Public Inspection Copy

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning OCT 1, 2023 **and ending** SEP 30, 2024

B Check if applicable: Address change; Name change; Initial return; Final return/ terminated; Amended return; Application pending

C Name of organization
HUNGER TASK FORCE, INC.
Doing business as

D Employer identification number
39-1345847

Number and street (or P.O. box if mail is not delivered to street address) 5000 W ELECTRIC AVE
Room/suite

E Telephone number
414-777-0483

City or town, state or province, country, and ZIP or foreign postal code
WEST MILWAUKEE, WI 53219

G Gross receipts $ 26,672,261.

F Name and address of principal officer: PATRICK BYRNE
SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes [X] No

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions

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

J Website: WWW.HUNGERTASKFORCE.ORG

H(c) Group exemption number

K Form of organization: [X] Corporation Trust Association Other

L Year of formation: 1974 **M** State of legal domicile: WI

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: FEEDING PEOPLE TODAY; ENDING FUTURE HUNGER.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	90
6	Total number of volunteers (estimate if necessary)	6	15309
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	41,058,540.	25,924,769.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	275,309.	718,289.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,746.	11,824.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41,339,595.	26,654,882.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,585,600.	11,901,357.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,226,405.	7,064,741.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 1,409,620.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	21,097,469.	6,984,109.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	36,909,474.	25,950,207.
19	Revenue less expenses. Subtract line 18 from line 12	4,430,121.	704,675.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	40,092,905.	41,625,052.
21	Total liabilities (Part X, line 26)	1,965,096.	1,713,680.
22	Net assets or fund balances. Subtract line 21 from line 20	38,127,809.	39,911,372.

Part II Signature Block

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

Sign Here

Signature of officer
Date

PATRICK BYRNE, TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
KATY L. SOMMER	KATY L. SOMMER	04/28/25		P00273273

Firm's name RITZ HOLMAN LLP — Firm's EIN 39-0919055

Firm's address 330 E. KILBOURN AVE, SUITE 222
MILWAUKEE, WI 53202 — Phone no. 414-271-1451

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

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:
HUNGER TASK FORCE BELIEVES THAT EVERY PERSON HAS A RIGHT TO HEALTHY FOOD OBTAINED WITH DIGNITY. WE WORK TO PREVENT HUNGER AND MALNUTRITION BY PROVIDING FOOD TO PEOPLE IN NEED TODAY AND BY PROMOTING SOCIAL POLICIES TO ACHIEVE A HUNGER FREE COMMUNITY TOMORROW.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 $ 18,770,798. including grants of $ 11,901,357.) (Revenue $)
FOOD PROGRAM: COLLECTED AND DISTRIBUTED 10,286,149 POUNDS OF USDA COMMODITIES, DONATED FOOD, PRODUCE GROWN AT THE HUNGER TASK FORCE FARM, AND PURCHASED FOOD TO QUALIFIED FOOD PANTRIES, MEAL SITES AND ELIGIBLE SENIOR CITIZENS.

4b (Code:) (Expenses $ 3,412,500. including grants of $) (Revenue $)
OUTREACH: PROVIDED SUMMER MEALS TO LOCAL ELIGIBLE CHILDREN IN MILWAUKEE; MAINTAINED THE HUNGER RELIEF FUND; ORGANIZED FOOD FOR FAMILIES CAMPAIGN AND OTHER LARGE SIGNATURE COMMUNITY FOOD DRIVES, DISTRIBUTIONS AND EVENTS; ASSISTED ELIGIBLE PARTICIPANTS WITH NAVIGATING THE WISCONSIN FOODSHARE PROGRAM; PROVIDED NUTRITION EDUCATION IN LOCAL PUBLIC SCHOOLS, PARTNERED WITH PIGGLY WIGGLY TO BRING THE MOBILE MARKET TO MILWAUKEE NEIGHBORHOODS.

4c (Code:) (Expenses $ 1,426,858. including grants of $) (Revenue $)
ADVOCACY: WORKED TO ENSURE THAT NUTRITION AND ANTI-HUNGER PROGRAMS ARE ADEQUATELY FUNDED AND OPERATED IN A MANNER THAT MAKES THEM ACCESSIBLE TO THOSE WHO NEED ASSISTANCE; COORDINATED AND ORGANIZED THE HUNGER RELIEF FEDERATION.

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 23,610,156.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

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

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 ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	18		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c X	

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** 90			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
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?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
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?	**7a**	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
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?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
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?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
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?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		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, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**		

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

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

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (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.

X Own website X Another's website X Upon request ☐ Other *(explain on Schedule O)*

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

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

LISA FELDMEIER - 414-238-6480

5000 W ELECTRIC AVE, WEST MILWAUKEE, WI 53219

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) SHERRIE TUSSLER CEO THRU 6/4/2024	45.00			X				335,393.	0.	26,953.
(2) MATTHEW KING CEO EFFECTIVE 6/5/2024	45.00			X				174,506.	0.	38,821.
(3) LISA FELDMEIER CHIEF FINANCIAL OFFICER	45.00			X				147,032.	0.	20,392.
(4) JONATHAN HANSEN CHIEF STRATEGY OFFICER	45.00					X		137,046.	0.	29,689.
(5) MICHAEL JONAS FOOD BANK DIRECTOR	45.00					X		120,228.	0.	17,061.
(6) RICK LEWANDOWSKI SENIOR SERVICES DIRECTOR	45.00					X		109,653.	0.	24,875.
(7) MIKE ZEKA PRESIDENT	1.00	X		X				0.	0.	0.
(8) PATRICK BYRNE TREASURER	1.00	X		X				0.	0.	0.
(9) MARY BURGOON SECRETARY	1.00	X		X				0.	0.	0.
(10) TODD ADAMS DIRECTOR	1.00	X						0.	0.	0.
(11) MIRANDA BANKS DIRECTOR	1.00	X						0.	0.	0.
(12) JENNIFER JONES VICE PRESIDENT	1.00	X		X				0.	0.	0.
(13) AMY MUTZIGER DIRECTOR	1.00	X						0.	0.	0.
(14) JASON GOTTLIEB DIRECTOR	1.00	X						0.	0.	0.
(15) S. EDWARD SARSKAS DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
1b Subtotal								1,023,858.	0.	157,791.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,023,858.	0.	157,791.

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 6

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 0

Part VIII Statement of 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					
	e Government grants (contributions)	1e	14,227,539.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,697,230.				
	g Noncash contributions included in lines 1a-1f	1g	$ 12,708,913.				
	h **Total.** Add lines 1a-1f			25,924,769.			
Program Service Revenue		**Business Code**					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			655,572.			655,572.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	80,096.				
	b Less: cost or other basis and sales expenses	7b	0.	17,379.			
	c Gain or (loss)	7c	80,096.	-17,379.			
	d Net gain or (loss)			62,717.	62,717.		
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		**Business Code**					
	11a MISCELLANEOUS REVENUE		624210	11,824.	11,824.		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			11,824.			
	12 **Total revenue.** See instructions			26,654,882.	74,541.	0.	655,572.

