

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2024

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2024** calendar year, or tax year beginning **OCT 1, 2024** and ending **SEP 30, 2025**

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.		D Employer identification number 39-1345847	
	Doing business as		E Telephone number 414-777-0483	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 37,720,516.	
	5000 W ELECTRIC AVE		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
City or town, state or province, country, and ZIP or foreign postal code WEST MILWAUKEE, WI 53219		H(b) Are all subordinates included? Yes No		
F Name and address of principal officer: PATRICK BYRNE SAME AS C ABOVE		If "No," attach a list. See instructions		H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527				
J Website: WWW.HUNGERTASKFORCE.ORG				
K Form of organization: <input checked="" type="checkbox"/> 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 11
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 89
	6 Total number of volunteers (estimate if necessary) 6 14351
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 25,924,769. Prior Year 27,188,203. Current Year
	9 Program service revenue (Part VIII, line 2g) 0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 718,289. 980,225.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11,824. 13,276.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 26,654,882. 28,181,704.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 11,901,357. 12,315,941.
	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) 7,064,741. 6,807,223.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) 1,557,185.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,984,109. 5,847,681.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 25,950,207. 24,970,845.
19 Revenue less expenses. Subtract line 18 from line 12 704,675. 3,210,859.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 41,625,052. Beginning of Current Year 45,171,386. End of Year
	21 Total liabilities (Part X, line 26) 1,713,680. 1,586,230.
	22 Net assets or fund balances. Subtract line 21 from line 20 39,911,372. 43,585,156.

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				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	KATY L. SOMMER	KATY L. SOMMER	05/12/26	<input type="checkbox"/>	P00273273
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	RITZ HOLMAN LLP	39-0919055		414-271-1451	
Firm's address					
330 E. KILBOURN AVE, SUITE 222 MILWAUKEE, WI 53202					

May the IRS discuss this return with the preparer shown above? See instructions 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

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

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 \$ 18,463,586. including grants of \$ 11,988,565.) (Revenue \$) FOOD PROGRAM: COLLECTED AND DISTRIBUTED 10,608,342 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 \$ 2,871,267. including grants of \$ 327,376.) (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 \$ 1,209,812. 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 22,544,665.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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 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.		
	1a 11		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	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?		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?		

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.
 Own website Another's website 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 FELDMER - 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 FORMER CEO	45.00						X	411,739.	0.	27,548.
(2) MATTHEW KING CEO EFFECTIVE 6/5/2024	45.00			X				210,178.	0.	43,594.
(3) JONATHAN HANSEN CHIEF STRATEGY OFFICER	45.00			X				156,241.	0.	44,408.
(4) LISA FELDMEIERS CHIEF FINANCIAL OFFICER	45.00			X				162,488.	0.	27,681.
(5) JESS PONTIOUS CHIEF OPERATING OFFICER	45.00			X				141,346.	0.	32,712.
(6) RICK LEWANDOWSKI NETWORK SERVICE MANAGER	45.00					X		123,286.	0.	26,599.
(7) MICHAEL JONAS COMMUNITY LIAISON	45.00					X		124,016.	0.	22,318.
(8) ALYSON HERDEMAN CHIEF OF STAFF	45.00					X		105,553.	0.	25,832.
(9) RENO WRIGHT DIRECTOR OF ADVOCACY	45.00					X		108,121.	0.	15,089.
(10) MIKE ZEKA PRESIDENT	1.00	X		X				0.	0.	0.
(11) PATRICK BYRNE TREASURER	1.00	X		X				0.	0.	0.
(12) MARY BURGOON SECRETARY	1.00	X		X				0.	0.	0.
(13) TODD ADAMS DIRECTOR	1.00	X						0.	0.	0.
(14) MIRANDA BANKS DIRECTOR	1.00	X						0.	0.	0.
(15) JENNIFER JONES VICE PRESIDENT	1.00	X		X				0.	0.	0.
(16) AMY MUTZIGER DIRECTOR	1.00	X						0.	0.	0.
(17) JASON GOTTLIEB 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			
(18) S. EDWARD SARSKAS DIRECTOR	1.00	X						0.	0.	0.
(19) JULIA MEANS DIRECTOR	1.00	X						0.	0.	0.
(20) RAY SIMPKINS DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								1,542,968.	0.	265,781.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,542,968.	0.	265,781.

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 9

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
KELLY CONSTRUCTION & DESIGN LLC, 225 E. ST. PAUL AVE., SUITE 205, MILWAUKEE, WI	CONSTRUCTION	291,306.
HP ROOFING & CONSTRUCTION 4502 W. MIDLAND DR., MILWAUKEE, WI 53219	CONSTRUCTION	196,536.
MERCHANTS REFRIGERATION SALES & SERVICE LLC 21700 DORAL ROAD, SUITE A, WAUKESHA, WI 531	REFRIGERATION	125,253.

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 3

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	12,695,602.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	14,492,601.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 10,630,576.			
	h	Total. Add lines 1a-1f		27,188,203.			
Program Service Revenue	2 a	_____	Business Code				
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		856,462.		856,462.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b	9,647,342.	15,233.		
	c	Gain or (loss)	7c	9,538,812.	0.		
	d	Net gain or (loss)		108,530.	15,233.		
e	Net gain or (loss)		123,763.	123,763.			
8 a	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						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	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	11 a	MISCELLANEOUS REVENUE	Business Code	624210	13,276.	13,276.	
	b	_____					
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d			13,276.		
12	Total revenue. See instructions			28,181,704.	137,039.	0.	
						856,462.	

