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Form	990

Department of the Treasury Internal Revenue Service

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EXTENDED TO NOVEMBER 15, 2022

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.

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

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B Check CName of organization D Employer identification number Advance LOVE THE HUNGRY, INC. 45-3865957 Doing Dusiness as Number and states (or PL. Doing Dusiness as Room/suite E Telephone number First, Markin LOUIS VILLE, XY 40213 Goostreepids 159,268. H(a) Is this agroup return Coursevepids 159,268. LOUIS VILLE, XY 40213 States of province, country, and ZIP or foreign postal code Goostreepids 16 orsubordinates? Yee X Nee 1 Tax exempt status: X Stitc(3) 501(c) () (insert no.) 4947(a)(1) or 527 J Webste: WWW. LOVETHEHUNGRY. ORG H(b) or state of legal domicile: KY Year of tormation: X Courseving bod (Part VI, line 1a) Vear of tormation: 2012 M State of legal domicile: KY Year of tormation: X Courseving bod (Part VI, line 1a) 3 5 1 Briefly describe the organization discontinue dis operations or disposed of more than 25% of its net assets. 1 Year of tormation: X Course with the organization discontinue dis operations or disposed of more than 25% of its net assets. 1 Briefly describe the organization discontinue dis operations or disposed of more than 25% of its net assets. 1 Briefly describe t	A		a 2021 calendar year, or tax year beginning and e	enaing	_	
Image: Construction LOVE THE HUNKEY, INC. 45-3865957 Image: Construction Construction Construction Construction Image: Construction Construction Construction Construction Construction Image: Construction Construction Construction Construction Construction Construction Construction Image: Construction Cons	B	Check if applicabl	e: C Name of organization		D Employer identific	ation number
Doing Dusiness as 43-3083937 Provide and the set of the P.O. box if mail is not delivered to street address) Room/suite E Telephone number (502) Provide and the set of the P.O. box if mail is not delivered to street address) Room/suite E Telephone number (502) Provide and the set of the province, country, and ZIP or foreign postal code (2009) Grown metables H(a) is this agroup return for subordinates? Yes (X) No Provide and the set of the province, country, and ZIP or foreign postal code (2009) H(b) retains agroup return for subordinates? Yes (X) No I Tax exempt status: [X] 501(c)(3) 501(c)(-) (insert no.) 947(a)(1) or 527 S27 I Tax exempt status: [X] 501(c)(3) 501(c)(-) (insert no.) 947(a)(1) or 527 Yes of instructions I Tax exempt status: [X] 501(c)(3) 501(c)(-) (insert no.) 947(a)(1) or 527 Yes of insert not not sits: See instructions I Tax exempt status: [X] 501(c)(3) 501(c)(-) (insert no.) Yes of of mometors I Tax exempt status: [X] 501(c)(3) 501(c)(-) (insert no.) Yes of insert not not significant activities: Yes of insert not not significant activities: Yes of insert not not significant activities: Yes of its net assets: <tr< td=""><th></th><td>chang</td><td>e LOVE THE HUNGRY, INC.</td><td></td><td></td><td></td></tr<>		chang	e LOVE THE HUNGRY, INC.			
Number and street (0° P.0. box if mail is not delivered to street address) Room/suite Endephone number (502) Room/suite Endephone number (502) 4209 GARD NIRE VIEW AVENUE Number (502) 459 - 9199 Arrender retender City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40213 G (rose needpts 8 159, 268. Arrender F. Name and address of principal officer: DALE F. OELKER Part I F. Name and address of principal officer: DALE F. OELKER (No address of the ognatization: X] output of the second officer: DALE F. OELKER (No address of the ognatization: X] output of the officer: CALE (No address of the officer: CALE (No addres		chang	e Doing business as		45-38659	57
state 1000000000000000000000000000000000000			Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	
Amended Mended Berding LÓUISVILLE, KY 40213 H(a) Is this a group return for subordinates? Yes X No I Tax-exempt status: X 209 GARDINER VIEW AVENUE, LOUISVILLE, KY 4 12 (0) GARDINER VIEW AVENUE, LOUISVILLE, KY 4 13 (0) Corporation H(a) Is this a group return for subordinates/methode? Yes X No I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 13 (b) (c) (2) (2) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		return			(502) 459	
Internet in the internet					G Gross receipts \$	159,268.
training F Name and address of principal officer: DALLE F . OLLIAEX Tax exempt status: Tax exempt s		return	LOOISVILLE, KI 40215		H(a) Is this a group re	turn
I Tacexempt status: X X Yes No I Tacexempt status: X S Yes No I Website: WWW.LOVETHEHUNGRY.ORG H(b) Are all subcontase include? Yes K Form of organization: X Corporation Trust Association Other L Year of formation: 2012 M State of legal domicile: KY Part I Summary I Briefly describe the organization's mission or most significant activities: TO BRING NOURISHMENT AND HOPE TO THE WORLD'S STARVING AND MALNOURISHED CHILDREN. 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 5 4 Number of individuals employed in calendar year 2021 (Part V, line 2a) 5 1 6 Total number of undividuals employed in calendar year 2021 (Part V, line 2a) 5 1 7 a total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 1 6 Total number of undividuals employed in calendar year 2021 (Part V, line 2a) 5 1 1 8 Contributiners and grants (Part VIII, column A) inte 31 0		tiòn	F Name and address of principal officer: DALE F. OELKER		for subordinates	? Yes 🔀 No
J Website: ▶ WWW.LOVETHEHUNGRY.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other ▶ L Year of formation: 2012 M State of legal domicile: KY Part I Summary L State of legal domicile: KY I Briefly describe the organization's mission or most significant activities: TO BRING NOURISHMENT AND HOPE TO THE WORLD'S STARVING AND MALNOURISHED CHILDREN. 3 5 2 Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a) 3 5 4 Number of individuals employed in calendar year 2021 (Part V, line 2a) 5 1 6 Total number of volunteers (estimate if necessary) 7a Total number of mart VIII, column (C), line 12 7a 7a Total number of volunteers (estimate if necessary) 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		pendi	$\frac{19}{2}$ 4209 GARDINER VIEW AVENUE, LOUISVILLE, K	KY 4	H(b) Are all subordinates in	cluded? Yes No
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Image: State Structure 1 Briefly describe the organization's mission or most significant activities: TO BRING NOURISHMENT AND HOPE TO THE WORLD'S STARVING AND MALNOURISHED CHILDREN. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of volung members of the governing body (Part VI, line 1a) 4 Number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 6 0 7 Total number of volunteers (estimate if necessary) 6 0. 7 Total number of volunteers (estimate if necessary) 7 Total number of uncess revenue from Part VIII, column (C), line 12 9 Program service revenue (Part VIII, line 1h) 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total asset shrough 11 (must equal Part VIII, column (A), lines 5-10) 16 Professional fundraising etees (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising expenses (Part IX, column (D), line 25) > 3, 648. </td <th>ĸ</th> <td>Form of</td> <td></td> <td>L Year (</td> <td>of formation: 2012 N</td> <td>State of legal domicile: KY</td>	ĸ	Form of		L Year (of formation: 2012 N	State of legal domicile: KY