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	11,901,357.	11,901,357.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,178,711.	925,528.	106,674.	146,509.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,159,019.	3,265,870.	376,171.	516,978.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	291,633.	229,024.	26,461.	36,148.
9 Other employee benefits	979,808.	768,577.	89,268.	121,963.
10 Payroll taxes	455,570.	357,624.	41,242.	56,704.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	51,873.		51,873.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	14,048.		14,048.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	187,648.	81,538.	65,284.	40,826.
12 Advertising and promotion	266,940.	126,141.	790.	140,009.
13 Office expenses	596,712.	442,566.	15,780.	138,366.
14 Information technology	71,937.	29,513.	32,796.	9,628.
15 Royalties				
16 Occupancy	255,951.	251,763.	2,978.	1,210.
17 Travel	51,158.	46,385.	4,147.	626.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,325.	4,290.		35.
20 Interest	145,387.	74,909.	19,717.	50,761.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	895,042.	887,927.	6,652.	463.
23 Insurance	178,365.	167,529.	6,153.	4,683.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FOOD EXPENSES	2,272,979.	2,272,429.	550.	
b PROGRAM SUPPLIES AND EQ	1,143,874.	1,125,132.	26.	18,716.
c MAINTENANCE AND SUPPLIE	348,352.	337,143.	10,344.	865.
d DUES & SUBSCRIPTIONS	273,260.	151,904.	32,540.	88,816.
e All other expenses	226,258.	163,007.	26,937.	36,314.
25 **Total functional expenses.** Add lines 1 through 24e	25,950,207.	23,610,156.	930,431.	1,409,620.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

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	4,914,890.	1	897,866.
	2	Savings and temporary cash investments	1,663,015.	2	6,273,689.
	3	Pledges and grants receivable, net	4,673,072.	3	3,601,441.
	4	Accounts receivable, net	161,423.	4	140,677.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	3,909,778.	8	4,158,035.
	9	Prepaid expenses and deferred charges	197,932.	9	229,310.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 17,537,170.			
	b	Less: accumulated depreciation — 10b: 4,337,666.	12,966,171.	10c	13,199,504.
	11	Investments - publicly traded securities	10,979,248.	11	12,087,440.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	2,481.
	15	Other assets. See Part IV, line 11	627,376.	15	1,034,609.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	40,092,905.	16	41,625,052.
Liabilities	17	Accounts payable and accrued expenses	1,416,074.	17	724,910.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	549,022.	25	988,770.
	26	**Total liabilities.** Add lines 17 through 25	1,965,096.	26	1,713,680.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	33,349,656.	27	36,389,484.
	28	Net assets with donor restrictions	4,778,153.	28	3,521,888.
		Organizations that do not follow FASB ASC 958, check here ☐ **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	38,127,809.	32	39,911,372.
	33	Total liabilities and net assets/fund balances	40,092,905.	33	41,625,052.

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	26,654,882.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,950,207.
3	Revenue less expenses. Subtract line 2 from line 1	3	704,675.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	38,127,809.
5	Net unrealized gains (losses) on investments	5	1,078,888.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	39,911,372.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ 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	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X	

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

2023

Open to Public Inspection

Name of the organization

HUNGER TASK FORCE, INC.

Employer identification number

39-1345847

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	33600440.	40008878.	33556624.	41058540.	25924769.	174149251
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	33600440.	40008878.	33556624.	41058540.	25924769.	174149251
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1117472.
6 **Public support.** Subtract line 5 from line 4.						173031779

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	33600440.	40008878.	33556624.	41058540.	25924769.	174149251
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	275,079.	17,301.	10,426.	253,737.	655,573.	1212116.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	12,246.	23,830.	11,401.	5,746.	11,834.	65,057.
11 **Total support.** Add lines 7 through 10						175426424

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 98.63 %

15 Public support percentage from 2022 Schedule A, Part II, line 14 15 98.49 %

16a **33 1/3% support test - 2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2022** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2023.** 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 - 2022.** 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

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

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 (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6 Other distributions (*describe in* **Part VI**). 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 (*provide details in* **Part VI**). See instructions.	8	
9 Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f **Total** of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	3,193.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	1,975.	
c Total lobbying expenditures (add lines 1a and 1b)	5,168.	
d Other exempt purpose expenditures	25,950,207.	
e Total exempt purpose expenditures (add lines 1c and 1d)	25,955,375.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
not over $500,000,	20% of the amount on line 1e.
over $500,000 but not over $1,000,000,	$100,000 plus 15% of the excess over $500,000.
over $1,000,000 but not over $1,500,000,	$175,000 plus 10% of the excess over $1,000,000.
over $1,500,000 but not over $17,000,000,	$225,000 plus 5% of the excess over $1,500,000.
over $17,000,000,	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? **Yes** **No**

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	10,187.	8,936.	7,226.	5,168.	31,517.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	170.	7,364.	3,094.	3,193.	13,821.

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

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

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
HUNGER TASK FORCE, INC.

Employer identification number
39-1345847

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

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

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

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

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
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 in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	388,346.	351,853.	423,415.	334,261.	306,897.
b Contributions					
c Net investment earnings, gains, and losses	63,759.	38,386.	-69,502.	90,922.	28,930.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	1,957.	1,893.	2,060.	1,769.	1,566.
g End of year balance	450,148.	388,346.	351,853.	423,415.	334,261.

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 100 %

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)	X	
(ii) Related organizations?	3a(ii)		X
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		12,471,748.	2,119,153.	10,352,595.
c Leasehold improvements		1,955,986.	54,283.	1,901,703.
d Equipment		3,071,157.	2,164,230.	906,927.
e Other		38,279.		38,279.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				13,199,504.

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. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FINANCE LEASE OBLIGATION	920,712.
(3) OPERATING LEASE OBLIGATION	68,058.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	988,770.

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 ... X

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

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

1	Total revenue, gains, and other support per audited financial statements			1	27,719,722.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	1,078,888.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	1,078,888.
3	Subtract line **2e** from line **1**			3	26,640,834.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,048.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	14,048.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	26,654,882.

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

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

1	Total expenses and losses per audited financial statements			1	25,936,159.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	25,936,159.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,048.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	14,048.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	25,950,207.

Part XIII Supplemental Information

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

PART V, LINE 4:

FINANCIAL RESERVES

PART X, LINE 2:

HTF IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION. MANAGEMENT HAS REVIEWED ALL TAX POSITIONS TAKEN IN PREVIOUS FISCAL YEARS AND THOSE EXPECTED TO BE TAKEN IN FUTURE FISCAL YEARS. AS OF SEPTEMBER 30, 2024, HTF HAD NO AMOUNTS RELATED TO UNRECOGNIZED INCOME TAX BENEFITS AND NO AMOUNTS RELATED TO ACCRUED INTEREST AND PENALTIES. HTF DOES NOT ANTICIPATE ANY SIGNIFICANT CHANGES TO UNRECOGNIZED INCOME TAX BENEFITS OVER THE NEXT YEAR.

Part XIII Supplemental Information *(continued)*

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
HUNGER TASK FORCE, INC.