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	11,625,649.	11,625,649.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	690,292.	690,292.		
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	892,219.	675,866.	76,315.	140,038.
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	4,163,049.	3,156,825.	353,399.	652,825.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	290,715.	220,016.	24,622.	46,077.
9 Other employee benefits	1,022,709.	768,593.	93,405.	160,711.
10 Payroll taxes	438,531.	332,377.	37,280.	68,874.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	56,927.	17,981.	35,199.	3,747.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	9,660.		9,660.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	116,358.	28,691.	70,309.	17,358.
12 Advertising and promotion	240,795.	105,229.		135,566.
13 Office expenses	438,429.	288,126.	10,221.	140,082.
14 Information technology	49,785.	16,691.	32,794.	300.
15 Royalties				
16 Occupancy	186,404.	179,067.	6,282.	1,055.
17 Travel	50,493.	44,709.	5,168.	616.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	26,359.	23,462.	2,442.	455.
20 Interest	157,086.	73,071.	25,683.	58,332.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	917,046.	912,255.	4,335.	456.
23 Insurance	171,121.	157,211.	8,084.	5,826.
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	1,838,947.	1,838,397.	550.	
b PROGRAM SUPPLIES AND EQ	726,000.	726,000.		
c MAINTENANCE AND SUPPLIE	440,684.	430,489.	8,736.	1,459.
d DUES & SUBSCRIPTIONS	294,988.	168,232.	34,919.	91,837.
e All other expenses	126,599.	65,436.	29,592.	31,571.
25 Total functional expenses. Add lines 1 through 24e	24,970,845.	22,544,665.	868,995.	1,557,185.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	897,866.	1	888,552.
	2 Savings and temporary cash investments	6,273,689.	2	4,463,267.
	3 Pledges and grants receivable, net	3,601,441.	3	2,889,466.
	4 Accounts receivable, net	140,677.	4	124,295.
	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	4,158,035.	8	2,625,743.
	9 Prepaid expenses and deferred charges	229,310.	9	189,865.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 18,857,318.		
	b Less: accumulated depreciation	10b 4,583,563.	10c	14,273,755.
	11 Investments - publicly traded securities	12,087,440.	11	18,926,837.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	2,481.	14	1,654.
	15 Other assets. See Part IV, line 11	1,034,609.	15	787,952.
16 Total assets. Add lines 1 through 15 (must equal line 33)	41,625,052.	16	45,171,386.	
Liabilities	17 Accounts payable and accrued expenses	724,910.	17	820,334.
	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	988,770.	25	765,896.
	26 Total liabilities. Add lines 17 through 25	1,713,680.	26	1,586,230.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	36,389,484.	27	39,435,324.
	28 Net assets with donor restrictions	3,521,888.	28	4,149,832.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	39,911,372.	32	43,585,156.
	33 Total liabilities and net assets/fund balances	41,625,052.	33	45,171,386.

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	28,181,704.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,970,845.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,210,859.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	39,911,372.
5	Net unrealized gains (losses) on investments	5	462,925.
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	43,585,156.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
3b	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	X	

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	40008878.	33556624.	41058540.	25924769.	27188203.	167737014
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	40008878.	33556624.	41058540.	25924769.	27188203.	167737014
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)						1160518.
6 Public support. Subtract line 5 from line 4.						166576496

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	40008878.	33556624.	41058540.	25924769.	27188203.	167737014
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	17,301.	10,426.	253,737.	655,573.	856,462.	1793499.
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.)	23,830.	11,401.	5,746.	11,834.	13,275.	66,086.
11 Total support. Add lines 7 through 10						169596599
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	98.22	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	98.63	%
16a 33 1/3% support test - 2024. 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	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2024. 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	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2023. 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	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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.

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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. 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 - 2023. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 HUNGER TASK FORCE, INC.	Employer identification number (EIN) 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 EINs 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)	3,554.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	2,022.													
c	Total lobbying expenditures (add lines 1a and 1b)	5,576.													
d	Other exempt purpose expenditures	24,970,845.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	24,976,421.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">IF the amount on line 1e, column (a) or (b), is:</th> <th style="text-align: left;">THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:														
not over \$500,000	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	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.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(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	8,936.	7,226.	5,168.	5,576.	26,906.
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	7,364.	3,094.	3,193.	3,554.	17,205.

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)).

Table with 3 columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?

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

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

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."

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments, and similar amounts from members; 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); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures.

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.

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part II Conservation Easements. Complete if the organization answered "Yes" 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	450,148.	388,346.	351,853.	423,415.	334,261.
b Contributions	1,007,587.				
c Net investment earnings, gains, and losses	175,447.	63,759.	38,386.	-69,502.	90,922.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	2,190.	1,957.	1,893.	2,060.	1,769.
g End of year balance	1,630,992.	450,148.	388,346.	351,853.	423,415.

- 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 70.0000 %
 - c** Term endowment 30.0000 %
- 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? | X | |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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		13,990,696.	2,610,945.	11,379,751.
c Leasehold improvements		2,239,843.	77,100.	2,162,743.
d Equipment		2,626,779.	1,895,518.	731,261.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				14,273,755.

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	737,934.
(3) OPERATING LEASE OBLIGATION	27,962.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	765,896.

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

Part 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	28,634,969.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	462,925.
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	462,925.
3	Subtract line 2e from line 1	3	28,172,044.
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	9,660.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	9,660.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	28,181,704.

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	24,961,185.
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	24,961,185.
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	9,660.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	9,660.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	24,970,845.