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11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 146, 033. 159, 268. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 60, 989. 53, 139. 16a Professional fundraising fees (Part IX, column (A), line 25) 3, 648. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 144, 234. 58, 320. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 205, 223. 111, 459. 19 Revenue less expenses. Subtract line 18 from line 12 -59, 190. 47, 809. 19 Total assets (Part X, line 16) 16, 388. 64, 079. 21 Total liabilities (Part X, line 26) 1, 851. 1, 733. 22 Net assets or fund balances. Subtract line 21 from line 20 14, 537. 62, 346.	ňuś	9	Program service revenue (Part VIII, line 2g)			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 146, 033. 159, 268. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 60, 989. 53, 139. 16a Professional fundraising fees (Part IX, column (A), line 25) 3, 648. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 144, 234. 58, 320. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 205, 223. 111, 459. 19 Revenue less expenses. Subtract line 18 from line 12 -59, 190. 47, 809. 19 Total assets (Part X, line 16) 16, 388. 64, 079. 21 Total liabilities (Part X, line 26) 1, 851. 1, 733. 22 Net assets or fund balances. Subtract line 21 from line 20 14, 537. 62, 346.	eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			
13 Grants and similar amounts paid (Part IX, column (A), lines 1·3)0.0.14 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)60, 989.53, 139.16a Professional fundraising fees (Part IX, column (A), line 11e)0.0.b Total fundraising expenses (Part IX, column (D), line 25)3, 648.17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)144, 234.18 Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25)205, 223.19 Revenue less expenses. Subtract line 18 from line 12-59, 190.20 Total assets (Part X, line 16)16, 388.21 Total liabilities (Part X, line 26)1, 851.22 Net assets or fund balances. Subtract line 21 from line 2014, 537.23 Net assets or fund balances. Subtract line 21 from line 20144, 537.	£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
14Benefits paid to or for members (Part IX, column (A), line 4)0.0.15Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)60,989.53,139.16aProfessional fundraising fees (Part IX, column (A), line 11e)0.0.bTotal fundraising expenses (Part IX, column (D), line 25)3,648.17Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)144,234.58,320.18Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25)205,223.111,459.19Revenue less expenses. Subtract line 18 from line 12-59,190.47,809.20Total assets (Part X, line 16)16,388.64,079.21Total liabilities (Part X, line 26)1,851.1,733.22Net assets or fund balances. Subtract line 21 from line 2014,537.62,346.		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			
Solution15Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)60, 989.53, 139.16aProfessional fundraising fees (Part IX, column (A), line 11e)0.0.0.bTotal fundraising expenses (Part IX, column (D), line 25)3, 648.144, 234.58, 320.17Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)144, 234.58, 320.18Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)205, 223.111, 459.19Revenue less expenses. Subtract line 18 from line 12-59, 190.47, 809.20Total assets (Part X, line 16)16, 388.64, 079.21Total liabilities (Part X, line 26)1, 851.1, 733.22Net assets or fund balances. Subtract line 21 from line 2014, 537.62, 346.		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) > 3,648. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 144,234. 58,320. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 205,223. 111,459. 19 Revenue less expenses. Subtract line 18 from line 12 -59,190. 47,809. 20 Total assets (Part X, line 16) 16,388. 64,079. 21 Total liabilities (Part X, line 26) 1,851. 1,733. 22 Net assets or fund balances. Subtract line 21 from line 20 14,537. 62,346.		14	Benefits paid to or for members (Part IX, column (A), line 4)			-
17 Other expenses (rart X, column (A), lines Tra Trd, Tri 246) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 -59, 190. 11 459. 12 -59, 190. 13 Total assets (Part X, line 16) 14 16, 388. 15 1, 851. 17 14, 537. 18 Total liabilities (Part X, line 26) 19 Net assets or fund balances. Subtract line 21 from line 20	ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) \dots			53,139.
17 Other expenses (rart X, column (A), lines Tra Trd, Tri 246) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 -59, 190. 11 459. 12 -59, 190. 13 Total assets (Part X, line 16) 14 16, 388. 15 1, 851. 17 14, 537. 18 Total liabilities (Part X, line 26) 19 Net assets or fund balances. Subtract line 21 from line 20	nse	16a			0.	0.
17 Other expenses (rart X, column (A), lines Tra Trd, Tri 246) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 -59, 190. 11 459. 12 -59, 190. 13 Total assets (Part X, line 16) 14 16, 388. 15 1, 851. 17 14, 537. 18 Total liabilities (Part X, line 26) 19 Net assets or fund balances. Subtract line 21 from line 20	g	b	Total fundraising expenses (Part IX, column (D), line 25) 3,64	.8.		
19 Revenue less expenses. Subtract line 18 from line 12 -59, 190. 47, 809. 5 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 16, 388. 64, 079. 21 Total liabilities (Part X, line 26) 1, 851. 1, 733. 22 Net assets or fund balances. Subtract line 21 from line 20 14, 537. 62, 346.	Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		-	-
Beginning of Current YearEnd of Year20Total assets (Part X, line 16)16,388.64,079.21Total liabilities (Part X, line 26)1,851.1,733.22Net assets or fund balances. Subtract line 21 from line 2014,537.62,346.		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 16,388. 64,079. 21 Total liabilities (Part X, line 26) 1,851. 1,733. 22 Net assets or fund balances. Subtract line 21 from line 20 14,537. 62,346.			Revenue less expenses. Subtract line 18 from line 12		-59,190.	47,809.
20 Total assets (Part X, line 16) 16,388. 64,079. 21 Total liabilities (Part X, line 26) 1,851. 1,733. 22 Net assets or fund balances. Subtract line 21 from line 20 14,537. 62,346.	JO JO	9		Be		
21 Total liabilities (Part X, line 26) 1,851. 1,733. 22 Net assets or fund balances. Subtract line 21 from line 20 14,537. 62,346.	sets	20	Total assets (Part X, line 16)			
원 22 Net assets or fund balances. Subtract line 21 from line 20	tAs	21	Total liabilities (Part X, line 26)			
	Sei	22	Net assets or fund balances. Subtract line 21 from line 20		14,537.	62,346.