Employer identification number
39-1345847

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

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

Part II Grants and Other Assistance to 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABUNDANT LIFE MANOR 1904 BELLEVIEW MILWAUKEE, WI 53211			0.	5,699.	FMV	FOOD	DONATION
ADRC OF PORTAGE COUNTY 1519 WATER ST STEVENS POINT, WI 54481			0.	35,674.	FMV	FOOD	DONATION
ALL SAINTS CATHOLIC CHURCH 4051 N 25TH ST MILWAUKEE, WI 53209	39-1821872	501(C)(3)	0.	194,403.	FMV	FOOD	DONATION
ANTIGO SENIOR CENTER (CSFP) 623 EDISON STREET ANTIGO, WI 54409			0.	62,218.	FMV	FOOD	DONATION
ARLINGTON COURT APARTMENTS (CSFP) 1633 N ARLINGTON PLACE MILWAUKEE, WI 53202			0.	13,778.	FMV	FOOD	DONATION
ASCENSION ST. FRANCIS (CSFP) 3237 S. 16TH STREET MILWAUKEE, WI 53215			0.	12,337.	FMV	FOOD	DONATION

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 .....

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASPENWOOD GLEN APARTMENT 6125 W. BRADLEY RD. MILWAUKEE, WI 53223			0.	10,957.	FMV	FOOD	DONATION
AUTUMN WEST SAFE HAVEN 3410 W LISBON AVE MILWAUKEE, WI 53208	39-1249426	501(C)(3)	0.	11,006.	FMV	FOOD	DONATION
BAY VIEW COMMUNITY CENTER OF MILWAUKEE - 1320 E OKLAHOMA AVE - MILWAUKEE, WI 53207	39-1343561	501(C)(3)	0.	148,652.	FMV	FOOD	DONATION
BAY VIEW MANOR (CSFP) 740 E. LINUS MILWAUKEE, WI 53207			0.	19,895.	FMV	FOOD	DONATION
BEAVER DAM COMMUNITY FOOD PANTRY 1201 GREEN VALLEY ROAD BEAVER DAM, WI 53916			0.	43,983.	FMV	FOOD	DONATION
BECHER COURT 1802 W BECHER STREET MILWAUKEE, WI 53215			0.	56,071.	FMV	FOOD	DONATION
BEULAH BRINTON SENIOR CENTER 2555 S BAY STREET MILWAUKEE, WI 53207			0.	17,532.	FMV	FOOD	DONATION
BEYOND BLESSED 1101 LAKE STREET BARABOO, WI 53913			0.	5,096.	FMV	FOOD	DONATION
BOOTH MANOR 150 W CENTENNIAL DRIVE OAK CREEK, WI 53154			0.	12,910.	FMV	FOOD	DONATION

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOULEVARD APARTMENTS 2627 W LAPHAM STREET MILWAUKEE, WI 53204			0.	24,196.	FMV	FOOD	DONATION
BREAKING BREAD FOOD PANTRY 51 W. DIVISION STREET FOND DU LAC, WI 54935			0.	33,548.	FMV	FOOD	DONATION
CACSCW 1717 N STOUGHTON ROAD MADISON, WI 53704	39-1053827	501(C)(3)	0.	22,558.	FMV	FOOD	DONATION
CALVARY GARDENS 1555 W CHAMBERS ST #101 MILWAUKEE, WI 53206			0.	10,360.	FMV	FOOD	DONATION
CAMBRIDGE SENIOR APARTMENTS 1831 N CAMBRIDGE AVENUE MILWAUKEE, WI 53202			0.	10,397.	FMV	FOOD	DONATION
CARETRULY 3236 W. LOOMIS STREET MILWAUKEE, WI 53221			0.	22,651.	FMV	FOOD	DONATION
CATHEDRAL CENTER SHELTER 845 N VAN BUREN STREET MILWAUKEE, WI 53202	74-3038890	501(C)(3)	0.	8,274.	FMV	FOOD	DONATION
CENTER FOR VETERANS ISSUES 3400 W WISCONSIN AVE MILWAUKEE, WI 53208	39-1712359	501(C)(3)	13,799.	18,808.	FMV	FOOD	DONATION
CHRIST THE KING BAPTIST CHURC 7750 N 60TH ST MILWAUKEE, WI 53223			0.	7,377.	FMV	FOOD	DONATION

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF THE GOOD HOPE 8700 W GOOD HOPE ROAD MILWAUKEE, WI 53224	39-0913343	501(C)(3)	0.	14,385.	FMV	FOOD	DONATION
CITY OF GREENFIELD-PARKS & RE 7325 W FOREST HOME AVENUE GREENFIELD, WI 53220			0.	41,025.	FMV	FOOD	DONATION
CLARE COURT APARTMENTS 3069 N 59TH STREET MILWAUKEE, WI 53210			0.	12,222.	FMV	FOOD	DONATION
CLARKE SQUARE TERRACE 1740 W PIERCE STREET MILWAUKEE, WI 53204			0.	30,228.	FMV	FOOD	DONATION
CLINTON ROSE SENIOR CENTER 3045 N MARTIN LUTHER KING DRI MILWAUKEE, WI 53212	83-0637217	501(C)(3)	0.	67,344.	FMV	FOOD	DONATION
COA YOUTH AND FAMILY CENTER 909 EAST NORTH AVENUE MILWAUKEE, WI 53212-3447	39-0806339	501(C)(3)	0.	89,629.	FMV	FOOD	DONATION
COLLEGE COURT 3334 WEST HIGHLAND BOULEVARD MILWAUKEE, WI 53208			0.	42,267.	FMV	FOOD	DONATION
COMMUNITY ADVOCATES 728 N JAMES LOVELL ST MILWAUKEE, WI 53233	39-1249426	501(C)(3)	0.	42,649.	FMV	FOOD	DONATION
COMPASSIONATE CONNECTION CENTER 26 10TH ST CLINTONVILLE, WI 54929	85-4223105	501(C)(3)	0.	11,056.	FMV	FOOD	DONATION

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONVENT HILL 403 E OGDEN AVENUE MILWAUKEE, WI 53202			0.	11,358.	FMV	FOOD	DONATION
COULEECAP SPARTA FOOD PANTRY 2178 N BLACK RIVER ST SPARTA, WI 54656			0.	141,040.	FMV	FOOD	DONATION
CRIVITZ FOOD PANTRY PO BOX 398 CRIVITZ, WI 54114	75-3083858	501(C)(3)	0.	37,370.	FMV	FOOD	DONATION
CSFP WAITING LIST FOOD BOX 5000 W ELECTRIC AVE WEST MILWAUKEE, WI 53219			0.	19,314.	FMV	FOOD	DONATION
CWCAC BEAVER DAM 134 SOUTH SPRING STREET BEAVER DAM, WI 53916			0.	115,332.	FMV	FOOD	DONATION
DEERWOOD CROSSING 4195 W BRADLEY RD MILWAUKEE, WI 53209			0.	12,268.	FMV	FOOD	DONATION
DIVINE SAVIOR CHURCH 4311 N 100TH ST MILWAUKEE, WI 53222			0.	7,562.	FMV	FOOD	DONATION
DOORDASH - STOCKBOX 5000 W ELECTRIC AVE WEST MILWAUKEE, WI 53219			0.	577,828.	FMV	FOOD	DONATION
EAST TERRACE APARTMENTS 801 N EAST AVE WAUKESHA, WI 53188			0.	5,806.	FMV	FOOD	DONATION