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, 2025, 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.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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? **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
ADRC OF PORTAGE COUNTY 1519 WATER ST STEVENS POINT, WI 54481			0.	37,604.	FMV	FOOD	DONATION
ALL SAINTS CATHOLIC CHURCH 4051 N 25TH ST MILWAUKEE, WI 53209	39-1821872	501(C)(3)	4,961.	201,024.	FMV	FOOD AND EQUIPMENT	DONATION
ANTIGO SENIOR CENTER (CSFP) 623 EDISON STREET ANTIGO, WI 54409			0.	51,853.	FMV	FOOD	DONATION
ARLINGTON COURT APARTMENTS (CSFP) 1633 N ARLINGTON PLACE MILWAUKEE, WI 53202			0.	16,473.	FMV	FOOD	DONATION
ASCENSION ST. FRANCIS (CSFP) 3237 S. 16TH STREET MILWAUKEE, WI 53215			0.	6,725.	FMV	FOOD	DONATION
BAY VIEW COMMUNITY CENTER OF MILWAUKEE - 1320 E OKLAHOMA AVE - MILWAUKEE, WI 53207	39-1343561	501(C)(3)	5,000.	142,403.	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 _____

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

Schedule I (Form 990) (Rev. 12-2024)

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
BAY VIEW MANOR (CSFP) 740 E. LINUS MILWAUKEE, WI 53207			0.	16,016.	FMV	FOOD	DONATION
BECHER COURT (CSFP) 1802 W BECHER STREET MILWAUKEE, WI 53215			0.	29,514.	FMV	FOOD	DONATION
BEULAH BRINTON SENIOR CENTER (CSFP) - 2555 S BAY STREET - MILWAUKEE, WI 53207			0.	12,743.	FMV	FOOD	DONATION
BOOTH MANOR (CSFP) 150 W CENTENNIAL DRIVE OAK CREEK, WI 53154			0.	11,326.	FMV	FOOD	DONATION
BOULEVARD APARTMENTS (CSFP) 2627 W LAPHAM STREET MILWAUKEE, WI 53204			0.	36,930.	FMV	FOOD	DONATION
BRADFORD PLACE APARTMENTS (CSFP) 2323 E BRADFORD AVENUE MILWAUKEE, WI 53211			0.	30,649.	FMV	FOOD	DONATION
CACSCW (MADISON) 1717 N STOUGHTON ROAD MADISON, WI 53704	39-1053827	501(C)(3)	0.	162,562.	FMV	FOOD	DONATION
CALVARY GARDENS (CSFP) 1555 W CHAMBERS ST #101 MILWAUKEE, WI 53206			0.	11,281.	FMV	FOOD	DONATION
CAMBRIDGE SENIOR APARTMENTS (CSFP) 1831 N CAMBRIDGE AVENUE MILWAUKEE, WI 53202			0.	10,969.	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
CARETRULY (CSFP) 3236 W. LOOMIS STREET MILWAUKEE, WI 53221			0.	27,842.	FMV	FOOD	DONATION
CATHEDRAL CENTER, INC. 845 N VAN BUREN STREET MILWAUKEE, WI 53202	74-3038890	501(C)(3)	5,000.	76.	FMV	FOOD	DONATION
CENTER FOR VETERAN'S ISSUES 3400 W WISCONSIN AVE MILWAUKEE, WI 53208	39-1712359	501(C)(3)	17,542.	38,270.	FMV	FOOD	DONATION
CHRISTIAN FOOD PANTRY 15290 WI 32 LAKEWOOD, WI 54138			0.	8,143.	FMV	FOOD	DONATION
CHURCH OF THE GOOD HOPE (CSFP) 8700 W GOOD HOPE ROAD MILWAUKEE, WI 53224	39-0913343	501(C)(3)	0.	11,417.	FMV	FOOD	DONATION
CITY OF GREENFIELD-PARKS & RECREATION (CSFP) - 7325 W FOREST HOME AVENUE - GREENFIELD, WI 53220			0.	27,525.	FMV	FOOD	DONATION
CLARE COURT APARTMENTS (CSFP) 3069 N 59TH STREET MILWAUKEE, WI 53210			0.	9,148.	FMV	FOOD	DONATION
CLARKE SQUARE TERRACE (CSFP) 1740 W PIERCE ST MILWAUKEE, WI 53204			0.	10,929.	FMV	FOOD	DONATION
CLINTON ROSE SENIOR CENTER (CSFP) 3045 N MARTIN LUTHER KING DRI MILWAUKEE, WI 53212	83-0637217	501(C)(3)	0.	47,057.	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
COA YOUTH AND FAMILY CENTER 909 EAST NORTH AVENUE MILWAUKEE, WI 53212-3447	39-0806339	501(C)(3)	5,000.	80,917.	FMV	FOOD	DONATION
COLLEGE COURT (CSFP) 3334 W HIGHLAND BLVD MILWAUKEE, WI 53208			0.	31,148.	FMV	FOOD	DONATION
COMMUNITY ACTION COALITION FOR SOUTH CENTRAL WISCONSIN - 1902 WRIGHT STREET - MADISON, WI 53704			0.	15,735.	FMV	FOOD	DONATION
COMMUNITY ADVOCATES 728 N JAMES LOVELL ST MILWAUKEE, WI 53233	39-1249426	501(C)(3)	5,000.	53,251.	FMV	FOOD	DONATION
COMMUNITY CENTER OF HOPE 607 13TH ST MOSINEE, WI 54455			120.	10,262.	FMV	FOOD	DONATION
COULEECAP 2178 N BLACK RIVER ST SPARTA, WI 54656			0.	10,655.	FMV	FOOD	DONATION
CRIVITZ FOOD PANTRY PO BOX 398 CRIVITZ, WI 54114	75-3083858	501(C)(3)	0.	38,329.	FMV	FOOD	DONATION
CWCAC 134 S SPRING ST BEAVER DAM, WI 53916			0.	125,203.	FMV	FOOD	DONATION
DEERWOOD CROSSING 4195 W BRADLEY RD MILWAUKEE, WI 53209			0.	9,345.	FMV	FOOD	DONATION

Schedule I (Form 990)