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		Signature of officer		Date			
Here		DALE F. OELKER, EXECUTIVE DIRECTOR					
		Type or print name and title					
	Prin	nt/Type preparer's name Preparer's signature	Date		Check	PTIN	
Paid	JOI	HN P. SCHMIDT CPA JOHN P. SCHMIDT CPA	08/01	/22	ır self-employed	P0084404	2
Preparer	Firm	n's name 🕨 LOUIS T. ROTH & CO., PLLC	·	Firm's	EIN 🕨 61	-1276110	
Use Only	Firm	n's address 2100 GARDINER LANE #207					
		LOUISVILLE, KY 40205		Phone	e no. (502)459-810	0
May the IF	RS di	iscuss this return with the preparer shown above? See instructions				X Yes	No
132001 12-0	9-21	LHA For Paperwork Reduction Act Notice, see the separate instructions.				Form 990	(2021)

		THE HUNGRY, INC.	45-38659	957 _{Page} 2
Pa	rt III Statement of Program S	ervice Accomplishments		
		response or note to any line in this Part III		
1		ORGANIZED TO FEED STARV		
	INTERNATIONALLY	LOCATED IN BOTH THE UN	ITED STATES AND	
2	Did the organization undertake any si	gnificant program services during the year whi	ch were not listed on the	
L				Yes X No
3		g, or make significant changes in how it condu	cts, any program services?	Yes X No
4		service accomplishments for each of its three la zations are required to report the amount of gr vice reported		
4a	(Code:) (Expenses \$	95,305. including grants of \$) (Revenue \$)
		TEERS PACKAGED 473,000		NG THE
		HAN 230,000 MEALS WERE RIES, AND 62,000 MEALS		
		MILIES THROUGHOUT KENTU		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on S	Schedule O.)		
<u> </u>	(Expenses \$	including grants of \$) (Revenue \$)	
4e	Total program service expenses	95,305.		Form 990 (2021)
13200	2 12-09-21	3		Form 990 (2021)

2021.04012 LOVE THE HUNGRY, INC. 014299-1

Form	aan	(2021)
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 Form 990 (2021)
 LOVE THE HUNGRY, 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	х	
L	Part VI	11a	-	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		x
•	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
132003	3 12-09-21	Form	990	(2021)

Form **990** (2021)

4

Form	990	(2021)
	330	

Form	990 (2021) LOVE THE HUNGRY, INC. 45-386 t IV Checklist of Required Schedules (continued)	<u>5957</u>	P	age 4
	i (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a 24b		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		<u> </u>
U	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	30 31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If Yes, complete Schedule N, Part F</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	51		
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36		36		x
37	<i>If "Yes," complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
		<u>م</u>	Yes	No
		0		
		0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
13200/	(gambling) winnings to prize winners?		990	(2021)
,52002	5	1 0111		(_321)

