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Form **990** (Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2019
Open to Public Inspection

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

<u>A F</u>	or the	2019 calendar year, or tax year beginning and	ending					
Вс	heck if pplicable:	C Name of organization		D Employer identific	cation number			
	Address change	HUNGER RELIEF INTERNATIONAL, INC.						
	Name change	Doing business as		36-46645	96			
	Initial return	· · · · · · · · · · · · · · · · · · ·	Room/suite	E Telephone number				
	Final return/	PO BOX 300093		405-626-	7326 582,365.			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	City or town, state or province, country, and ZIP or foreign postal code					
	_Amende _return	OKLAHOMA CITY, OK 73140		H(a) Is this a group re				
	Applica- tion	F Name and address of principal officer: RACHEL ZELON		for subordinates	?Yes X No			
_	pending	PO BOX 300093, OKLAHOMA CITY, OK 73140		H(b) Are all subordinates in	cluded? Yes No			
		npt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527	lf "No," attach a	list. (see instructions)			
_		: ► WWW.HUNGERRELIEFINTERNATIONAL.ORG		H(c) Group exemption				
		rganization: X Corporation Trust Association Other	L Year	of formation: 2009 N	State of legal domicile; OK			
Pa		Summary						
a	1 B	riefly describe the organization's mission or most significant activities: HUNGI						
Governance	\(\frac{1}{2} \)	HRI) IS A JUDEO-CHRISTIAN ORGANIZATION T						
Ĕ	2 0	heck this box 🕨 💹 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	_			
Š	3 1			3	6_			
<u>ت</u> ح		lumber of independent voting members of the governing body (Part VI, line 1b)			5			
ė		otal number of individuals employed in calendar year 2019 (Part V, line 2a)			2			
Σį	6 ⊺	otal number of volunteers (estimate if necessary)		6	5			
Activities &		otal unrelated business revenue from Part VIII, column (C), line 12		1 1	0.			
_	bΛ	let unrelated business taxable income from Form 990-T, line 39			0.			
			<u> </u>	Prior Year	Current Year			
Revenue		contributions and grants (Part VIII, line 1h)		795,363.	581,348.			
		rogram service revenue (Part VIII, line 2g)		0.	0.			
		ovestment income (Part VIII, column (A), lines 3, 4, and 7d)		109.	1,017.			
_	1	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0. 705 470	0.			
_	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		795,472.	582,365.			
	1	irants and similar amounts paid (Part IX, column (A), lines 1-3)	······	0.	0.			
		lenefits paid to or for members (Part IX, column (A), line 4)		65,750.	97.003			
es es	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		05,750.	87,093.			
Expenses	16a ⊦	rofessional fundraising fees (Part IX, column (A), line 11e)						
×	ьт	otal fundraising expenses (Part IX, column (D), line 25)		728,937.	495,548.			
ш	"	other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		794,687.	582,641.			
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		794,007.	-276.			
		levenue less expenses. Subtract line 18 from line 12						
ts or		(a.t.)		ginning of Current Year 102,951.	End of Year 110, 253.			
t Assete d Ralan	20 T	otal assets (Part X, line 16) otal liabilities (Part X, line 26)		19,072.	15,150.			
Net /	21 T 22 N	1		83,879.	95,103.			
	art II	let assets or fund balances. Subtract line 21 from line 20		05,015.	73,103.			
_		ies of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the hest of my	knowledge and helief it is			
		and complete. Declaration of preparer (other than officer) is based on all information of wh			Kilowicago ana bollon, k lo			
1100	, 001,001,	and completel behald for property (entire than entirely to based on an information of with	ion proparor	The state of the s				
Sig	,	Signature of officer		Date				
Her	- 1	STEVE WHETSTONE, CFO						
1101	Ĭ	Type or print name and title						
_		Print/Type preparer's name Preparer's signature]	Date Check	PTIN			
Paid		CATHLEEN M. CLAYTON, CPA KATHLEEN M. CLAY	O . NOT	6/21/20 if self-employ	P01448135			
		Firm's name HILL, BARTH & KING LLC			34-1897225			
		Firm's address 100 WALNUT AVENUE			· ·			
		CLARK, NJ 07066		Phone no. (7	32) 381-8887			
Mav	/ the IR	S discuss this return with the preparer shown above? (see instructions)		1	X Yes No			
_	-				000			