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
DIVINE SAVIOR CHURCH 4311 N 100TH ST MILWAUKEE, WI 53222			0.	5,983.	FMV	FOOD	DONATION
EAST TERRACE APARTMENTS (CSFP) 801 N EAST AVE WAUKESHA, WI 53188			0.	6,762.	FMV	FOOD	DONATION
EASTBROOK CHURCH 5385 N GREEN BAY AVE MILWAUKEE, WI 53209	39-1364853	501(C)(3)	5,000.	233,791.	FMV	FOOD AND EQUIPMENT	DONATION
EBENEZER COGIC 3132 N MARTIN LUTHER KING DRI MILWAUKEE, WI 53212	39-1287366	501(C)(3)	0.	56,484.	FMV	FOOD	DONATION
ECHO FOOD PANTRY IN JANESVILLE (CSFP) - 1405 RIVERSIDE STREET - JANESVILLE, WI 53548			0.	51,434.	FMV	FOOD	DONATION
ELK'S LODGE (CSFP) 5555 W GOOD HOPE RD MILWAUKEE, WI 53223			0.	30,368.	FMV	FOOD	DONATION
ERAS SENIOR NETWORK 2607 N GRANDVIEW BLVD #150 WAUKESHA, WI 53188	39-1393171	501(C)(3)	0.	7,589.	FMV	FOOD	DONATION
FAMILY LIFE CENTER FOOD PANTRY 1441 W OAKWOOD ROAD OAK CREEK, WI 53154	39-0830275	501(C)(3)	1,957.	43,827.	FMV	FOOD	DONATION
FAMILY SHARING OZAUKEE COUNTY (CSFP) - 1002 OVERLAND CT - GRAFTON, WI 53024	39-1476384	501(C)(3)	0.	18,093.	FMV	FOOD	DONATION

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FEEDING AMERICA EASTER WISCONSIN 2911 E. EVERGREEN DRIVE APPLETON, WI 54913	39-1384593		0.	15,167.	FMV	FOOD	DONATION
FLO'ING WITH KINDNESS (CSFP) 1220 MAIN STREET GRESHAM, WI 54128	85-0868686	501(C)(3)	0.	12,991.	FMV	FOOD	DONATION
FOOD PANTRY OF WAUKESHA 1301 SENTRY DR WAUKESHA, WI 53186	39-1502732		15,885.	131,378.	FMV	FOOD	DONATION
FRANKLIN - SENIOR DINING 9229 W LOOMIS RD FRANKLIN, WI 53132			0.	19,348.	FMV	FOOD	DONATION
FULL SHELF FOOD PANTRY OF WEST BEND (CSFP) - 231 MUNICIPAL DRIVE - WEST BEND, WI 53095	39-1716270	501(C)(3)	0.	23,530.	FMV	FOOD	DONATION
GARDEN TERRACE (CSFP) 10851 W. DONNA DR MILWAUKEE, WI 53224			0.	5,765.	FMV	FOOD	DONATION
GATHERING OF SE WISCONSIN 804 E JUNEAU AVE MILWAUKEE, WI 53202	39-1891030	501(C)(3)	17,036.	265,939.	FMV	FOOD	DONATION
GAYS MILLS FOOD PANTRY 120 SUNSET RIDGE, SUITE 122 GAYS MILLS, WI 54631			0.	5,826.	FMV	FOOD	DONATION
GOLDA MEIR APARTMENTS (CSFP) 1567 N PROSPECT AVE MILWAUKEE, WI 53202			0.	15,687.	FMV	FOOD	DONATION

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GOOD SAMARITAN OUTREACH CENTER FOOD PANTRY - 5924 W BURNHAM ST - WEST ALLIS, WI 53219	06-1760787		7,156.	72,136.	FMV	FOOD	DONATION
GOOD SAMARITAN WESTSIDE COMMUNITY CHURCH FOOD PANTRY - 5226 W BURLEIGHT ST - MILWAUKEE, WI 53210			0.	14,714.	FMV	FOOD	DONATION
GRAND AVENUE UNITED METHODIST CHURCH (CSFP) - 505 W GRANDE AVE - PORT WASHINGTON, WI 53074			0.	16,561.	FMV	FOOD	DONATION
GRANT PARK SQUARE (CSFP) 2825 S CHICAGO AVENUE SOUTH MILWAUKEE, WI 53172			0.	8,542.	FMV	FOOD	DONATION
GREATER SPRING HILL MISSIONARY BAPTIST CHURCH - 3500 N 26TH ST - MILWAUKEE, WI 53206			0.	9,390.	FMV	FOOD	DONATION
GREEN CARES FOOD PANTRY 422 S. GARFIELD ST MONTICELLO, WI 53570			0.	6,402.	FMV	FOOD	DONATION
GREEN COUNTY 1129 17TH AVE MONROE, WI 53566			0.	10,510.	FMV	FOOD	DONATION
GROW IT FORWARD (CSFP) 1501 MARSHALL ST MANITOWOC, WI 54220	47-1931867	501(C)(3)	0.	9,432.	FMV	FOOD	DONATION
HADLEY TERRACE APARTMENT (CSFP) 3515 W HADLEY ST MILWAUKEE, WI 53210			0.	9,941.	FMV	FOOD	DONATION

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HALAL BOXES 27TH ST MILWAUKEE, WI 53210			0.	20,902.	FMV	FOOD	DONATION
HALES CORNERS LUTHERAN CHURCH (CSFP) - 1230 W JANESVILLE RD - HALES CORNERS, WI 53130	39-6020915	501(C)(3)	0.	18,881.	FMV	FOOD	DONATION
HAMPTON REGENCY APARTMENTS, BUTLER (CSFP) - 12999 W HAMPTON AVE #305 - BUTLER, WI 53007			0.	9,199.	FMV	FOOD	DONATION
HANAN REFUGEE RELIEF GROUP 3927 S HOWELL AVE SUITE 103 MILWAUKEE, WI 53207	82-1762609	501(C)(3)	0.	17,368.	FMV	FOOD	DONATION
HELPING COMMUNITY FOOD PANTRY @ SOLOMON COMM TEMPLE UMC - 3295 N MARTIN LUTHER KING DR - MILWAUKEE, WI 53212	39-1208603		1,238.	69,317.	FMV	FOOD AND EQUIPMENT	DONATION
HERITAGE HOUSE (CSFP) 11515 W CLEVELAND AVE WEST ALLIS, WI 53227			0.	11,971.	FMV	FOOD	DONATION
HIGHLAND GARDENS (CSFP) 1818 W JUNEAU AVE MILWAUKEE, WI 53233			0.	17,407.	FMV	FOOD	DONATION
HMONG AMERICAN FRIENDSHIP ASSC 3824 W VLIET ST MILWAUKEE, WI 53208	39-1456011	501(C)(3)	5,000.	267,470.	FMV	FOOD	DONATION
HO-CHUNK NATION 3501 S HOWELL AVE MILWAUKEE, WI 53207			0.	12,918.	FMV	FOOD	DONATION