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTBROOK CHURCH FOOD PANTRY 5353 N GREEN BAY AVENUE MILWAUKEE, WI 53209	39-1364853	501(C)(3)	0.	191,536.	FMV	FOOD	DONATION
EBENEZER COGIC 3132 N MARTIN LUTHER KING DRI MILWAUKEE, WI 53212	39-1287366	501(C)(3)	0.	59,814.	FMV	FOOD	DONATION
ECHO IN JANESVILLE 65 S HIGH STREET JANESVILLE, WI 53548	39-1222279	501(C)(3)	0.	58,339.	FMV	FOOD	DONATION
ELK'S LODGE 5555 W GOOD HOPE ROAD MILWAUKEE, WI 53223			0.	46,236.	FMV	FOOD	DONATION
ERAS SENIOR NETWORK 2607 N GRANDVIEW BLVD #150 WAUKESHA, WI 53188	39-1393171	501(C)(3)	0.	7,408.	FMV	FOOD	DONATION
FAITH IN ACTION 321 BUTTS AVE TOMAH, WI 54660	02-0794533	501(C)(3)	0.	17,384.	FMV	FOOD	DONATION
FAMILY LIFE CENTER FOOD PANTRY 1441 W OAKWOOD ROAD OAK CREEK, WI 53154	39-0830275	501(C)(3)	1,813.	40,654.	FMV	FOOD	DONATION
FAMILY SHARING OZAUKEE COUNTY (CSFP) - 1002 OVERLAND CT - GRAFTON, WI 53024	39-1476384	501(C)(3)	0.	20,064.	FMV	FOOD	DONATION
FEEDING AMERICA EASTER WISCONSIN 2911 E. EVERGREEN DRIVE APPLETON, WI 54913			0.	28,254.	FMV	FOOD	DONATION

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FERNWOOD COURT 6700 W APPLETON AVENUE MILWAUKEE, WI 53216			0.	5,017.	FMV	FOOD	DONATION
FLO'ING WITH KINDNESS 1220 MAIN STREET GRESHAM, WI 54128	85-0868686	501(C)(3)	0.	16,599.	FMV	FOOD	DONATION
FLORENCE COUNTY ON AGING 5638 FORESTRY DR FLORANCE, WI 54121			0.	42,901.	FMV	FOOD	DONATION
FOND DU LAC SENIOR CENTER 151 E 1ST ST FOND DU LAC, WI 54935			0.	5,989.	FMV	FOOD	DONATION
FOOD PANTRY OF WAUKESHA COUNT 1301 SENTRY DR WAUKESHA, WI 53186	39-1502732	501(C)(3)	11,748.	190,943.	FMV	FOOD	DONATION
FOREST COUNTY ON AGING 601 WASHINGTON ST CRANDON, WI 54520			0.	25,579.	FMV	FOOD	DONATION
FRANKLIN SENIOR DINING 9229 W LOOMIS RD FRANKLIN, WI 53132			0.	22,971.	FMV	FOOD	DONATION
FULL SHELF FOOD PANTRY OF WEST BEND - 231 MUNICIPAL DRIVE - WEST BEND, WI 53095	39-1716270	501(C)(3)	0.	22,413.	FMV	FOOD	DONATION
GATHERING OF SE WISCONSIN 804 E JUNEAU AVE MILWAUKEE, WI 53202	39-1891030	501(C)(3)	12,266.	183,188.	FMV	FOOD	DONATION

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GAY MILLS FOOD PANTRY 120 SUNSET RIDGE, SUITE 122 GAY MILLS, WI 54631			0.	6,927.	FMV	FOOD	DONATION
GOLDA MEIR APARTMENTS 1567 N PROSPECT AVENUE MILWAUKEE, WI 53202			0.	21,537.	FMV	FOOD	DONATION
GOOD SAMARITAN OUTREACH CENTER 5924 W BURNHAM ST WEST ALLIS, WI 53219	06-1760787	501(C)(3)	1,849.	89,587.	FMV	FOOD	DONATION
GOOD SAMARITAN WESTSIDE COMMUNITY CHURCH FOOD PANTRY - 5226 W BURLEIGH ST - MILWAUKEE, WI 53210			0.	19,466.	FMV	FOOD	DONATION
GRAND AVE UNITED METHODIST CH 505 WEST GRAND AVENUE PORT WASHINGTON, WI 53074			0.	17,603.	FMV	FOOD	DONATION
GRANT PARK SQUARE 2825 S CHICAGO AVENUE SOUTH MILWAUKEE, WI 53172			0.	7,751.	FMV	FOOD	DONATION
GREATER GALILEE 2432 N TEUTONIA AVE MILWAUKEE, WI 53206	39-0990174	501(C)(3)	0.	7,446.	FMV	FOOD	DONATION
GREATER SPRING HILL MISSIONARY BAPTIST CHURCH - 3500 N 26TH ST - MILWAUKEE, WI 53206			0.	15,181.	FMV	FOOD	DONATION
GREEN COUNTY 1129 17TH AVE MONROE, WI 53566			0.	16,225.	FMV	FOOD	DONATION

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREEN COURT APARTMENTS 4185 W SCHROEDER DRIVE BROWN DEER, WI 53209			0.	7,113.	FMV	FOOD	DONATION
GROBSCHMIDT SENIOR CENTER 2424 15TH AVENUE SOUTH MILWAUKEE, WI 53215			0.	28,114.	FMV	FOOD	DONATION
GROW IT FORWARD (HRFED) 1501 MARSHALL ST MANITOWOC, WI 54220	47-1931867	501(C)(3)	0.	11,951.	FMV	FOOD	DONATION
HADLEY TERRACE APARTMENTS 3515 W HADLEY STREET MILWAUKEE, WI 53210			0.	12,011.	FMV	FOOD	DONATION
HALAL BOXES 27TH ST MILWAUKEE, WI 53210			0.	19,274.	FMV	FOOD	DONATION
HALES CORNERS LUTHERAN CHURCH 5885 S 116TH STREET HALES CORNERS, WI 53130			0.	18,665.	FMV	FOOD	DONATION
HAMPTON REGENCY APTS, BUTLER 12999 W HAMPTON AVENUE #305 BUTLER, WI 53007			0.	6,806.	FMV	FOOD	DONATION
HANAN REFUGEE RELIEF GROUP 3927 S HOWELL AVE SUITE 103 MILWAUKEE, WI 53207	82-1762609	501(C)(3)	0.	9,260.	FMV	FOOD	DONATION
HELPING PLACE @ SOLOMON COMMUNITY TEMPLE - 3295 N MARTIN LUTHER KING DRI - MILWAUKEE, WI 53212	39-1208603	501(C)(3)	0.	58,854.	FMV	FOOD	DONATION