2021.04012 LOVE THE HUNGRY, INC. 014299-1

Pa	$1990 (2021) \qquad \text{LOVE THE HUNGRY, INC.} \qquad 45-38$	65957	Р	age 5
	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)		N	N .
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No
za	filed for the calendar year ending with or within the year covered by this return 2a	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			Х
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	-		Х
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		Х
b	If "Yes," enter the name of the foreign country	_		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			Х
		5 c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
_	any contributions that were not tax deductible as charitable contributions?	6a		Х
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).			х
	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			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
U	to file Form 8282?	7c		х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	. 70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_		
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
-	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
		13a		
	Is the organization licensed to issue qualified health plans in more than one state?			
а	Note: See the instructions for additional information the organization must report on Schedule O.			
а	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
a b	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
a b c	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand	_		x
a b c 4a	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
a b c 4a b	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Inter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a		X
a b c 4a b	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14a 14b		
a b c 4a b	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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?	14a 14b		x
a b c 4a b 5	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? 13c If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	14a 14b		
a b c 4a b 5	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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?	14a 14b 15		X
a b c 4a	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? 13c If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 13 b 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? 11 "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 11 "Yes," complete Form 4720, Schedule O.	14a 14b 15		X
a b c 4a b 5 6	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? 13c If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<u>14a</u> <u>14b</u> <u>15</u> <u>16</u>		X

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Form	990	(2021)

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

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

		1 1		-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		5		
	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 0.			_		
b	Enter the number of voting members included on line 1a, above, who are independent	1b		5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9					Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass					Х
6	Did the organization have members or stockholders?					Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?	-		78		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?		-	75		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
a	The governing body?	2	0	88	X	
	Each committee with authority to act on behalf of the governing body?					
о 9						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			9		x
Sac	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		Δ
	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Cod	e.)		Vee	N
				40	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			. 10	3	_ A
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•				
	and branches to ensure their operations are consistent with the organization's exempt purposes?					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before fili	ng the form?	11	a X	
	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			. 12	_	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			. 12	b X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," descr	ibe			
	on Schedule O how this was done			12	5 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	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by indepe	endent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15	a X	
	Other officers or key employees of the organization			15	x a	
	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 arrangen	nent with a				
	taxable entity during the year?			16	3	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16	,	
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-T (s	ection 501(c)	3)s only	/) availa	hle
	for public inspection. Indicate how you made these available. Check all that apply.	0) 1 000 0	001011001(0)	0,0 011) availa	
	Own website X Another's website X Upon request X Other (explain)	on Cohod				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			and find	ncial	
13	statements available to the public during the tax year.		creat policy, a		noiai	
20			ordo 🕨			
20	State the name, address, and telephone number of the person who possesses the organization's boo EXECUTIVE DIRECTOR - (502) 459-9199 4000 600 600 600 600 600 600 600 600 600	iks and rec	orus 🟲			
	4209 GARDINER VIEW AVENUE, LOUISVILLE, KY 40213					
					m 990	

Form 990 (2021) LOVE THE HUNGRY, INC.	45-3865957	Page 7								
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employees, and Independent Contractors										
Check if Schedule O contains a response or note to any line in this Part VII										
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.										
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.										

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of				
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) DALE OELKER	40.00									
EXECUTIVE DIRECTOR				Х				46,500.	0.	0.
(2) DONNA ALBERT	1.50									
PRESIDENT		Х		Х				0.	0.	0.
(3) PHILIP DOWDLE	1.50									
TREASUER		Х		Х				0.	0.	0.
(4) MITZI DOBELSTEIN	1.50									
SECRETARY		Х		Х				0.	0.	0.
(5) SARAH TOWERY	1.50									
DIRECTOR		Х						0.	0.	0.
(6) CHRIS WINFIELD	1.50									
VICE PRESIDENT		Х		Х				0.	0.	0.
		-								
		-								
132007 12-09-21						<u> </u>				Form 990 (2021)

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	990 (2021) LOVE THE									45-3865	5957	Pa	ge 8
Par	t VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	st C		,			
	Name and title Average hours per box, unless person is both an director (thread on the compensation) Reportable compensation Report compensation								(E) Reportable compensation from related	Esti amo	(F) mateo ount o ther	of	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	orgar	m the nizatio relate	on ed
1b	Subtotal								46,500.	0.			0.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0. 46,500.	0. 0.			0.
2	Total number of individuals (including but no compensation from the organization							o re	eceived more than \$100,	000 of reportable			0
3	Did the organization list any former officer,	director truste	an k		mol	ove	e or	hia	ihest compensated empl	ovee on	۱ ا	/es	No
U	line 1a? If "Yes," complete Schedule J for su	ich individual					· ·····			·	3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	-		-					-	-	4		х
5	Did any person listed on line 1a receive or a	ccrue compen	sati	on fi	rom	any	unre	elate	ed organization or individ	lual for services	_		v
Sec	rendered to the organization? If "Yes." comp tion B. Independent Contractors	<u>plete Schedule</u>	e J fo	or sı	ich i	Ders	on .				5		X
1	Complete this table for your five highest cor		•							, 1	ation fron	า	
	the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)												
	Name and business address NONE Description of services C									Compens	ation		
2	Total number of independent contractors (in	•	ot lin	nited	d to f			ted	above) who received mo	pre than			
	\$100,000 of compensation from the organiz	ation 🕨				C	,				Form 9	90 (2	021)

