY SPECIFIC QUESTIONS OR COMMENTS SO THE ORGANIZATION
HAS TIME TO FOLLOW-UP AND OBTAIN ACCURATE ANSWERS. BASED ON THE
QUESTIONS, IF NECESSARY, THE ORGANIZATION WILL SCHEDULE AND HAVE A
CONFERENCE CALL TO DISCUSS. OTHERWISE, THE ORGANIZATION WILL FOLLOW-UP
WITH EACH MEMBER TO CONFIRM THEY HAVE REVIEWED THE FORM 990 AND HAVE NO
QUESTIONS.

FORM 990, PART VI, SECTION B, LINE 12C:

COMPLIANCE IS CARRIED OUT BY ANNUAL COMMUNICATION OF THE CONFLICT OF
INTEREST POLICY TO MANAGEMENT STAFF AND EMPLOYEES AND BY ADHERENCE TO
SECTION 6 OF THE POLICY, DISCLOSURE AND PROCEDURE.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION HAS AN EXECUTIVE COMPENSATION POLICY WHICH REQUIRES THE
USE OF COMPARABLE DATA, WHICH IS REVIEWED BY AN INDEPENDENT COMMITTEE OF
THE BOARD OF DIRECTORS, PRIOR TO APPROVAL OF COMPENSATION.

FORM 990, PART VI, LINE 17:

LIST OF STATES RECEIVING A COPY OF FORM 990: CA, GA, HI, IN, KY, MA, MD,
MI, MN, MS, NH, OR, SC, TN, VA, WV, WI

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2021

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Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON
REQUEST.

Name of the organization

Employer identification number

LESEA GLOBAL FEED THE HUNGRY, INC

32-0053249

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

THE ORGANIZATION IS A NON-PROFIT 501(C)3 MISSION ORGANIZATION DEDICATED TO FEEDING THE HUNGRY AROUND THE WORLD AND PROVIDING EMERGENCY RELIEF TO THOSE IN NEED AS A RESULT OF FAMINE, DROUGHT, FLOOD, WAR, OR OTHER DISASTER. IN PARTNERSHIP WITH INDIGENOUS LOCAL CHURCHES AND COMMUNITIES OF FAITH, WE PROMOTE SPIRITUAL, EMOTIONAL, AND PHYSICAL WELFARE.

Name of the organization

Employer identification number

LESEA GLOBAL FEED THE HUNGRY, INC

32-0053249

FORM 990, PART III - PROGRAM SERVICE

=====

LINE 4A, PROGRAM SERVICE

IN FISCAL YEAR 2021, FEED THE HUNGRY ADDED 68,807 CHILDREN TO THE EVERY CHILD EVERY DAY NUTRITION AND FOOD SECURITY PROGRAM, A 20.8% INCREASE FROM 2020 ENROLLMENT. A TOTAL OF 399,294 CHILDREN FROM 24 NATIONS BENEFITED FROM REGULAR, COOKED AND DRY RATION MEALS. THIS INCREASE IN SUSTAINED NUTRITION WAS ESPECIALLY IMPORTANT AS THE RESIDUAL AFTERMATH OF COVID 19 RELATED SHUTDOWNS CONTINUED TO BE FELT. BEYOND THE EVERY CHILD EVERY DAY PROGRAM, FEED THE HUNGRY CONTINUED TO FULFILL ITS MISSION OF EMERGENCY RELIEF THROUGH (A) ENGAGING IN FOOD SECURITY EFFORTS AMONGST DISPLACED AND REFUGEE POPULATIONS OF SOUTH SUDAN, CONGO, BURKINA FASO, AFGHANISTAN AND MYANMAR; (B) INCREASED FOOD SHIPMENT AND DISTRIBUTION TO PROVIDE FOOD SECURITY AMONG MARGINALIZED COMMUNITIES IN DEVELOPING NATIONS THAT WERE SEVERELY AFFECTED BY THE ECONOMIC FALLOUT OF COVID; (C) DELIVERY OF VENTILATORS, OXYGEN GENERATORS AND MEDICAL SUPPLIES TO INDIA DURING A SURGE OF COVID HOSPITALIZATIONS; (D) DISTRIBUTION OF FOOD AND NON-FOOD EMERGENCY RELIEF SUPPLIES TO VICTIMS OF HURRICANE IDA IN THE SOUTHERN UNITED STATES; AND (E) DISTRIBUTING 20,960,740 POUNDS OF FOOD AND RESOURCES TO COMMUNITY FOOD PANTRIES, SHELTERS AND OUTREACHES FOR DOMESTIC FOOD DISTRIBUTION EFFORTS ACROSS THE UNITED STATES.

Name of the organization

Employer identification number

LESEA GLOBAL FEED THE HUNGRY, INC

32-0053249

FORM 990, PART VI, LINE 17 - STATES

=====

CA,
GA, HI, IN, KY, MD, MA, MI,
MN, MS, NH, OR,
SC, TN, VA, WV, WI

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

LESEA GLOBAL FEED THE HUNGRY, INC

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.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

32-0053249

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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 organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) FTH LOGISTICS, INC. 35-2009485 530 EAST IRELAND RD SOUTH BEND, IN 46614	TRANSPORTATION	IN	LESEA GLOBAL FE	C-CORP	260,588.	NONE	100.0000	X	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses.		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FTH LOGISTICS, INC.	C	269,526.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

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) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(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 section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													