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HERITAGE HOUSE 11515 W CLEVELAND AVENUE WEST ALLIS, WI 53227			0.	18,567.	FMV	FOOD	DONATION
HIGHLAND GARDENS 1818 W JUNEAU AVENUE MILWAUKEE, WI 53233			0.	20,818.	FMV	FOOD	DONATION
HMONG/AMERICAN FRIENDSHIP ASSOC 3824 W VLIET STREET MILWAUKEE, WI 53208	39-1456011	501(C)(3)	0.	326,810.	FMV	FOOD	DONATION
HO-CHUNK NATION 3501 S HOWELL AVE MILWAUKEE, WI 53207			0.	23,089.	FMV	FOOD	DONATION
HOPE HOUSE OF MILWAUKEE, INC. 209 W ORCHARD ST. MILWAUKEE, WI 53204	39-1592900	501(C)(3)	0.	47,698.	FMV	FOOD	DONATION
HOPE LUTHERAN CHURCH FOOD PAN 1115 N 35TH STREET MILWAUKEE, WI 53208	39-1024998	501(C)(3)	0.	24,674.	FMV	FOOD	DONATION
HOPKINS STREET ELEMENTARY 1503 W HOPKINS ST MILWAUKEE, WI 53206			0.	7,345.	FMV	FOOD	DONATION
HOUSE OF PEACE 1702 W WALNUT ST MILWAUKEE, WI 53205	39-1636105	501(C)(3)	15,097.	308,262.	FMV	FOOD	DONATION
HTF - EASTER DINNER 5000 W ELECTRIC AVE MILWAUKEE, WI 53219	39-1345847	501(C)(3)	0.	9,510.	FMV	FOOD	DONATION

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HTF - WALK-IN 5000 W ELECTRIC AVE MILWAUKEE, WI 53219	39-1345847	501(C)(3)	0.	5,767.	FMV	FOOD	DONATION
HUNGER TASK FORCE LA CROSSE (CSFP) 1240 CLINTON ST LA CROSSE, WI 54603	39-1947827	501(C)(3)	25,000.	126,937.	FMV	FOOD	DONATION
INDEPENDENCE FIRST 540 S 1ST ST MILWAUKEE, WI 53204	39-1343425	501(C)(3)	0.	25,260.	FMV	FOOD	DONATION
INDIANHEAD 500 W. 9TH STREET LADYSMITH, WI 54848			0.	25,446.	FMV	FOOD	DONATION
INTERCHANGE INC. 1105 N. WAVERLY PLACE MILWAUKEE, WI 53202	23-7175702	501(C)(3)	11,969.	5,351.	FMV	FOOD	DONATION
JEFFERSON COURT APARTMENTS 415 E KNAPP STREET MILWAUKEE, WI 53202			0.	37,642.	FMV	FOOD	DONATION
JEWISH COMMUNITY PANTRY 2900 W CENTER ST MILWAUKEE, WI 53210	39-0806234	501(C)(3)	0.	384,067.	FMV	FOOD	DONATION
JIM LUTHER NEW HOPE CENTER 1414 W BECHER ST. MILWAUKEE, WI 53215	86-3904713	501(C)(3)	2,031.	255,442.	FMV	FOOD	DONATION
KELLY SENIOR CENTER 6100 S LAKE DRIVE CUDAHY, WI 53110	83-0637217	501(C)(3)	0.	55,335.	FMV	FOOD	DONATION

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KINGDOM COME FOOD PANTRY 520 LOCUST AVE OCONTO FALLS, WI 54154	14-1936188	501(C)(3)	0.	114,347.	FMV	FOOD	DONATION
KINSHIP COMMUNITY FOOD CENTER 914 E CLARKE STREET MILWAUKEE, WI 53212	43-2011354	501(C)(3)	14,279.	121,199.	FMV	FOOD	DONATION
KOINONIA FAMILY DEVELOPMENT CENTER MEAL PROGRAM - 2944 N 9TH ST - MILWAUKEE, WI 53206	06-1759974	501(C)(3)	0.	16,428.	FMV	FOOD	DONATION
LACAUSA, INC. 413 W SCOTT ST MILWAUKEE, WI 53204	39-1247667	501(C)(3)	0.	13,511.	FMV	FOOD	DONATION
LAKE FOREST APARTMENTS 8551 S CHICAGO ROAD OAK CREEK, WI 53154			0.	19,553.	FMV	FOOD	DONATION
LAKELAND PANTRY (CSFP) 4915 S HOWELL AVE #101 MILWAUKEE, WI 53207	39-1521169	501(C)(3)	0.	33,421.	FMV	FOOD	DONATION
LAPHAM PARK APARTMENTS 1901 N 6TH STREET #223 MILWAUKEE, WI 53212			0.	17,030.	FMV	FOOD	DONATION
LAYTON GARDENS 2220 W LAYTON AVENUE MILWAUKEE, WI 53221			0.	8,838.	FMV	FOOD	DONATION
LOIS AND TOM DOLAN CENTER 4355 W BRADLEY RD BROWN DEER, WI 53223			0.	15,150.	FMV	FOOD	DONATION

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LOYAL FOOD PANTRY 228 N. MAIN STREET LOYAL, WI 54446			0.	17,695.	FMV	FOOD	DONATION
MARION AREA FOOD PANTRY 121 E RAMSDELL ST MARION, WI 54950	41-2176740	501(C)(3)	0.	9,795.	FMV	FOOD	DONATION
MARSHFIELD CREDIT UNION 302 W UPHAM ST MARSHFIELD, WI 54449			0.	18,013.	FMV	FOOD	DONATION
MCGOVERN PARK SENIOR CENTER 4500 W CUSTER AVENUE MILWAUKEE, WI 53218	83-0637217	501(C)(3)	0.	55,113.	FMV	FOOD	DONATION
MENOMONEE FALLS COMMUNITY CEN W152N8645 MARGARET ROAD MENOMONEE FALLS, WI 53051			0.	12,124.	FMV	FOOD	DONATION
MENOMONEE INDIAN TRIBE N737 HEADSTART ROAD KESHENA, WI 54135			0.	7,119.	FMV	FOOD	DONATION
MERCER AREA FOOD PANTRY 5113 BLACK LAKE RD MERCER, WI 54547	39-2037783	501(C)(3)	0.	51,856.	FMV	FOOD	DONATION
MERRILL ENRICHMENT CENTER 303 N SALES STREET MERRILL, WI 54452			0.	22,231.	FMV	FOOD	DONATION
MERRILL PARK 222 N 33RD STREET APT 915 MILWAUKEE, WI 53208			0.	23,817.	FMV	FOOD	DONATION