	1 990 (2019) HUNGER RELIEF INTERNATIONAL, INC. 36-4664596	Page 2
Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	HUNGER RELIEF INTERNATIONAL (HRI) IS A JUDEO-CHRISTIAN ORGANIZATION	
	THAT WORKS TO IMPROVE AND PROTECT THE LIVES OF DESPERATELY POOR	
	CHILDREN AND FAMILIES BY BUILDING RESILIENCY, FIGHTING HUNGER,	
	PROMOTING FAMILY UNITY, AND INCREASING SELF-SUFFICIENCY. HRI DOES TH	IIS
	Did the organization undertake any significant program services during the year which were not listed on the	
2		ਓ
		x X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	No 🛣 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a	and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$	1
70	IN 2019, HRI CONTINUED TO MAKE STRIDES IN IMPROVING CHILD OUTCOMES I	'N
	BOTH HAITI AND GUATEMALA. IN THE ONGOING EFFORTS TO OVERCOME	
		TIDD
	SIGNIFICANT CHALLENGES TO CHILDREN'S HEALTH AND SURVIVAL, HRI CONTIN	
	TO UTILIZE DIVERSE STRATEGIES INCLUDING, BUT NOT LIMITED TO: PROVIDI	
	956,875 NUTRITIOUS MEALS TO CHILDREN IN ORPHANAGES AND THROUGH SCHOOL)L
	FEEDING PROGRAMS, PROVIDING CLEAN WATER AND DECENT SANITATION TO	
	FAMILIES LIVING IN EXTREME POVERTY, PROVIDING PARENT TRAINING PROGRA	MS
	TO REDUCE AND ELIMINATE CHILD ABANDONMENT AND TRAFFICKING AMONGST TH	IE
	POOREST FAMILIES, OFFERING INCOME GENERATION TRAINING FOR YOUTH AND	
	ADULTS, PROVIDING MEDICAL SUPPORT FOR CHILDREN LIVING IN ORPHANAGES,	
	AND SAFE SPACES FOR CHILDREN LIVING IN URBAN, GANG RIDDEN COMMUNITIE	
	OVER 100 CHILDREN RECEIVED SCHOOL SCHOLARSHIPS AND WERE ABLE TO	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe on Schedule O.)	
÷u		
	Expenses including grants of (Revenue \$	
<u>4e</u>	Total program service expenses ► 523,395.	000
	Form	990 (2019)

932002 01-20-20

Form 990 (2019) HUNGER RELIEF INTERNATIONAL, INC. Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		w
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			₹7
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
40	If "Yes," complete Schedule D, Part IV	9		A_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		х
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	ing files of	21
11	as applicable.			<i>2</i>
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		\$10 (C.S.)	1717
a	Part VI	11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			-
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	**	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.4%	х	
46	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		-
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	_ . `		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		<u> </u>
	complete Schedule G, Part III	19		х
20a	and the second s	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		<u> </u>	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		Х
			200	(OD4 O)

HUNGER RELIEF INTERNATIONAL, INC. 36-4664596 Page 4 Form 990 (2019) Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes." complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 _____ 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes." answer lines 24b through 24d and complete Х Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х 32 Schedule N. Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 Х 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? X Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 5 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

932004 01-20-20

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

36-4664596 Page 5

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		25	
	filed for the calendar year ending with or within the year covered by this return 2a 2a			::
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country ▶ HAITI, GUATEMALA	5 90.00	24.75°-1	7 - 1 1 7 - 1 -
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
¢	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	5 1	25-11	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Particular and the second of t			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year		AWE.	5.7
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1.1		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	1.5		
а	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities10b	1.50		
11	Section 501(c)(12) organizations. Enter:			- P
а	Gross income from members or shareholders 11a	1.7		-X :
ь	Gross income from other sources (Do not net amounts due or paid to other sources against	1 2 3		sus di Segre
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			Sec. 19
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		111111111111111111111111111111111111111	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1.57		
	organization is licensed to issue qualified health plans			Ę.
c		1		
14a		14a	<u> </u>	Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	<u> </u>	Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	1	L.	
		Forn	990	(2019)

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

	Check if Schedule O contains a response or note to any line in this Part VI					· · · · · · · · · · · · · · · · · · ·	X		
Sec	tion A. Governing Body and Management								
						Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		6					
	If there are material differences in voting rights among members of the governing body, or if the governing				1,500		2.5		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b		5	100				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	•	•		2		X		
3	Did the organization delegate control over management duties customarily performed by or under the								
			•		3		Х		
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 w	as filed?		4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			5		Х		
6	Did the organization have members or stockholders?				6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a								
	more members of the governing body?				7a	ĺ	x		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or						
	persons other than the governing body?				7Ь		х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye								
а	The governing body?	-	-		8a	Х	Ī		
Ь	Each committee with authority to act on behalf of the governing body?				8b	х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea								
	organization's mailing address? If "Yes." provide the names and addresses on Schedule О				9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re								
			•			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		******		10a	X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	haptei	s, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	X			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befo	ore filing the form	?	11a	X			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					and in			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?		12b	X			
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	Yes,"	describe						
	in Schedule O how this was done				12c	X			
13	Did the organization have a written whistleblower policy?				13	Х			
14	Did the organization have a written document retention and destruction policy?				14	Х			
15	Did the process for determining compensation of the following persons include a review and approve	-	ndependent				. = 1		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official				15a	X			
b	Other officers or key employees of the organization		,		15b		X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment '	with a				: ::		
	taxable entity during the year?				16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		-				[] · ·		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nizatio	n's				i		
	exempt status with respect to such arrangements?				16b				
	tion C. Disclosure					-			
17	List the states with which a copy of this Form 990 is required to be filed ▶OK								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 99	C-T (Section 501)	(c)(3)s	s only)	availa	ble		
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website X Another's website X Upon request Other (explain								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	onflict	of interest policy	, and	finan	cial			
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks a	na records 🕞 _						
	BO BOY 300093 OF ANOMA CITY OF 73140								
	PO BOX 300093, OKLAHOMA CITY, OK 73140					000	/00401		
932008	6 01-20-20				FORIT	コンシ	(2019)		