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HOPE HOUSE OF MILWAUKEE, INC. 209 W ORCHARD ST. MILWAUKEE, WI 53204	39-1592900	501(C)(3)	5,000.	26,952.	FMV	FOOD	DONATION
HOPE LUTHERAN CHURCH FOOD PANTRY 1115 N 35TH ST MILWAUKEE, WI 53208	39-1024998		0.	28,771.	FMV	FOOD	DONATION
HOUSE OF PEACE 1702 W WALNUT ST MILWAUKEE, WI 53205	39-1636105	501(C)(3)	18,642.	317,674.	FMV	FOOD	DONATION
HUNGER TASK FORCE LA CROSSE (CSFP) 1240 CLINTON ST LA CROSSE, WI 54603	39-1947827	501(C)(3)	0.	134,356.	FMV	FOOD	DONATION
INDEPENDENCE FIRST 540 S 1ST ST MILWAUKEE, WI 53204	39-1343425	501(C)(3)	0.	21,071.	FMV	FOOD	DONATION
INTERCHANGE, INC. 1105 N. WAVERLY PLACE MILWAUKEE, WI 53202	23-7175702	501(C)(3)	10,994.	664.	FMV	FOOD	DONATION
JEFFERSON COURT APARTMENTS (CSFP) 415 E KNAPP ST MILWAUKEE, WI 53202			0.	28,862.	FMV	FOOD	DONATION
JEWISH COMMUNITY PANTRY 2900 W CENTER ST MILWAUKEE, WI 53210	39-0806234	501(C)(3)	5,000.	380,498.	FMV	FOOD	DONATION
KELLY SENIOR CENTER (CSFP) 6100 S LAKE DRIVE CUDAHY, WI 53110	83-0637217	501(C)(3)	0.	35,185.	FMV	FOOD	DONATION

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KINGDOM COME FOOD PANTRY 520 LOCUST AVE OCONTO FALLS, WI 54154	14-1936188	501(C)(3)	0.	153,036.	FMV	FOOD	DONATION
KINGDOM PARTNERS ALLIANCE AND DONOVAN HINES FOUNDATION (CSFP - 6091 N. TEUTONIA - MILWAUKEE, WI 53209			0.	20,980.	FMV	FOOD	DONATION
KINSHIP COMMUNITY FOOD CENTER 914 E CLARKE STREET MILWAUKEE, WI 53212	43-2011354	501(C)(3)	17,602.	145,953.	FMV	FOOD	DONATION
KOINONIA FAMILY DEVELOPMENT CENTER MEAL PROGRAM - 2944 N 9TH ST - MILWAUKEE, WI 53206	06-1759974	501(C)(3)	5,000.	15,697.	FMV	FOOD AND EQUIPMENT	DONATION
LAC COURTE OREILLES BAND OF LAKE SUPERIOR CHIPPEWA - ROUTE 2, BOX 2700 - HAYWARD, WI 54843			0.	7,444.	FMV	FOOD	DONATION
LACAUSA, INC. 413 W SCOTT ST MILWAUKEE, WI 53204	39-1247667	501(C)(3)	0.	11,986.	FMV	FOOD	DONATION
LAKE FOREST APARTMENTS (CSFP) 8551 S CHICAGO RD OAK CREEK, WI 53154			0.	17,364.	FMV	FOOD	DONATION
LAKELAND PANTRY 4915 S HOWELL AVE #101 MILWAUKEE, WI 53207	39-1521169	501(C)(3)	0.	19,139.	FMV	FOOD	DONATION
LAPHAM PARK APARTMENTS (CSFP) 1901 N 6TH ST #223 MILWAUKEE, WI 53212			0.	14,818.	FMV	FOOD	DONATION

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LOIS AND TOM DOLAN CENTER 4355 W BRADLEY RD BROWN DEER, WI 53223			0.	12,308.	FMV	FOOD	DONATION
LOYAL FOOD PANTRY 228 N. MAIN STREET LOYAL, WI 54446			0.	7,242.	FMV	FOOD	DONATION
MARION AREA FOOD PANTRY 121 E RAMSDELL ST MARION, WI 54950	41-2176740	501(C)(3)	0.	8,477.	FMV	FOOD	DONATION
MCGOVERN PARK SENIOR CENTER (CSFP) 4500 W CUSTER AVENUE MILWAUKEE, WI 53218	83-0637217	501(C)(3)	0.	41,257.	FMV	FOOD	DONATION
MENOMINEE INDIAN TRIBE N737 HEADSTART RD KESHENA, WI 54135			0.	7,126.	FMV	FOOD	DONATION
MENOMONEE FALLS COMMUNITY CENTER W152N8645 MARGARET RD MENOMONEE FALLS, WI 53051			0.	11,343.	FMV	FOOD	DONATION
MERCER AREA FOOD PANTRY 5113 BLACK LAKE RD MERCER, WI 54547	39-2037783	501(C)(3)	0.	35,036.	FMV	FOOD	DONATION
MERRILL ENRICHMENT CENTER (CSFP) 303 N SALES ST MERRILL, WI 54452			0.	21,712.	FMV	FOOD	DONATION
MERRILL PARK (CSFP) 503 S CENTER AVE MERRILL, WI 54452			0.	17,893.	FMV	FOOD	DONATION