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METROPOLITAN MEAL PROGRAM 931 W MADISON ST MILWAUKEE, WI 53204	39-1125226	501(C)(3)	0.	154,561.	FMV	FOOD	DONATION
MILWAUKEE CHRISTIAN CENTER 807 S 14TH ST MILWAUKEE, WI 53204	39-0807066	501(C)(3)	0.	326,917.	FMV	FOOD	DONATION
MILWAUKEE CRC 8885 S. 68TH STREET MILWAUKEE, WI 53132			0.	16,043.	FMV	FOOD	DONATION
MIRACLE ON 35TH STREET 6098 N. 35TH STREET MILWAUKEE, WI 53209	68-0517852	501(C)(3)	0.	66,859.	FMV	FOOD	DONATION
MJ BATTLE APARTMENTS 3131 N MARTIN LUTHER KING DR MILWAUKEE, WI 53212			0.	9,829.	FMV	FOOD	DONATION
MOES KITCHEN CSFP 1814 N FARWELL AVE MILWAUKEE, WI 53202			0.	24,566.	FMV	FOOD	DONATION
MONUMENTAL MISSIONARY BAPTIST 2407 W NORTH AVENUE MILWAUKEE, WI 53205	39-2029692	501(C)(3)	0.	16,249.	FMV	FOOD	DONATION
MOTHER OF PERPETUAL HELP SVDP 1211 S 116TH STREET WEST ALLIS, WI 53214	37-1902851	501(C)(3)	0.	91,492.	FMV	FOOD	DONATION
MUKWONAGO FOOD PANTRY 325 EAGLE LAKE AVE MUKWONAGO, WI 53149	39-1664601	501(C)(3)	2,021.	14,122.	FMV	FOOD	DONATION

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MUSLIM COMMUNITY & HEALTH CENTER 803 W LAYTON AVE MILWAUKEE, WI 53221	45-2385629	501(C)(3)	0.	18,864.	FMV	FOOD	DONATION
NEIGHBORHOOD HOUSE OF MILWAUKEE 639 N 25TH ST MILWAUKEE, WI 53233	39-0806269	501(C)(3)	0.	73,613.	FMV	FOOD	DONATION
NEIGHBORS PLACE 2819 W RICHARDSON PL MILWAUKEE, WI 53208	39-1640241	501(C)(3)	0.	29,585.	FMV	FOOD	DONATION
NORTHCOTT NEIGHBORHOOD HOUSE 2460 N 6TH STREET MILWAUKEE, WI 53212	39-0984402	501(C)(3)	0.	458,652.	FMV	FOOD	DONATION
NORTHWOODS COMMUNITY SHELF 16216 US-63 HAYWARD, WI 54843	20-5934206	501(C)(3)	0.	72,970.	FMV	FOOD	DONATION
NOURISH MKE 1220 W. VLIET ST MILWAUKEE, WI 53205			0.	469,243.	FMV	FOOD	DONATION
OASIS SENIOR CENTER 2414 W MITCHELL STREET MILWAUKEE, WI 53204			0.	27,629.	FMV	FOOD	DONATION
OCONTO COUNTY COMMISSION ON AGING (CSFP) - 1210 MAIN ST - OCONTO, WI 54153			0.	45,139.	FMV	FOOD	DONATION
ONE GOD MINISTRY 7301 W BURLEIGH ST. MILWAUKEE, WI 53210	20-0511548	501(C)(3)	0.	10,951.	FMV	FOOD	DONATION

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ONEIDA EMERGENCY FOOD PANTRY N7210 SEMINARY RD ONEIDA, WI 54155			0.	68,212.	FMV	FOOD	DONATION
OPEN DOOR CAFE MEAL PROGRAM 831 N VAN BUREN STREET MILWAUKEE, WI 53202	53-0196617	501(C)(3)	11,400.	47,470.	FMV	FOOD	DONATION
OSHKOSH AREA COMMUNITY PANTRY 2551 JACKSON ST OSHKOSH, WI 54901	26-3714702	501(C)(3)	0.	59,629.	FMV	FOOD	DONATION
OSHKOSH SALVATION ARMY 417 ALGOMA BLVD OSHKOSH, WI 54901			0.	10,044.	FMV	FOOD	DONATION
PARK BLUFF APARTMENTS 555 S LAYTON BOULEVARD MILWAUKEE, WI 53215			0.	24,169.	FMV	FOOD	DONATION
PARK SIDE COMMONS 1400 W CUSTER AVE GLENDALE, WI 53209			0.	9,730.	FMV	FOOD	DONATION
PARKHILL SENIOR APARTMENTS 535 W CONCORDIA AVE MILWAUKEE, WI 53212			0.	10,119.	FMV	FOOD	DONATION
PASTOR FRED'S FOOD PANTRY PO BOX 117 AMBERG, WI 54102	90-0690492	501(C)(3)	0.	26,991.	FMV	FOOD	DONATION
PAUL'S PANTRY 1520 LEO FRIGO DR GREEN BAY, WI 54302			0.	17,425.	FMV	FOOD	DONATION

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PESHTIGO FOOD PANTRY 240 MCCRAIG MARINETTE, WI 54143	46-0645357	501(C)(3)	0.	6,266.	FMV	FOOD	DONATION
PLEASANT TERRACE APARTMENTS 1027 E PLEASANT TERRACE MILWAUKEE, WI 53202			0.	9,643.	FMV	FOOD	DONATION
PLYMOUTH APARTMENTS 824 W GALENA STREET MILWAUKEE, WI 53205			0.	10,296.	FMV	FOOD	DONATION
PROJECT CONCERN OF CUDAHY PO BOX 100093 CUDAHY, WI 53110	39-1757379	501(C)(3)	2,139.	199,129.	FMV	FOOD	DONATION
RACINE COUNTY FOOD BANK 2000 DEKOVEN AVENUE RACINE, WI 53403	39-1269080	501(C)(3)	0.	11,847.	FMV	FOOD	DONATION
RACINE KENOSHA COMMUNITY ACTION AGENCY - 2113 N WISCONSIN ST - RACINE, WI 53402			0.	25,620.	FMV	FOOD	DONATION
RED CLIFF BANK OF LAKE SUPERIOR 88385 PIKE ROAD BAYFIELD, WI 54814			0.	33,195.	FMV	FOOD	DONATION
REDEEMER EVANGELICAL FREE CHURC 7735 W HOWARD AVENUE MILWAUKEE, WI 53220	41-0721672	501(C)(3)	0.	33,267.	FMV	FOOD	DONATION
REPAIRERS OF THE BREACH 1335 W VLIET STREET MILWAUKEE, WI 53205	39-1707495	501(C)(3)	0.	47,883.	FMV	FOOD	DONATION