Form 990 (2019) 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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization ne							sate				
(A)	(B)			(C Posi)) ition	1		(D)	(E)	(F)	
Name and title	Average	(do	(do not check more than one lox, unless person is both an				one.	Reportable	Reportable	Estimated	
	hours per week	offic	box, unless person is both an officer and a director/trustee)			s botr r/trus	an tee)	compensation from	compensation from related	amount of other	
	(list any	\vdash				l	Ė	the	organizations	compensation	
	hours for	direct				_		organization	(W-2/1099-MISC)	from the	
	related	96 OL	stee			Jeate		(W-2/1099-MISC)	(11 27 1000 111100)	organization	
	organizations	fruste	al tru		уве	E E		(** =, *********************************		and related	
	below	Individual trustee or director	Institutional trustee	JE	Key employee	Highest compensated employee	ы Н			organizations	
	line)	vibu	Instit	Officer	Key e	High a	Former			_	
(1) RACHEL ZELON	40.00										
EXECUTIVE DIRECTOR		X	<u> </u>	X		_		35,100.	0.	0.	
(2) BRIAN WORLEY	5.00										
CHAIRMAN		X		X				0.	0.	0.	
(3) GEORGE EBER	5.00	l									
DIRECTOR		X	┝		_	L		0.	0.	0.	
(4) DAN HENSIEK	5.00	,,		۱.,				_		_	
TREASURER	5.00	Х	┝	Х		├		0.	0.	0.	
(5) WILLIAM SAGE DIRECTOR	3.00	x						0.	0.	0.	
(6) NANCY GRUSKIN	5.00	^	<u> </u>			├		0.	0.		
DIRECTOR	3.00	х						0.	0.	0.	
DIRECTOR		72						0.	0.	•	
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	J				1	1			l	l	

932007 01-20-20

(A) Name and title	(B) Average hours per week (list any	(do box offi	(C) Position do not check more than one ox, unless person is both an officer and a director/trustee)				one an	(D) Reportable compensation from	(E) Reportable compensation from related	am	(F) imated ount of other
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуве	Highest compensated em ployee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	orga and	ensation om the nization related nizations
									11 2 10		
		<u> </u>		-		 					
				<u> </u>		\vdash					
1b Subtotal	<u> </u>	<u> </u>						35,100.		0.	0.
c Total from continuation sheets to Part								0.		0.	0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but	not limited to th						o re	35,100. eceived more than \$100,		0.1	
compensation from the organization											() Yes No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for										3	X
4 For any individual listed on line 1a, is the	sum of reportab	le co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		x
and related organizations greater than \$1 5 Did any person listed on line 1a receive or	r accrue compe	rsati	on f	rom	апу	unn				4	
rendered to the organization? # "Yes." Co Section B. Independent Contractors	mplete Schedui	e J f	or su	ıch ,	oers	on				5	X
Complete this table for your five highest of the organization, Report compensation for										ensation fro	m
(A) Name and busine			INC			<u> </u>		(B) Description of s		(C Comper) Isation
rano allo sacilio	30 2001000	TAI	OINI	<u> </u>				Beddipilet et			
									+		
				_			\dashv				
	•										
							_			·	
2 Total number of independent contractors \$100,000 of compensation from the orga	-	ot lir	nite	d to		se lis O	ted	above) who received mo	ore than		
wroo,000 or compensation from the orga	neardii 🚩									- (90 (2010)