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METROPOLITAN MISSIONARY BAPTIST CHURCH - 931 W MADISON ST - MILWAUKEE, WI 53204	39-1125226		0.	152,728.	FMV	FOOD	DONATION
MILWAUKEE COMMUNITY CROSSROADS 807 S 14TH STREET MILWAUKEE, WI 53204	39-0807066	501(C)(3)	5,000.	319,345.	FMV	FOOD AND EQUIPMENT	DONATION
MIRACLE ON 35TH STREET 6098 N. 35TH STREET MILWAUKEE, WI 53209	68-0517852	501(C)(3)	0.	51,535.	FMV	FOOD	DONATION
MJ BATTLE APARTMENTS (CSFP) 3131 N MARTIN LUTHER KING DR MILWAUKEE, WI 53212			0.	9,557.	FMV	FOOD	DONATION
MOES KITCHEN CSFP 1814 N FARWELL AVE MILWAUKEE, WI 53202			0.	27,660.	FMV	FOOD	DONATION
MONUMENTAL MISSIONARY BAPTIST 2407 W NORTH AVENUE MILWAUKEE, WI 53205	39-2029692	501(C)(3)	0.	26,264.	FMV	FOOD	DONATION
MOTHER OF PERPETUAL HELP SVDP 1211 S 116TH STREET WEST ALLIS, WI 53214	37-1902851	501(C)(3)	2,000.	80,321.	FMV	FOOD	DONATION
MOUNTAIN COMMUNITY CENTER 13412 WI-32, STE 64 MOUNTAIN, WI 54149			0.	16,955.	FMV	FOOD	DONATION
MUKWONAGO FOOD PANTRY 325 EAGLE LAKE AVE MUKWONAGO, WI 53149	39-1664601	501(C)(3)	2,048.	13,753.	FMV	FOOD	DONATION

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MUSLIM COMMUNITY & HEALTH CENTER 803 W LAYTON AVE MILWAUKEE, WI 53221	45-2385629	501(C)(3)	0.	11,738.	FMV	FOOD	DONATION
NEIGHBOR TO NEIGHBOR (FAITH IN ACTION) - 407 FRONT STREET - SPOONER, WI 54801			0.	14,626.	FMV	FOOD	DONATION
NORTHCOTT NEIGHBORHOOD HOUSE 2460 N 6TH STREET MILWAUKEE, WI 53212	39-0984402	501(C)(3)	0.	561,967.	FMV	FOOD	DONATION
NORTHWOODS COMMUNITY SHELF 16216 US-63 HAYWARD, WI 54843	20-5934206	501(C)(3)	0.	92,548.	FMV	FOOD	DONATION
NOURISH MKE 1220 W. VLIET ST MILWAUKEE, WI 53205			5,000.	493,332.	FMV	FOOD	DONATION
OASIS SENIOR CENTER (CSFP) 2414 W MITCHELL ST MILWAUKEE, WI 53204			0.	17,068.	FMV	FOOD	DONATION
OPEN DOOR - ST. JOHN 831 N VAN BUREN ST MILWAUKEE, WI 53202	53-0196617		15,892.	48,167.	FMV	FOOD AND EQUIPMENT	DONATION
OSHKOSH AREA COMMUNITY PANTRY 2551 JACKSON ST OSHKOSH, WI 54901	26-3714702	501(C)(3)	0.	23,330.	FMV	FOOD	DONATION
PARK BLUFF APARTMENTS (CSFP) 555 S LAYTON BLVD MILWAUKEE, WI 53215			0.	16,515.	FMV	FOOD	DONATION

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PARK SIDE COMMONS (CSFP) 1400 W CUSTER AVE GLENDALE, WI 53209			0.	8,852.	FMV	FOOD	DONATION
PARKHILL SENIOR APARTMENTS 535 W CONCORDIA AVE MILWAUKEE, WI 53212			0.	9,676.	FMV	FOOD	DONATION
PASTOR FRED'S FOOD PANTRY (AMBERG) PO BOX 117 AMBERG, WI 54102	90-0690492	501(C)(3)	0.	22,241.	FMV	FOOD	DONATION
PAUL'S PANTRY 1520 LEO FRIGO DR GREEN BAY, WI 54302			300.	24,195.	FMV	FOOD	DONATION
PEOPLE'S TABLE FOOD PANTRY 1414 W BECHER ST. MILWAUKEE, WI 53215		501(C)(3)	7,094.	241,800.	FMV	FOOD	DONATION
PLEASANT TERRACE APARTMENTS (CSFP) 1027 E PLEASANT TERRACE MILWAUKEE, WI 53202			0.	9,098.	FMV	FOOD	DONATION
PLYMOUTH APARTMENTS (CSFP) 824 W GALENA ST MILWAUKEE, WI 53205			0.	10,875.	FMV	FOOD	DONATION
PROJECT CONCERN PO BOX 100093 CUDAHY, WI 53110	39-1757379		7,241.	203,475.	FMV	FOOD	DONATION
RACINE COUNTY FOOD BANK 2000 DEKOVEN AVENUE RACINE, WI 53403	39-1269080	501(C)(3)	0.	14,381.	FMV	FOOD	DONATION