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RESOURCES AND BEYOND INC. 58700 W. BROWN DEER ROAD MILWAUKEE, WI 53224			0.	31,410.	FMV	FOOD	DONATION
RHINELANDER AREA FOOD PANTRY (CSFP) - 627 COON ST - RHINELANDER, WI 54501	33-1141966	501(C)(3)	0.	94,140.	FMV	FOOD	DONATION
RIDGEWOOD/WESTRIDGE APARTMENT 7901 W GLENBROOK STREET MILWAUKEE, WI 53223			0.	23,111.	FMV	FOOD	DONATION
RIPON SENIOR CENTER 100 E. JACKSON STREET RIPON, WI 54971			0.	14,267.	FMV	FOOD	DONATION
RIVER PARK APARTMENTS 1700 E RIVER PARK CT MILWAUKEE, WI 53211			0.	17,602.	FMV	FOOD	DONATION
RIVERVIEW 1300 E KANE PLACE #408 MILWAUKEE, WI 53202			0.	13,760.	FMV	FOOD	DONATION
ROOTED & RISING ORG. FOOD PANTRY 630 VEL R PHILLIPS AVE MILWAUKEE, WI 53203	39-1030611	501(C)(3)	0.	129,579.	FMV	FOOD	DONATION
SALVATION ARMY - 60TH STREET 5880 NORTH 60TH STREET MILWAUKEE, WI 53218	36-2167910	501(C)(3)	0.	287,399.	FMV	FOOD	DONATION
SALVATION ARMY - CITADEL 4129 W VILLARD AVE MILWAUKEE, WI 53209	36-2167910	501(C)(3)	0.	199,893.	FMV	FOOD	DONATION

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SALVATION ARMY - COLD SPRING 2900 W COLDSPRING RD GREENFIELD, WI 53221	36-2167910	501(C)(3)	0.	86,646.	FMV	FOOD	DONATION
SALVATION ARMY - FEED THE KIDS MEAL PROGRAM - 5880 N 60TH STREET - MILWAUKEE, WI 53218			0.	11,107.	FMV	FOOD	DONATION
SALVATION ARMY - GREATER GREEN BAY 626 UNION CT GREEN BAY, WI 54303			0.	12,670.	FMV	FOOD	DONATION
SALVATION ARMY - MANITOWOC 415 N 6TH ST MANITOWOC, WI 54220	36-2167910	501(C)(3)	0.	47,275.	FMV	FOOD	DONATION
SALVATION ARMY - OAK CREEK 8853 S HOWELL AVENUE OAK CREEK, WI 53154	36-2167910	501(C)(3)	0.	54,524.	FMV	FOOD	DONATION
SALVATION ARMY - WAUSAU 103 S 2ND ST WAUSAU, WI 54401			0.	13,789.	FMV	FOOD	DONATION
SALVATION ARMY SUMMER PROGRAM 5880 N 60TH STREET MILWAUKEE, WI 53218			0.	8,412.	FMV	FOOD	DONATION
SALVATION ARMY WEST CORPS 1645 N 25TH ST MILWAUKEE, WI 53205	36-0806889	501(C)(3)	0.	143,969.	FMV	FOOD	DONATION
SDC NW EMERGENCY SERVICES AND FOOD PANTRY - 9155 N. 76TH STREET - MILWAUKEE, WI 53223	39-1033230	501(C)(3)	0.	51,993.	FMV	FOOD	DONATION

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SHAWANO AREA FOOD PANTRY 218 E. RICHARD STREET SHAWANO, WI 54166	27-3672510	501(C)(3)	0.	44,711.	FMV	FOOD	DONATION
SHEBOYGAN COUNTY FOOD BANK 3115 N 21ST ST. SHEBOYGAN, WI 53083	39-1733883	501(C)(3)	0.	17,208.	FMV	FOOD	DONATION
SHEPARDS WATCH FOOD PANTRY 507 STONE AVE MATTOON, WI 54450			0.	5,458.	FMV	FOOD	DONATION
SHERMAN PHEONIX 3536 W FON DU LAC AVE MILWAUKEE, WI 53214	85-4125394		0.	6,371.	FMV	FOOD	DONATION
SIGGENAUK CENTER FOOD PANTRY 1050 W LAPHAM AVENUE MILWAUKEE, WI 53204	39-1683577	501(C)(3)	0.	108,991.	FMV	FOOD	DONATION
SILVER SPRING NEIGHBORHOOD CENTER FOOD PANTRY - 5460 N 64TH STREET - MILWAUKEE, WI 53218	39-0966281	501(C)(3)	0.	162,050.	FMV	FOOD	DONATION
SOJOURNER FAMILY PEACE P.O. BOX 080319 MILWAUKEE, WI 53208	39-1276210	501(C)(3)	0.	19,296.	FMV	FOOD	DONATION
SOUTH MILW. HUMAN CONCERNS 1333 COLLEGE AVE STE H SOUTH MILWAUKEE, WI 53172	23-7217934	501(C)(3)	2,098.	132,668.	FMV	FOOD	DONATION
SOUTHGATE SQUARE APARTMENTS 3795 S 27TH ST MILWAUKEE, WI 53221			0.	38,970.	FMV	FOOD	DONATION

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SOUTHWEST CAP DODGEVILLE 149 N IOWA ST. DODGEVILLE, WI 53533			0.	57,704.	FMV	FOOD	DONATION
ST. BENEDICT COMMUNITY MEAL 930 W STATE ST MILWAUKEE, WI 53233			19,795.	3,191.	FMV	FOOD	DONATION
ST. JOSEPH FOOD PANTRY 1465 OPPORTUNITY WAY MENASHA, WI 54952	39-1822486	501(C)(3)	11,344.	230,024.	FMV	FOOD	DONATION
ST. JOSEPH HOSPITAL 611 N ST JOSEPH AVE MARSHFIELD, WI 54404			0.	7,538.	FMV	FOOD	DONATION
ST. MARTIN DEPORRES FOOD PAN 128 W BURLEIGH STREET MILWAUKEE, WI 53212	39-1821873	501(C)(3)	0.	13,133.	FMV	FOOD	DONATION
ST. MICHAEL CHURCH 1445 N 24TH ST MILWAUKEE, WI 53205			0.	14,157.	FMV	FOOD	DONATION
ST. PETER IMMANUEL LUTHERAN CHURCH FOOD PANTRY - 7801 W ACACIA STREET - MILWAUKEE, WI 53223	43-0658188	501(C)(3)	0.	186,391.	FMV	FOOD	DONATION
ST. VERONICA 353 E NORWICH STREET MILWAUKEE, WI 53207	39-0833082	501(C)(3)	0.	50,438.	FMV	FOOD	DONATION
ST. VINCENT DE PAUL FOOD PANTRY AT ST. JAMES CHURCH - 7219 S 27TH ST - FRANKLIN, WI 53132	39-0806406	501(C)(3)	0.	31,117.	FMV	FOOD	DONATION