		Check if Schedule O contains a response or note to any lin	e in this Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Grants	1 s	Membership dues 1b				
Contributions, Gifts, Grants and Other Similar Amounts	((
tribution Other S	f	All other contributions, gifts, grants, and similar amounts not included above 1f 581,348. Noncash contributions included in lines 1a-1f 1g \$				
28	ŀ	Total. Add lines 1a-1f	581,348.	51, 1912 1, 12, 12, 13, 14, 12, 13 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		
	2 8	Business Code				
šervi We	Ł					
Program Service Revenue	Ċ					
Pro	f	All other program service revenue Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and other similar amounts)	1,017.			1,017.
	4 5	Royalties (i) Real (ii) Personal				
	6 a			(1985년 - 1985년 - 1985년 - 1985년 - 1985년 - 1985년 - 1985년 - 1986년 - 1986년 - 1986년 - 1986년 - 1986년 - 1986년 - 1986 [대한민국 - 1986년		
	t					
	(Net rental income or (loss)	- 6명보는 1995년 : 10년 - 10년 - 18 HA 및 6명보	PRODUCE AND ASSESSMENT AND PROCESSION OF THE ASSESSMENT OF THE ASSESSMENT AND ASSESSMENT AND ASSESSMENT ASSESS	CONTRACTOR OF CONTRACTOR CONTRACTOR	
	7 a	Gross amount from sales of assets other than inventory 7a (i) Securities (ii) Other				
uge L		Less: cost or other basis and sales expenses 7b				
Reve		Gain or (loss) 7c	<u> विकास करण करण विकास विकास विकास है।</u> 	e la nder ett die betalligieren halt flynn d		
Other Revenue		Gross income from fundraising events (not including \$				
	Ŀ	contributions reported on line 1c). See Part IV, line 18 Less: direct expenses 8b				
	c	Net income or (loss) from fundraising events Gross income from gaming activities. See				
		Part IV, line 19 9a 9b 9b				
	10 a	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances 10a				
		Less: cost of goods sold Net income or (loss) from sales of inventory			1	
Miscellaneous Revenue	11 a					
even	i c					
Misc	(All other revenue		Contact Room	The second second	The second of the
	12	Total, Add lines 11a-11d Total revenue, See instructions	582,365.	0.	0.	1,017.
93200			,,			Form 990 (2019)

	Check if Schedule O contains a response of include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	se or note to any line in (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic		i		
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16			universality of the second	
4	Benefits paid to or for members				A KIND OF BUILDING
5	Compensation of current officers, directors,	75,710.	70,400.	5,310.	
_	trustees, and key employees	13,110.	70,400.	3,310.	
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				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	3,637.	3,273.	364.	
9	Other employee benefits	7,746.	7,746.	304.	
10	Payroll taxes	7,740.	7,740.		
11	Fees for services (nonemployees):				
a	Management	5,916.	5,416.	500.	
b	Legal		9,200.	2,300.	
C	Accounting	11,500.	9,400.	4,300.	
đ	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	70 021	60 047	16 624	1 250
	column (A) amount, list fine 11g expenses on Sch (0.)	78,921.	60,947.	16,624.	1,350.
12	Advertising and promotion	34,625.	34,625.	2 921	3,551.
13	Office expenses	11,355.	4,983.	2,821.	3,551.
14	Information technology	11,071.	11,071.		
15	Royalties	10 404	10 / 2/		
16	Оссиралсу	18,424.	18,424.	EOC	2 276
17	Travel	12,672.	9,700.	596.	2,376.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 000	1 000	. <u></u>	1
19	Conferences, conventions, and meetings	1,822.	1,822.		
20	Interest				
21	Payments to affiliates	10,310.	10,310.		
22	Depreciation, depletion, and amortization	1,675.	1,675.		<u> </u>
23	Insurance	T,0/3.	T,0/3.		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24è amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule (3.) SPECIAL PROJECTS	93,922.	93,922.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a					
þ	SCHOOL FEEDING PROGRAM LOGISTICAL SUPPORT	51,511. 30,860.	51,511. 30,860.		-
C				260	16 510
d		25,547.	8,766.	269. 6,673.	16,512
е	· — +	95,417.	88,744.		12 700
<u>25</u>	Total functional expenses. Add lines 1 through 24e	582,641.	523,395.	35,457.	23,789
26	Joint costs. Complete this line only if the organization				1
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			<u> </u>	Form 990 (2019

Form **990** (2019)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any lir	ne in this Part X	1		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		***************************************	46,697.	1	54,053.
	2	Savings and temporary cash investments			29,741.	2	41,440.
	3	Pledges and grants receivable, net	******		3		
	4	Accounts receivable, net	1,501.	4			
	5	Loans and other receivables from any current				4 - 4	
		trustee, key employee, creator or founder, su	bstantial conf	tributor, or 35%			
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
ī.		under section 4958(f)(1)), and persons describ	bed in sectior	1 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ä	9					9	
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	10a	52,441. 37,738.			
	Ь	Less: accumulated depreciation	10b	37,738.	25,012.	10c	14,703.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin	ne 11			12	
	13	Investments - program-related. See Part IV, li			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	57.
	16	Total assets. Add lines 1 through 15 (must e	equal line 33)		102,951.	16	110,253.
	17	Accounts payable and accrued expenses		19,072.	17	15,150.	
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Comple	W. 7 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	21	and a contract of the contract of the contract of		
S)	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su				1226	
qei		controlled entity or family member of any of t	•			22	
_	23	Secured mortgages and notes payable to un				23	<u> </u>
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
	İ	parties, and other liabilities not included on li	nes 17-2 4). C	omplete Part X		l	
		of Schedule D			10 072	25	15 150
	26	Total liabilities. Add lines 17 through 25			19,072.	26	15,150.
us.		Organizations that follow FASB ASC 958, o	check here	► [<u>X</u>]			
JC e		and complete lines 27, 28, 32, and 33.			83,879.		79,168.
<u>a</u>	27				63,673.	27	15,935.
Ö	28	Net assets with donor restrictions				28	
5		Organizations that do not follow FASB ASC	., 958, спеск	nere 🚩 🔛			
<u>.</u>		and complete lines 29 through 33.	do		<u> </u>	20	de la la la la companya de la compa
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun			29		
SSE	30	Paid-in or capital surplus, or land, building, o			30		
Ϋ́Α	31	Retained earnings, endowment, accumulated			83,879.	31	95,103.
ž	32	Total net assets or fund balances			102,951.	32	110,253.
	33	Total liabilities and net assets/fund balances			104,331.	33	