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				HUNG	RY, INC.			45-3865	957 Page
Par	t VII	I Statement of Re	venue						
		Check if Schedule O	contains a	response	or note to any line	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 5
	1 0	Federated campaigns		1a					30010113 0 12 0
and Other Similar Amounts	та b			1b					
Ē	c	Fundraising events		10 1c					
ΓĀ	d			10 1d					
, alla	e	• • • • • •		1e					
ŝ	f								
the		similar amounts not included	l above	1f	159,268.				
9 P	g	Noncash contributions included in	lines 1a-1f	1g \$	5,500.				
a S	h	Total. Add lines 1a-1f			►	159,268.			
					Business Code				
3	2 a								
	b								
en	С								
e e	d								
2	е								
-		All other program service							
	g								
	3	Investment income (includ							
	4	other similar amounts) Income from investment of							
	- 5	Royalties		• •					
	5	noyanes) Real	(ii) Personal				
	6 a	Gross rents	6a	,	(
	b	Less: rental expenses	6b						
	c	Rental income or (loss)	6c						
	d		、		>				
	7 a	Gross amount from sales of	·	ecurities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
e		and sales expenses	7b						
venue	с	Gain or (loss)	7c						
ΦI	d	Net gain or (loss)			►				
Other R	8 a	Gross income from fundraisi							
		contributions reported on	line 1c). S	ee					
		Part IV, line 18		88	ı				
	b	· · · · · ·			-				
	С				►				
	9 a	Gross income from gamin							
		Part IV, line 19							
					-				
		()			🕨				
	10 a	Gross sales of inventory, I							
		and allowances							
		Less: cost of goods sold							
	С	Net income or (loss) from	sales of IN	ventory.	Business Code				
3	11 a				Duomess Ooue				
Revenue	n a b								
ver	с С								
Be		All other revenue							
Σ		Total. Add lines 11a-11d							
	12	Total revenue. See instruction				159,268.	0.	0.	0
		-21			F				Form 990 (202

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2021.04012 LOVE THE HUNGRY, INC. 014299-1

Form 990	(2021)
Dart IX	Stat

LOVE THE HUNGRY, INC. Part IX Statement of Functional Expenses

Do not ir	Check if Schedule O contains a response clude amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	nts and other assistance to domestic organizations domestic governments. See Part IV, line 21				
	ints and other assistance to domestic				
	viduals. See Part IV, line 22				
	ints and other assistance to foreign				
	anizations, foreign governments, and foreign				
•	viduals. See Part IV, lines 15 and 16				
	nefits paid to or for members				
	npensation of current officers, directors,				
	stees, and key employees	46,500.	39,525.	4,650.	2,325
	pensation not included above to disqualified	40,5000	55,525.	4,0501	2,525
	sons (as defined under section 4958(f)(1)) and				
•					
	sons described in section 4958(c)(3)(B)				
	er salaries and wages				
	sion plan accruals and contributions (include				
	tion 401(k) and 403(b) employer contributions)	2 000	2,550.	200	150
	er employee benefits	3,000.		300.	
	vroll taxes	3,639.	3,093.	364.	182
	es for services (nonemployees):				
	nagement				
	al	2 5 4 4	254	2 01 0	4
	counting	3,541.	354.	3,010.	177
d Lob	bying				
	fessional fundraising services. See Part IV, line 17				
f Inve	estment management fees				
g Oth	er. (If line 11g amount exceeds 10% of line 25,				
colu	ımn (A), amount, list line 11g expenses on Sch 0.)	1,140.	228.	741.	171
12 Adv	vertising and promotion				
13 Offi	ce expenses	794.	636.	119.	39
	rmation technology				
	/alties				
	cupancy	3,000.	2,400.	600.	
	vel				
	ments of travel or entertainment expenses				
	any federal, state, or local public officials				
	nferences, conventions, and meetings	369.	314.	37.	18
	erest				
	ments to affiliates				
	preciation, depletion, and amortization				
	urance	6,966.	5,573.	1,045.	348
	er expenses. Itemize expenses not covered				
abov line	ex. (List miscellaneous expenses on line 24e. If 24e amount exceeds 10% of line 25, column (A), punt, list line 24e expenses on Schedule 0.)				
	OD AND SUPPLIES	34,404.	34,404.		
	LIVERY AND FUEL	4,322.	4,322.		
	UES AND SUBSCRIPTIONS	1,109.	-,522.	1,109.	
	LEPHONE	1,020.	816.	153.	51
	other expenses	1,655.	1,090.	378.	187
	•	111,459.	95,305.	12,506.	3,648
	al functional expenses. Add lines 1 through 24e	±±±,±5,5•	55,505.	12,500.	5,040
	It costs. Complete this line only if the organization				
	orted in column (B) joint costs from a combined				
	cational campaign and fundraising solicitation.				
Chec	ck here if following SOP 98-2 (ASC 958-720)				Earm 990 (20

132010 12-09-21

15240801 757962 014299-00

2021.04012 LOVE THE HUNGRY, INC. 014299-1

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Form 990 (
Part X	Ba	lance	Sheet