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ST. VINCENT DE PAUL FOOD PANTRY AT ST. MATTHIAS CHURCH - 9306 W. BELOIT RD - MILWAUKEE, WI 53227	39-0806406	501(C)(3)	0.	67,199.	FMV	FOOD	DONATION
ST. VINCENT DE PAUL MEAL PROG 9601 W SILVER SPRING DR MILWAUKEE, WI 53225	39-0806406	501(C)(3)	13,952.	99,728.	FMV	FOOD	DONATION
ST. VINCENT DE PAUL NEENAH (CSFP) 1425 S. COMMERCIAL STREET NEENAH, WI 54956	39-1633256	501(C)(3)	0.	34,530.	FMV	FOOD	DONATION
STREET ANGELS 1236 S LAYTON BLVD MILWAUKEE, WI 53215	81-2677198	501(C)(3)	0.	25,700.	FMV	FOOD	DONATION
SURLOW APARTMENTS 2940 N BARTLETT AVENUE MILWAUKEE, WI 53211			0.	10,250.	FMV	FOOD	DONATION
SUSSEX FOOD PANTRY N64 W23760 MAIN STREET SUSSEX, WI 53089	39-1746231	501(C)(3)	0.	11,417.	FMV	FOOD	DONATION
SVDP MARINETTE 1619 MAIN ST MARINETTE, WI 54143	39-6226913	501(C)(3)	0.	10,387.	FMV	FOOD	DONATION
THE COURTYARDS 12250 W NORTH AVENUE WAUWATOSA, WI 53226			0.	9,217.	FMV	FOOD	DONATION
TIGERTON FOOD PANTRY 430 SWANKE ST TIGERTON, WI 54486	39-1035429	501(C)(3)	0.	10,795.	FMV	FOOD	DONATION

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TOSA COMMUNITY PANTRY 7474 HARWOOD AVE WAUWATOSA, WI 53213	39-1468045	501(C)(3)	1,833.	15,415.	FMV	FOOD	DONATION
UNITED COMMUNITY CENTER - SENIOR CENTER - 1028 S 9TH STREET - MILWAUKEE, WI 53204	39-1146191	501(C)(3)	0.	30,198.	FMV	FOOD	DONATION
UNITED FOR THE FUTURE CORP 3301 S 76TH STREET MILWAUKEE, WI 53219			0.	26,627.	FMV	FOOD	DONATION
UNITED WAY OF SOUTH WOOD AND ADAMS (ADRC WOOD COUNTY) - 351 OAK ST - WISCONSIN RAPIDS, WI 54494	39-1212595	501(C)(3)	0.	26,442.	FMV	FOOD	DONATION
VA COMMUNITY RESOURCE CENTER 1818 N DOCTOR MLK JR DR MILWAUKEE, WI 53212			0.	5,696.	FMV	FOOD	DONATION
VA SOLDIERS HOME 515 GENERAL MITCHELL BLVD MILWAUKEE, WI 53214			0.	14,082.	FMV	FOOD	DONATION
VETERANS MANOR 3430 W. WISCONSIN AVE MILWAUKEE, WI 53208			0.	5,680.	FMV	FOOD	DONATION
VIVENT HEALTH FOOD PANTRY 820 N PLANKINTON AVE MILWAUKEE, WI 53203	39-1534049	501(C)(3)	0.	194,547.	FMV	FOOD	DONATION
WALNUT PARK APARTMENTS 1551 N 9TH STREET MILWAUKEE, WI 53205			0.	12,781.	FMV	FOOD	DONATION

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WALWORTH COUNTY FOOD PANTRY 205 COMMERCE CT ELKHORN, WI 53121	26-4560796	501(C)(3)	0.	62,586.	FMV	FOOD	DONATION
WASHINGTON PARK SENIOR CENTER 3835 W FOND DU LAC AVENUE MILWAUKEE, WI 53216	83-0637217	501(C)(3)	0.	49,057.	FMV	FOOD	DONATION
WAUSHARA COMMUNITY PANTRY 220 N OAKRIDGE COURT UNIT A WAUTOMA, WI 54982	37-2002457	501(C)(3)	0.	44,514.	FMV	FOOD	DONATION
WEST ALLIS SENIOR CENTER 7001 W NATIONAL AVENUE WEST ALLIS, WI 53214			0.	8,007.	FMV	FOOD	DONATION
WILSON PARK SENIOR CENTER 2601 W HOWARD AVENUE MILWAUKEE, WI 53221	83-0637217	501(C)(3)	0.	100,925.	FMV	FOOD	DONATION
WITTENBERG FOOD PANTRY 704 S WEBB ST WITTENBERG, WI 54499	45-4347760	501(C)(3)	0.	7,119.	FMV	FOOD	DONATION
WOODS APARTMENTS 3311 W COLLEGE AVENUE #111 MILWAUKEE, WI 53221			0.	16,651.	FMV	FOOD	DONATION
WEST CAP 823 MAIN STREET BOYCEVILLE, WI 54725			0.	25,952.	FMV	FOOD	DONATION
LA COURT OREILLES 13394 W. TREPANIA ROAD HAYWARD, WI 54843			0.	14,859.	FMV	FOOD	DONATION

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 noncash assistance

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:

HTF PROVIDES FOOD TO ORGANIZATIONS IN THE CAPACITY AS A SUBRECIPIENT AND ALSO PROVIDES ON-SITE MONITORING WHILE PROVIDING FOOD DIRECTLY TO INDIVIDUALS. SCHEDULE I INFORMATION INCLUDES BOTH SUBRECIPIENT AND INDIVIDUAL DISTRIBUTION BY LOCATION.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

HUNGER TASK FORCE, INC.

Employer identification number

39-1345847

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SHERRIE TUSSLER	(i)	335,393.	0.	0.	15,415.	11,538.	362,346.	0.
CEO THRU 6/4/2024	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MATTHEW KING	(i)	174,506.	0.	0.	13,643.	25,178.	213,327.	0.
CEO EFFECTIVE 6/5/2024	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LISA FELDMEIER	(i)	147,032.	0.	0.	11,468.	8,924.	167,424.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JONATHAN HANSEN	(i)	137,046.	0.	0.	10,318.	19,371.	166,735.	0.
CHIEF STRATEGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

HUNGER TASK FORCE, INC.

Employer identification number

39-1345847

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	3,021,353	12,708,913.	
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		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?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		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.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

HUNGER TASK FORCE, INC.

Employer identification number

39-1345847

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

THE DRAFT OF THE 990 IS EMAILED TO THE BOARD OF DIRECTORS BEFORE FILING. A RESPONSE WITH QUESTIONS, CONCERNS OR CHANGES IS TO BE SENT BACK DURING THE SUBSEQUENT WEEK.

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

CONFLICTS OF INTEREST ARE REVIEWED ANNUALLY AT THE FIRST BOARD MEETING OF THE YEAR.

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

ALL WAGES ARE DETERMINED AFTER ATTAINING COMPENSATION SURVEYS FROM AN INDEPENDENT THIRD PARTY. THE WAGE RANGES ARE REVIEWED AND RECOMMENDED BY THE HUMAN RESOURCES COMMITTEE WITH THE FINAL APPROVAL COMING FROM THE BOARD OF DIRECTORS.

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

POSTED ON OWN WEBSITE

Form **8868**
(Rev. January 2024)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
HUNGER TASK FORCE, INC.

Taxpayer identification number (TIN)
39-1345847

Number, street, and room or suite no. If a P.O. box, see instructions.
5000 W ELECTRIC AVE

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
WEST MILWAUKEE, WI 53219

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of LISA FELDMEIER
5000 W ELECTRIC AVE - WEST MILWAUKEE, WI 53219

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

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

1 I request an automatic 6-month extension of time until AUGUST 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☐ calendar year 20 _____ or
☒ tax year beginning OCT 1, 20 23, and ending SEP 30, 20 24

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2024)

LHA 323841 12-22-23