Form 990 (2019)

Form	990 (2019) HUNGER RELIEF INTERNATIONAL, INC.	36-46	64596	Page 12	2
Pa	rt 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		365.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	582	,641.	
3	Revenue less expenses. Subtract line 2 from line 1	3		-276.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	83	,879.	_
5	Net unrealized gains (losses) on investments	5			Ī
6	Donated services and use of facilities	6			
7	Investment expenses	7			•
8	Prior period adjustments	8	11	,500.	
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	95	,103.	,
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			X	<u> </u>
				Yes No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				7
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		Serie II	3
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				::\
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	1.12	44 8.X	7
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		10 - St 17		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.	i pei		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		. 3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019

Open to Public Inspection

HUNGER RELIEF INTERNATIONAL, INC.

Employer identification number 36-4664596

Pa	rt I	Reason for Public C	CharityStatus (All organizations must co	mplete th	is part.) Se	e instructions.				
The	organ	ization is not a private found	ation because it is: (I	or lines 1 through 12, cl	neck only	one box.)					
1	Ť	A church, convention of ch	•		•	•	DYAYi).				
2	同	A school described in secti					-N 30P				
3	H	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii),									
4	\vdash	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
-	ш	city, and state:									
5		An organization operated for	er the benefit of a cel	logo or university sured		od b					
Э	ш			lege or university owned	or operati	ed by a go	vernmental unit describe	eu in			
_		section 170(b)(1)(A)(iv). (C				- 					
6		A federal, state, or local gov									
7	X	An organization that norma	•	ntial part of its support fr	om a gove	emmental	unit or from the general p	oublic described in			
		section 170(b)(1)(A)(vi). (C	•								
8	\vdash	A community trust describe			-						
9		An agricultural research org				-	_	=			
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or			
		university:									
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its supp	ort from o	ontributio	ns, membership fees, an	d gross receipts from			
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	n 33 1/3% of its support f	rom gross investment			
		income and unrelated busin	iess taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	fter June 30, 1975.			
		See section 509(a)(2). (Cor	mplete Part III.)			•					
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	09(a){4).				
12		An organization organized a	·		-		• • •	purposes of one or			
		more publicly supported or		•	-			•			
		lines 12a through 12d that	-								
а		Type I. A supporting orga		.,			•	giving			
		the supported organization		•		_		-			
		organization. You must o	•		ajority o			.pps.m.g			
ь		Type II. A supporting org	•		ion with its	e eunnorte	od organization/e), by bay	vina			
_		control or management o						_			
		organization(s). You mus			une person	no mai co	nuoror manage trie supp	Jorted			
_		7				علائب حمانا	and formationally interprete	ما در الم			
С		Type III functionally inte	T					a with,			
		its supported organization		•	-	•	•				
d	<u> </u>	☐ Type III non-functionally									
		that is not functionally int	_	- •	•		•	/eness			
	_	requirement (see instructi	•	•	•						
е	<u> </u>	Check this box if the orga					Type I, Type II, Type III				
	_	functionally integrated, or		nally integrated supporting	ng organiz	ation.					
f		r the number of supported o	•								
g		vide the following information	CO TO		(iv) Is the orns	nization listed	(v) Amount of monetary	(4) 4			
		ij Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your governi		support (see instructions)	(vi) Amount of other support (see instructions)			
		or government or		above (see instructions))	Yes	No	capport (coo mondonorio)	(oco (ristraot)oris)			
											
			_ .					<u> </u>			
			to the second second	The state of the s	and the second	3' .'	_				
Tota	d										

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.)

Sec	ction A. Public Support			=			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	921,497.	780,487.	922,046.	795,363.	581,348.	4000741.
2	Tax revenues levied for the organ-						
	ization'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	921,497.	780,487.	922,046.	795,363.	581,348.	4000741.
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)						6,961.
	Public support, Subtract line 5 from line 4.						3993780.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	921,497.	780,487.	922,046.	795,363.	581,348.	4000741.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			61.	109.	1,017.	1,187.
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.)						
11	Total support. Add lines 7 through 10						4001928.
12	Gross receipts from related activities,	etc. (see instruction	ons)	***************************************	***************************************	12	
13	First five years. If the Form 990 is for	r the organization's	first, second, thire	d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stor	here			***************************************	***************************************	
	ction C. Computation of Publi						<u>-</u>
	Public support percentage for 2019 (I					14	99.80 %
15	Public support percentage from 2018	Schedule A, Part I	II, line 14			15	99.96 <u>%</u>
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2018. If the o	-		· ·		•	
	and stop here. The organization qual		-				
17a	10% -facts-and-circumstances test	-					•
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets the				-		•
	organization meets the "facts-and-circ		•	•	, ,,		▶∐
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2019