					(A) Beginning of year		(B) End of year
		<u> </u>			10,467.		14,219
	1	Cash - non-interest-bearing	10,40/.	1	10,367		
	2	Savings and temporary cash investments			2	10,307	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
	_	controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described				6	
jts	7	Notes and loans receivable, net			E 001	7	20.402
Assets	8	Inventories for sale or use			5,921.	8	39,493
<u>ب</u> ک	9	Prepaid expenses and deferred charges				9	
1	0a	Land, buildings, and equipment: cost or other		4 954			
		basis. Complete Part VI of Schedule D		4,354.	<u>^</u>		_
	b	Less: accumulated depreciation		4,354.	0.	10c	0
1	1	Investments - publicly traded securities				11	
1:	2	Investments - other securities. See Part IV, line -	11			12	
1:	3	Investments - program-related. See Part IV, line	11			13	
1	4	Intangible assets				14	
1	5	Other assets. See Part IV, line 11		15			
1	6	Total assets. Add lines 1 through 15 (must equ	al line 33)		16,388.	16	64,079
1	7	Accounts payable and accrued expenses			17		
18	8	Grants payable			18		
19	9	Deferred revenue				19	
2	0	Tax-exempt bond liabilities				20	
2	1	Escrow or custodial account liability. Complete				21	
ω 2	2	Loans and other payables to any current or form	ner officer	director,			
92		trustee, key employee, creator or founder, subst	antial cor	tributor, or 35%			
		controlled entity or family member of any of the	se person	3		22	
<u>2</u>	3	Secured mortgages and notes payable to unrela	ated third	parties		23	
2	4	Unsecured notes and loans payable to unrelated	d third pa	ties		24	
2	5	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	s 17-24). C	omplete Part X			
		of Schedule D			1,851.	25	1,733
2	6	Total liabilities. Add lines 17 through 25			1,851.	26	1,733
		Organizations that follow FASB ASC 958, che	ck here	X			
es es		and complete lines 27, 28, 32, and 33.					
2	7	Net assets without donor restrictions			14,537.	27	62,346
	8	Net assets with donor restrictions				28	
		Organizations that do not follow FASB ASC 9					
5 L		and complete lines 29 through 33.					
5 2	9	Capital stock or trust principal, or current funds				29	
2 3	-	Paid-in or capital surplus, or land, building, or ed				30	
		Retained earnings, endowment, accumulated in				31	
Net Assets of Fund Datances 2. 2. 2. 2. 2. 2. 2. 2.		Total net assets or fund balances			14,537.	32	62,346
ž 3.		Total liabilities and net assets/fund balances			16,388.	33	64,079
10					_0,000		Form 990 (20

Form **990** (2021)

132011 12-09-21

Form	1990 (2021) LOVE THE HUNGRY, INC.	45-38659	957	Pad	_{ge} 12
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	159	, 2	68.
2	Total expenses (must equal Part IX, column (A), line 25)	2	111	, 4	59.
3	Revenue less expenses. Subtract line 2 from line 1	3	47	, 8	09.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14	, 5	37.
5	Net unrealized gains (losses) on investments	5			
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	62	, 34	46.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
		-	`	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	<u> </u>
	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:				
	X 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,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?	·····	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