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RACINE KENOSHA COMMUNITY ACTION AGENCY - 2113 N WISCONSIN ST - RACINE, WI 53402			0.	1,060,766.	FMV	FOOD	DONATION
REDEEMER EVANGELICAL FREE CHURCH P.O. BOX 20864 MILWAUKEE, WI 53220	39-1353198	501(C)(3)	0.	37,100.	FMV	FOOD	DONATION
REPAIRERS OF THE BREACH 1335 W VLIET STREET MILWAUKEE, WI 53205	39-1707495	501(C)(3)	5,000.	56,190.	FMV	FOOD	DONATION
RESOURCES AND BEYOND INC. 9155 N 76TH ST MILWAUKEE, WI 53224			0.	65,209.	FMV	FOOD	DONATION
RHINELANDER AREA FOOD PANTRY (CSFP) - 627 COON ST - RHINELANDER, WI 54501	33-1141966	501(C)(3)	0.	92,969.	FMV	FOOD	DONATION
RIDGEWOOD / WESTRIDGE APARTMENTS (CSFP) - 7901 W GLENBROOK CT - MILWAUKEE, WI 53223			0.	21,539.	FMV	FOOD	DONATION
RIPON SENIOR CENTER (CSFP) 203 W SULLIVAN ST. RIPON, WI 54971	47-3401650	501(C)(3)	0.	11,382.	FMV	FOOD	DONATION
RIVERVIEW (CSFP) 1300 E KANE PL #1910 MILWAUKEE, WI 53223			0.	9,341.	FMV	FOOD	DONATION
ROOTED & RISING 3940 W. LISBON AVE. MILWAUKEE, WI 53208	39-1030611	501(C)(3)	5,000.	202,144.	FMV	FOOD	DONATION

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SALVATION ARMY - 60TH STREET 5880 NORTH 60TH STREET MILWAUKEE, WI 53218	36-2167910	501(C)(3)	0.	245,877.	FMV	FOOD	DONATION
SALVATION ARMY - COLD SPRING 2900 W COLDSRING RD GREENFIELD, WI 53221	36-2167910	501(C)(3)	0.	118,721.	FMV	FOOD	DONATION
SALVATION ARMY - WAUSAU 202 CALLON ST WASAU, WI 54401			0.	11,018.	FMV	FOOD	DONATION
SALVATION ARMY- CITADEL 4129 W VILLARD AVE MILWAUKEE, WI 53209	36-2167910	501(C)(3)	5,000.	202,649.	FMV	FOOD	DONATION
SALVATION ARMY OAK CREEK 8853 S HOWELL AVENUE OAK CREEK, WI 53154	36-2167910	501(C)(3)	0.	49,572.	FMV	FOOD	DONATION
SALVATION ARMY-MANITOWOC (CSFP) 415 N 6TH ST MANITOWOC, WI 54220	36-2167910	501(C)(3)	0.	24,426.	FMV	FOOD	DONATION
SALVATION ARMY-WEST CORPS FOOD PANTRY - 1645 N 25TH ST - MILWAUKEE, WI 53205	36-0806889		0.	85,788.	FMV	FOOD	DONATION
SECOND HARVEST FOODBANK OF SOUTHERN WISCONSIN - 2802 DAIRY DRIVE - MADISON, WI 53718	39-1490691	501(C)(3)	0.	21,421.	FMV	FOOD	DONATION
SHAWANO AREA FOOD PANTRY (CSFP) 218 E. RICHARD STREET SHAWANO, WI 54166	27-3672510	501(C)(3)	0.	19,374.	FMV	FOOD	DONATION

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SHEBOYGAN COUNTY FOOD BANK 3115 N 21ST ST. SHEBOYGAN, WI 53083	39-1733883	501(C)(3)	0.	14,945.	FMV	FOOD	DONATION
SIGGENAUK CENTER FOOD PANTRY 1050 W LAPHAM AVENUE MILWAUKEE, WI 53204	39-1683577	501(C)(3)	0.	112,212.	FMV	FOOD	DONATION
SILVER SPRING NEIGHBORHOOD CENTER FOOD PANTRY - 5460 N 64TH STREET - MILWAUKEE, WI 53218	39-0966281	501(C)(3)	5,000.	185,055.	FMV	FOOD	DONATION
SIMPLICITY CREDIT UNION MARSHFIELD 222 E. UPHAM STREET MARSHFIELD, WI 54449			0.	16,387.	FMV	FOOD	DONATION
SOJOURNER FAMILY PEACE CENTER 619 W WALNUT STREET MILWAUKEE, WI 53212	39-1276210	501(C)(3)	0.	20,256.	FMV	FOOD	DONATION
SOUTH MILWAUKEE HUMAN CONCERNS 1333 COLLEGE AVE, STE H SOUTH MILWAUKEE, WI 53172	23-7217934		2,218.	127,616.	FMV	FOOD AND EQUIPMENT	DONATION
SOUTHGATE SQUARE (CSFP) 3795 S 27TH ST MILWAUKEE, WI 53221			0.	29,262.	FMV	FOOD	DONATION
SOUTHWEST CAP DODGEVILLE 149 N IOWA ST. DODGEVILLE, WI 53533			0.	68,821.	FMV	FOOD	DONATION
ST. BENEDICT COMMUNITY MEAL 930 W STATE ST MILWAUKEE, WI 53233			14,666.	8,608.	FMV	FOOD	DONATION