(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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
٥	are not an unrelated trade or bus-						
	iness under section 513						

4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons					_	
t	Amounts included on lines 2 and 3 received			·			
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						<u>-</u>
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support	•					
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
н	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	sequired offer June 20, 1075						
	Add lines 10a and 10b						
	Net income from unrelated business				<u> </u>		
••	activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain	ļ			<u>. </u>	<u> </u>	
12	or loss from the sale of capital						
	assets (Explain in Part VI.)	<u> </u>					
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	•	,				ition,
<u></u>	check this box and stop here	- C D					>
	ction C. Computation of Publi						
	Public support percentage for 2019 (I		•	column (f))		15	%
	Public support percentage from 2018					16	<u>%</u>
Sec	ction D. Computation of Inves	tment income	Percentage				
17	Investment income percentage for 20)19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2	-				18	%
19a	33 1/3% support tests - 2019. If the	organization did r	ot check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line 17	is not
	more than 33 1/3%, check this box ar	nd stop here. T he	organization quali	fies as a publicly :	supported organiza	ition	>
b	33 1/3% support tests - 2018. If the	organization did n	ot check a box on	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted organization	▶ □
20	Private foundation. If the organization					-	▶ □
					0.1		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
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100		1 .
10b		<u> </u>
990 or 99	0-EZ)	2019

	dule A (Form 990 or 990-EZ) 2019 HUNGER RELIEF INTERNATI			6-4664596 Page 6
Pa	Typo in troil and analy integrated evolution capporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			art VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E,	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	31.37		
	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		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			The state of the state of
	factors (explain in detail in Part VI):	1,42		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		/
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4	我们就是不是不是不是	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ited Type III supporting organ	nization (see
	instructions).	•		•

Schedule A (Form 990 or 990-EZ) 2019

	dule A (Form 990 or 990-EZ) 2019 HUNGER RELIEF rt V Type III Non-Functionally Integrated 509	INTERNATIONAL (a)(3) Supporting Orga	, INC. 3	6-4664596 Page 7
Sect	ion D - Distributions	· · · · · · · · · · · · · · · · · · ·	(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI), See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
c	From 2016		Can repair to the second of th	
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			<u> </u>
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			· -
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.		<u> </u>	
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
	Evanos from 2019			

Schedule A (Form 990 or 990-EZ) 2019

e Excess from 2019

Schedule A	(Form 990 or 990-E	Z) 2019 HUNG	ER RELIE	F INTERNATIONAL,	INC.	36-4664596 Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec Section D, lines 5,	Information. lines 1, 2, 3b, 3d tion D, lines 2 an	Provide the exp c, 4b, 4c, 5a, 6, 9 d 3; Part IV, Sect	lanations required by Part II, lin a, 9b, 9c, 11a, 11b, and 11c; Pr ion E, lines 1c, 2a, 2b, 3a, and nes 2, 5, and 6. Also complete	e 10; Part II, line 17a c art IV, Section B, lines 3b; Part V, line 1; Part	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
	(See instructions.)					
			<u>.</u>			
			17-14			
				 		
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SCHEDULE D (Form 990)

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.

2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Par	ti Organizations Maintaining Donor Advised		Funds or Acc	36-4664596
	organization answered "Yes" on Form 990, Part IV, line			Complete it the
		(a) Donor advised funds	T (t) 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 w	witing that the assets hold in don	or advised fund	
•	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor ad			
Ü	for charitable purposes and not for the benefit of the donor or			
		donor advisor, or for any other p		
Pai	t II Conservation Easements. Complete if the organization	anization answered "Ves" on For	m 990 Part IV I	ine 7
1	Purpose(s) of conservation easements held by the organization		111 930,1 21114,1	1167.
	Preservation of land for public use (for example, recreating	· · · · · · · · · · · · · · · · · · ·	vation of a histor	rically important land area
	Protection of natural habitat	· <u> </u>		ied historic structure
	Preservation of open space	Freser	vation of a certifi	ed historic structure
2	Complete lines 2a through 2d if the organization held a qualifie	ad conservation contribution in t	ha form of a con	nonvetion accomment on the last
2		ed conservation contribution in the	ne torm of a con	a face of
_	day of the tax year.		 	Held at the End of the Tax Year
_		•••••••••••••••••••••••••••••••••••••••		2a
Þ				2b
	Number of conservation easements on a certified historic stru-			2c
a	Number of conservation easements included in (c) acquired af	•	1	
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminate	d by the organiz	ation during the tax
	year >			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the period	L -1:1: A	-	
6	violations, and enforcement of the conservation easements it I	***************************************		
0	Staff and volunteer hours devoted to monitoring, inspecting, h	landling of violations, and enforc	ing conservation	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing o	anaaniatian aas	amanta direira tha raas
,	\$ \$	ing of violations, and emolcing c	oriservation easi	ements dding the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of sect	ion 170/b)////P)/6	
0	and section 170(h)(4)(B)(ii)?	-		
9	In Part XIII, describe how the organization reports conservation			
•	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.	ote to the organization of infancial	statements that	describes trie
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasures	. or Other Si	milar Assets.
	Complete if the organization answered "Yes" on Form 9		,	
1a	If the organization elected, as permitted under FASB ASC 958	· · · · · · · · · · · · · · · · · · ·	ement and halar	ace sheet works
	of art, historical treasures, or other similar assets held for publ			
	service, provide in Part XIII the text of the footnote to its finance			oc of public
ь	If the organization elected, as permitted under FASB ASC 958			sheet works of
-	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	exhibition, education, or research	ii iii lululelalice i	or public service,
	(i) Revenue included on Form 990, Part VIII, line 1			•
				\$
2	If the organization received or held works of art, historical trea	auron, or other similar secote for		\$
~	the following amounts required to be reported under FASB AS	·	ınıancıaı gain, pi	tovide
	•	•		x 0
a	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			. ▶ ♦