LOVE THE HUNGRY _ INC. 45-3865957 Part I Reason for Public Chartly Status. (a) cognizations must complete this part). See instructors. The organization is not a private foundation because its: (For ines 1 through 12, check only one box.) A chuch convection of during the described in section 700b(1)(A)(II). A actual case of the one box is in the one of the one described in section 700b(1)(A)(II). A medical research organization described in section 700b(1)(A)(III). A medical research organization described in section 700b(1)(A)(II). Enter the boxpital's name, city, and state: A medical research organization described on section 700b(1)(A)(IV). For a generation operated to the benefit of a college or university owned or operated by a governmental unit described in section 700b(1)(A)(IV). A a organization operated in action 700b(1)(A)(IV)(IV). A an organization operated in section 700b(1)(A)(IV)(IV). B A community trust described in section 700b(1)(A)(IV)(A)(IV) operated in conjunction with a land-grant college or university or a non-stand-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-stand-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-stand-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-stand-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. I A organization depareted exclusively to estim specifies rand (2 no more tha	Nar	ne of t	he organization							identification number	
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1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). 2 A school described in section 170(b)(1)(A)(iii). (Attach Schoolde E (Form 900)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital is name, cly, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). 6 A foddral, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 M norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 A norganization described in section 170(b)(1)(A)(V). (Complete Part II.) 9 A norganization described in section 170(b)(1)(A)(V). (Complete Part II.) 9 A norganization organization described in section 170(b)(1)(A)(V). (Somplete Part II.) 10 A norganization organization described in section 570(b)(1)(A)(V). Som state state the college or university. 11 A norganization described in section 570(b)(1)(A)(V). Som state state the college or university. 12 A norganization described in section 570(b)(1)(A)(V). Som state state structions of ore composity.	Pa	art I	Reason for Public (Johanity Status.	(All organizations must c	omplete tr	nis part.) S	see instruction	IS.		
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11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively to the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supporting organization supervised or controlled by its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type II functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A and C. d Type II non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organizations			income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	fter June 30, 1975.	
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more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organizations) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization set ele in the same persons that control or manage the support supported organization operated in the same persons that control or manage the support de organization operated in connection with its supported organizations). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with a functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with a supported organization(s) that is not functionally integrated. A supporting organization operated in connection with supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box (if the organization received a written determination from the IRS that it is a Type I, Type II functionally integrated, or Type III non-functionally integrated supported organization(s). g Provide the following information about the supported organization (i) the organization is port (see instructions) above (see instructions) is support (see instructions) support (see instructions) above (see instructions) is upport (see instructions)	11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).			
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d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (iii) EIN (iii) Type of organization (described on lines 1-10) above (see instructions)) (v) Amount of monetary support (see instructions) vip organization (vi) Amount of commentary above (see instructions)) (v) Amount of monetary support (see instructions) above (see instructions)) An organization (vi) Amount of monetary support (see instructions) upport (see instructions)) above (see instructions)) Image: support (see instructions) upport (see instructions) upport (see instructions) upport (see instructions)	c	;] Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	d with,	
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e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization (ii) EIN (iii) Name of supported organization (iii) EIN (iii) Comparization (iii) EIN (iii) Comparization (iii) EIN (iii) Comparization (iv) S the organization (v) Amount of monetary (v) Amount of monetary support (v) Amount of monetary organization (v) Amount of monetary described on lines 1-10 (v) Amount of monetary above (see instructions)) ves No support (see instructions) u u u u u u u u u u u u u u u u u u u u u u u u u u			that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution red	quirement and	an attentiv	veness	
functionally integrated, or Type III non-functionally integrated supporting organization.			requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	v .			
f Enter the number of supported organizations g Provide the following information about the supported organization (ii) Type of organization organization (iii) Type of organization (iii) Type of organization (described on lines 1-10) above (see instructions)) (iv) Amount of monetary support (see instructions) Yes No	e	,	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III		
g Provide the following information about the supported organization (i) Name of supported organization (ii) Type of organization (described on lines 1·10) above (see instructions)) (iv) Is the organization listed in your governing document? (v) Amount of monetary support (see instructions) Yes No			functionally integrated, or	Type III non-function	nally integrated supportion	ng organiz	ation.				
(i) Name of supported organization (iii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions) Yes No Support (see instructions)	f	Ente	r the number of supported o	organizations							
In your governing document? (r) function of particular (r) function of particular organization (r) function of particular (r) function of particular above (see instructions)) Yes No											
Organization Support (see instructions) Yes No Support (see instructions) Support (see instructions)		(i		(ii) EIN		in your governi	ng document?		-		
Image: Sector of the sector			organization			Yes	No	support (see II	nstructions)	support (see instructions)	
Image: Sector of the sector											
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Schedule	A (Form 990) 202 ⁻
Part II	Support Sc

LOVE THE HUNGRY, INC.

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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.)

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	158,031.	206,023.	238,751.	136,771.	149,581.	889,157.
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 \dots						
4	Total. Add lines 1 through 3	158,031.	206,023.	238,751.	136,771.	149,581.	889,157.
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	Public support. Subtract line 5 from line 4.						889,157.
	ction B. Total Support				L		,
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	158,031.	206,023.	238,751.	136,771.	149,581.	889,157.
8	Gross income from interest,	-	-	-	-		
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	522.			9,262.	9,687.	19,471.
44	Total support. Add lines 7 through 10	522.			5,202.	5,007.	908,628.
	Gross receipts from related activities,	oto (soo instructio	ne)			12	3,462.
	First 5 years. If the Form 990 is for th			ourth or fifth tax y			5,402.
10	organization, check this box and stop	-		· · ·			
Se	ction C. Computation of Public						
	Public support percentage for 2021 (li			olumn (f))		14	97.86 %
	Public support percentage from 2020					15	98.97 %
	33 1/3% support test - 2021. If the c						
100	stop here. The organization qualifies						
٢	33 1/3% support test - 2020. If the c						······································
	and stop here. The organization quali						
17=	10% -facts-and-circumstances test						
	and if the organization meets the facts	e e					-
	meets the facts-and-circumstances te			•			
٢	10% -facts-and-circumstances test	-					
	more, and if the organization meets th	e e				-	
	more, and it the organization meets th						. —
	organization meets the facts and circu	imstances test. Th	e organization que	lifies as a publicly	supported organiz	ration	
18	organization meets the facts-and-circu Private foundation. If the organizatio		•				

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Schedule A	Form	990)	202

LOVE THE HUNGRY, INC.

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.) ation

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1					
	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						
3	Gross receipts from activities that	1					
	are not an unrelated trade or bus-	1					
	iness under section 513						
4	Tax revenues levied for the organ-	1					
	ization's benefit and either paid to	1					
	or expended on its behalf						
5	The value of services or facilities	1					
	furnished by a governmental unit to	1					
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and	1					
l.	3 received from disqualified persons						
a	Amounts included on lines 2 and 3 received from other than disqualified persons that	1					
	exceed the greater of \$5,000 or 1% of the	1					
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		(-) 2017	(b) 2019	(a) 2010	(4) 2020	(a) 2021	
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gross income from interest,	 					
104	dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
-	(less section 511 taxes) from businesses	1					
	acquired after June 30, 1975	1					
с	Add lines 10a and 10b						
	Net income from unrelated business	 					
	activities not included on line 10b, whether or not the business is regularly carried on	l					
12	Other income. Do not include gain or loss from the sale of capital						
12	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	e organization's fi	rst second third .	fourth or fifth tax y	vear as a section 5	01(c)(3) organizatio	<u>ו</u>
	check this box and stop here	-			•		
Sec	tion C. Computation of Publi	c Support Per	centage				
-	Public support percentage for 2021 (li			column (f))		15	%
16	Public support percentage from 2020					16	%
	ction D. Computation of Inves					1 1	· · · · · ·
17	Investment income percentage for 20	21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2021. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
-	23 01-04-22						(Form 990) 2021
			16				

LOVE THE HUNGRY, INC.