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ST. JOSEPH FOOD PANTRY 1465 OPPORTUNITY WAY MENASHA, WI 54952	39-1822486	501(C)(3)	11,417.	90,523.	FMV	FOOD	DONATION
ST. JOSEPH HOSPITAL 611 N ST JOSEPH AVE MARSHFIELD, WI 54404			0.	7,947.	FMV	FOOD	DONATION
ST. MARTIN DEPORRES FOOD PANTRY 128 W BURLEIGH ST MILWAUKEE, WI 53212	39-1821873		4,925.	10,396.	FMV	FOOD	DONATION
ST. PETER IMMANUEL LUTHERAN CHURCH FOOD PANTRY - 7801 W ACACIA STREET - MILWAUKEE, WI 53223	43-0658188	501(C)(3)	0.	208,132.	FMV	FOOD	DONATION
ST. VERONICA 353 E NORWICH STREET MILWAUKEE, WI 53207	39-0833082	501(C)(3)	0.	46,482.	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.	30,785.	FMV	FOOD	DONATION
ST. VINCENT DE PAUL FOOD PANTRY AT ST. MATTHIAS CHURCH - 9306 W. BELOIT RD - MILWAUKEE, WI 53227	39-0806406	501(C)(3)	0.	95,359.	FMV	FOOD	DONATION
ST. VINCENT DE PAUL MEAL P.O. BOX 26537 MILWAUKEE, WI 53226	39-0806406	501(C)(3)	18,699.	87,665.	FMV	FOOD	DONATION
ST. VINCENT DE PAUL NEENAH (CSFP) 1425 S. COMMERCIAL STREET NEENAH, WI 54956	39-1633256	501(C)(3)	0.	48,246.	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
STREET ANGELS, INC. 125 N. 120TH STREET WAUWATOSA, WI 53226	81-2677198	501(C)(3)	5,000.	22,345.	FMV	FOOD	DONATION
SURLOW APARTMENTS (CSFP) 2940 N BARTLETT AVE MILWAUKEE, WI 53211			0.	9,464.	FMV	FOOD	DONATION
SUSSEX FOOD PANTRY (CSFP) N64 W23760 MAIN STREET SUSSEX, WI 53089	39-1746231	501(C)(3)	0.	6,179.	FMV	FOOD	DONATION
SVDP MARINETTE 1619 MAIN ST MARINETTE, WI 54143	39-6226913	501(C)(3)	0.	17,085.	FMV	FOOD	DONATION
THE COURTYARDS (CSFP) 12250 W NORTH AVE WAUWATOSA, WI 53226			0.	11,518.	FMV	FOOD	DONATION
TIGERTON FOOD PANTRY (CSFP) 430 SWANKE ST TIGERTON, WI 54486	39-1035429	501(C)(3)	0.	8,927.	FMV	FOOD	DONATION
TOSA COMMUNITY FOOD PANTRY P.O. BOX 13051 WAUWATOSA, WI 53213	39-1468045	501(C)(3)	7,499.	27,505.	FMV	FOOD AND EQUIPMENT	DONATION
UNITED COMMUNITY CENTER - SENIOR CENTER (CSFP) - 1028 S 9TH STREET - MILWAUKEE, WI 53204	39-1146191	501(C)(3)	0.	28,155.	FMV	FOOD	DONATION
UNITED FOR THE FUTURE CORP 3301 S 76TH ST MILWAUKEE, WI 53219			0.	64,662.	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
UNITED WAY OF SOUTH WOOD AND ADAMS (ADRC WOOD COUNTY) - 351 OAK ST - WISCONSIN RAPIDS, WI 54494	39-1212595	501(C)(3)	0.	25,561.	FMV	FOOD	DONATION
VA SOLDIERS HOME (CSFP) 515 GENERAL MITCHELL BLVD MILWAUKEE, WI 53214			0.	14,496.	FMV	FOOD	DONATION
VIVENT HEALTH FOOD PANTRY 820 N PLANKINTON AVE MILWAUKEE, WI 53203	39-1534049	501(C)(3)	0.	189,935.	FMV	FOOD	DONATION
WALNUT PARK APARTMENTS (CSFP) 1551 N 9TH STREET MILWAUKEE, WI 53205			0.	12,720.	FMV	FOOD	DONATION
WALWORTH COUNTY FOOD PANTRY (CSFP) 205 COMMERCE CT ELKHORN, WI 53121	26-4560796	501(C)(3)	0.	53,745.	FMV	FOOD	DONATION
WASHINGTON PARK SENIOR CENTER (CSFP) - 3835 W FOND DU LAC AVENUE - MILWAUKEE, WI 53216	83-0637217	501(C)(3)	0.	41,029.	FMV	FOOD	DONATION
WAUSHARA COUNTY FOOD BANK 220 N OAKRIDGE CT, UNIT A WAUTOMA, WI 54982	37-2002457		0.	46,395.	FMV	FOOD	DONATION
WEST CAP 823 MAIN STREET BOYCEVILLE, WI 54725			0.	70,200.	FMV	FOOD	DONATION
WILSON PARK SENIOR CENTER (CSFP) 2601 W HOWARD AVENUE MILWAUKEE, WI 53221	83-0637217	501(C)(3)	0.	89,979.	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
FOOD - DOORDASH	22429	0.	659,824.	FMV	FOOD
FOOD - CSFP WAITING LIST FOOD BOX	372	0.	11,128.	FMV	FOOD
FOOD - HTF EASTER DINNER BOXES, EMERGENCY BOX BUILD, WALK-IN	825	0.	19,340.	FMV	FOOD

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)**

(Rev. December 2024)
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

Open to Public
Inspection

Name of the organization HUNGER TASK FORCE, INC.	Employer identification number 39-1345847
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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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> 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. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> 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	

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

Schedule J (Form 990) (Rev. 12-2024)

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 FORMER CEO	(i)	411,631.	108.	0.	17,448.	10,100.	439,287.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MATTHEW KING CEO EFFECTIVE 6/5/2024	(i)	209,570.	608.	0.	15,820.	27,774.	253,772.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JONATHAN HANSEN CHIEF STRATEGY OFFICER	(i)	155,633.	608.	0.	12,213.	32,195.	200,649.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LISA FELDMER CHIEF FINANCIAL OFFICER	(i)	161,880.	608.	0.	12,755.	14,926.	190,169.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JESS PONTIOUS CHIEF OPERATING OFFICER	(i)	140,738.	608.	0.	6,421.	26,291.	174,058.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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	3,329,670	10,630,576.	
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**

30a During the year, did the organization receive by contribution any property reported on 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? **X**

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

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2024

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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 990, PART XII, LINE 2C:

NO CHANGES FROM PRIOR YEAR.

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

Department of the Treasury
Internal Revenue Service

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

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 <small>File by the due date for filing your return. See instructions.</small>	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	Form 990-T (governmental entities)	15

• 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 FELDMIEER**
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 **26**, 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 **24**, and ending **SEP 30**, 20 **25**

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.