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

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Sche	dule D (Form 990) 2019 HUNGER	RELIEF INT	RNATIO	NAL,	INC.			36-46	64596	Р	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historic	al Trea	asures, o	r Other :	Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any	of the fo	ollowing that	t make sigr	nificant (use of its	,		
	collection items (check all that apply):										
а	Public exhibition	d	I Loar	or exch	nange progra	am					
b	Scholarly research	e	Othe	er							
c	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how they fu	irther the	e organizatio	on's exemp	t purpo:	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historic	cal treas	ures, or othe	er similar a	ssets				
	to be sold to raise funds rather than to be ma	ii⊓tained as part of tl	ne organizati	on's coll	ection?	*******************			Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the org	anization	answered	"Yes" on F	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par		_					•			
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contr	ributions	or other as:	sets not inc	cluded				
	on Form 990, Part X?							\square	Yes		No
þ	If "Yes," explain the arrangement in Part XIII										
									Amount		
¢	Beginning balance						1c				
đ	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						/?		Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes	s" on For	m 990, Part	IV, line 10	L				
		(a) Current year	(b) Prior	year	(c) Two yea	rs back (c	i) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities		•								
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, co	lumn (a))	held as:				_		
а	Board designated or quasi-endowment		_%								
ь	Permanent endowment	%									
		%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are	held and	d administer	red for the	organiza	ation	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
ь	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sched	lule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line	11a. Se	ee Form 990	, Part X, Iir	ne 10.				
	Description of property	(a) Cost or o	ther (b) Cost	or other	(c) Acc	cumulate	ed .	(d) Book	valu	
		basis (investr		basis (depr	eciation		••		
1a	Land										
	Buildings						• .				
	Leasehold improvements										
	Equipment			5.2	2,441.		37,7	38.	14	, 7	03.
	Other				,		, -			•	
	Add lines 1a through 1e. (Column of must a		V ==4:==== 43	N 80- 20					1.4	7	03

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 HUNGER RELI	EF INTERNATION	NAL, INC.	36-4664596 Page 3
Part VII Investments - Other Securities.	l on Form 000' Dart IV II	115 O F 000 D4 V	(line dO
Complete if the organization answered "Yes' (a) Description of security or category (including name of security)	(b) Book value		on: Cost or end-of-year market value
(1) Financial derivatives		(b) Netrica of Valuation	on: oost of end of year market value
(2) Closely held equity interests			
(3) Other	1		
(A)			177.7
(B)			
(C)			
(D)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		·	
Complete if the organization answered "Yes"	on Form 990, Part IV. line	11c. See Form 990. Part X	. line 13.
(a) Description of investment	(b) Book value		on: 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, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes'		11d. See Form 990, Part X	
(a) Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(5)			
(6)			
<u>(7)</u>	······································		
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	ne 15.)		>
Complete if the organization answered "Yes"	on Form 990 Part IV line	11a or 11f Soo Form 990	Part V line 25
1. (a) Description of liability	on rollingso, part iv, line	THE OF THE GET OF HIS 330,	(b) Book value
(1) Federal income taxes	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)	· 		
(7)			
(8)			
17/			•

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

Schedule D (Form 990) 2019

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

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

HUNGER RELIEF I	NWEENAWT	NNAT. TNO	7 _	36-466459	6
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Y	es" on
Form 990, Part I\					
			ds to substantiate the amount of its gra		
the grantees' eligibility fo	or the grants or a	issistance, and t	he selection criteria used to award the	grants or assistance?	Yes No
2 For grantmakers, Desc United States.	ribe in Part V the	organization's p	procedures for monitoring the use of its	grants and other assistance outsi	de the
	ne following Part	I. line 3 table ca	ın be duplicated if additional space is n	eeded.)	
(a) Region	(b) Number of offices in the region		(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service,	(f) Total expenditures for and investments in the region
	_	_			
HAITI	1	7	PROGRAM SERVICES	HUNGER RELIEF	283,703.
GUATEMALA	1	3	PROGRAM SERVICES	HUNGER RELIEF	91,090.
·					
					·
3 a Subtotal	2	10			374,793.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	2	10			374,793.

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

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 HUNGER RELIEF INTERNATIONAL, INC. 36–4664596

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

He de la constant de	anu Env (ii appiicaue)		grant	or cash grant	cash disdursement	assistance	assistance	appraisal, other)
			:					
2 Enter total number of recipient organizations listed above that are by the IRS, or for which the grantee or counsel has provided a second that the provided a second that the provided as a constitution of the	recipient organization ch the grantee or cour	is listed above that are risel has provided a sect	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country, r	ecognized as tax-exe	ampt 🔻		
S Effer total furtible of other organizations of entitles	Other organizations of	r entines					Schedi	Schedule F (Form 990) 2019

Page 3

HUNGER RELIEF INTERNATIONAL, INC.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (c) Number of recipients cash grant Part III can be duplicated if additional space is needed. (b) Region (a) Type of grant or assistance

Instructions for Form 5713; don't file with Form 990)

Yes X No

SCHEDULE 0

(Form 990 or 990-EZ)

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 990-EZ.

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

2019
Open to Public Inspection

Name of the organization

HUNGER RELIEF INTERNATIONAL, INC.

Employer identification number 36-4664596

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROTECT THE LIVES OF DESPERATELY POOR CHILDREN AND FAMILIES BY BUILDING
RESILIENCY, FIGHTING HUNGER, PROMOTING FAMILY UNITY, AND INCREASING
SELF-SUFFICIENCY. HRI DOES THIS THROUGH DIRECT PROGRAMMING AND BY
RAISING PUBLIC AWARENESS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THROUGH DIRECT PROGRAMMING AND BY RAISING PUBLIC AWARENESS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
PARTICIPATE IN SUMMER CAMPS.
FORM 990, PART VI, SECTION B, LINE 11B: THE 990 HAS BEEN REVIEWED IN THE PDF FORMAT BY THE BOARD.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION ROUTINELY REVIEWS THE CONFLICT OF INTEREST STATEMENT FOR
ADHERENCE TO THE POLICY.
FORM 990, PART VI, SECTION B, LINE 15A:
THE EXECUTIVE DIRECTOR AND BOARD CHAIR REVIEWED THE 990'S OF OTHER
ORGANIZATIONS OF SIMILAR SIZE, INCOME AND MISSION. IN ADDITION, THE
EXECUTIVE DIRECTOR'S SALARY WAS DETERMINED BASED ON YEARS OF EXPERIENCE,
PREVIOUS EMPLOYMENT HISTORY, AND THE ORGANIZATION'S FINANCIAL CAPACITY TO
PAY HER A FAIR WAGE.

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization HUNGER RELIEF INTERNA	FIONAL, INC.	Employer identification number 36-4664596
FORM 990, PART VI, SECTION C, LINE 1	.9 :	
THE ORGANIZATION MAKES INFORMATION A	VAILABLE FOR PUBLIC IN	SPECTION UPON
WRITTEN REQUEST.		
FORM 990, PART IX, LINE 24E, ALL OTH	IER FUNCTIONAL EXPENSES	5:
PROGRAM PRODUCTION:		
PROGRAM SERVICE EXPENSES	····	24,555.
MANAGEMENT AND GENERAL EXPENSES		0.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		24,555.
INTERNATIONAL PROGRAM EXPENSES:		
PROGRAM SERVICE EXPENSES		23,567.
MANAGEMENT AND GENERAL EXPENSES		0.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		23,567.
LODGING, FOOD, TRANSPORT:		
PROGRAM SERVICE EXPENSES		16,640.
MANAGEMENT AND GENERAL EXPENSES		0.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES	 	16,640.
NUTRITION PROGRAM:		
PROGRAM SERVICE EXPENSES		13,716.
MANAGEMENT AND GENERAL EXPENSES		0.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		13,716.
932212 09-06-19	Schee 3.6	dule O (Form 990 or 990-EZ) (2019)

Name of the organization HUNGER RELIEF INTERNATIONAL, INC.	Employer identification number 36-4664596
BANK AND CRRDIT CARD CHARGES:	
PROGRAM SERVICE EXPENSES	300.
MANAGEMENT AND GENERAL EXPENSES	6,605.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,905.
SUPPLIES AND MATERIALS:	
PROGRAM SERVICE EXPENSES	6,403.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,403.
OTHER TAXES:	
PROGRAM SERVICE EXPENSES	3,563.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,563.
	· ·
REGISTRATION FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	68.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL 2	68. A 95,417.
FORM 990 PART XII LINE 2C THE BOARD HAS AN ESTABLISHED AUDIT COMMITTEE TO OVERSEE TO	HE SELECTION

	of the organ	990 or 990 E2) (2019) ization HUNGER	RELIEF	INTERNATIONAL,	INC.	Employer identification number 36-4664596
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