Yes

No

Part IV Supporting Organizations

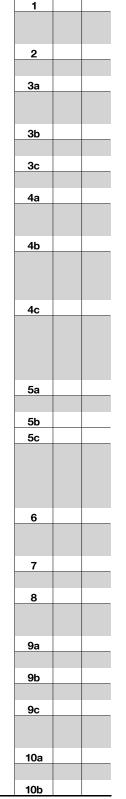
(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **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.)

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Schedule A (Form 990) 2021

2021.04012 LOVE THE HUNGRY, INC.

Schedule A	(Form 990) 2021	LOVE	THE	HUNGRY,	INC.
Part IV	Supporting	Organizations (c	continu	ed)	

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1

Yes No

Yes No

Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a 11b 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? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u> 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- а The organization satisfied the Activities Test. Complete line 2 below.
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

c [The organization supported a governmental entity. Describe in	Part VI how you supported a governmental entity (see instructions).
------------	--	---------------------------------------------------------------	---------------------------------------------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

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	dule A (Form 990) 2021 LOVE THE HUNGRY, INC.	-		45-3865957 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	lov. 20, 1970 (<i>explain i</i>	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete 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			
	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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting or	ganization (see

LOVE THE HUNGRY, INC.

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Schedule A (Form 990) 2021

132026 01-04-22

instructions).

Schedule A (Form 990) 2021

LOVE THE HUNGRY, INC.

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Year
) Itable or 2021

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Schedule A (Form 990) 2021

Part VI	Form 990) 2021			HUNGRY	,			45	45-38659	
	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D,	, 2, 3b, 3c,	4b, 4c, 5	5a, 6, 9a, 9b,	9c, 11a, 11b	, and 11c; Pa	rt IV, Section I	B, lines 1 a	nd 2; Part IV, Se	ection C,
:	Section D, lines 5, 6, and (See instructions.)	8; and Par	t V, Sect	ion E, lines 2	, 5, and 6. Al	so complete th	his part for an	y additiona	l information.	-, : ar v,
_			_	_	_	_	_			_
32028 01-04-22									Schedule A (Fe	orm 990) 202
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

LOVE THE HUNGRY,

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

4	5	_	3	8	6	5	9	5	7
---	---	---	---	---	---	---	---	---	---

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

INC.

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

LOVE THE HUNGRY, INC.

Name of organization

Employer identification number

45-3865957

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	ı
1	BARDSTOWN ROTARY CLUB 1 COURT SQUARE #102 BARDSTOWN, KY 40004	Person X \$ 5,000. Payroll Noncash (Complete Part II for noncash contributions.)	1
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	1
2	RULLMAN-HUNGER FUNERAL HOME 219 MECHANIC S AURORA, IN 47001	\$\$ \$\$,000. Person X Payroll D Noncash D (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	1
3	ST. ALOYSIUS CHURCH 212 MOUNT MERCY DR PEWEE VALLEY, KY 40056	* 6,250. * 6,250. * 6,250. * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 <	J
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	<u> </u>
4	ADVISORS CHARITABLE GIFT FUND 12 GILL ST WOBURN, MA 01801	\$\$ 5,000. Person X Payroll Payroll Noncash (Complete Part II for noncash contributions.)	J
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
5	LWML - HOST COMMITTEE 1016 ORLANDO DR FT. WAYNE, IN 46825	\$ 7,500. \$ 7,500. Person X Payroll Image: Complete Part II for noncash contributions.)	I
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	1
6	ORPHAN GRAIN TRAIN	Person X	
	209 JACKSON ST	\$\$ 5,000. Payroll Noncash (Complete Part II for	
	JONESVILLE, IN 47247	noncash contributions.)	1

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Schedule B (Form 990) (2021)

LOVE THE HUNGRY, INC.

Name of organization

Part I

Employer identification number

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(a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 CUMMINS, INC X Person Payroll 500 JACKSON ST 5,000. Noncash \$ (Complete Part II for COLUMBUS, IN 47201 noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 ADA, LLC X Person Payroll 8132 FRANKFORT RD 5,000. Noncash \$ (Complete Part II for WADDY, KY 40076 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 CHUCK & MARY LOU DOBELSTEIN X Person Payroll 5,000. 1720 SOUTHLAKE Noncash \$ (Complete Part II for LOUISVILLE, KY 40223 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 10 ST. MICHAEL CATHOLIC CHURCH Person X Payroll 3705 STONE LAKES DR 5,250. Noncash \$ (Complete Part II for LOUISVILLE, KY 40299 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 KEN AND SARAH TOWERY X Person Payroll X 12354 FOREST SCHOOL LANE \$ 10,367. Noncash (Complete Part II for noncash contributions.) LOUISVILLE, KY 40223 (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

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

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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
11	118 SHARES OF MARVELL TECHNOLOGY		
		\$10,367.	12/31/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

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

LOVE THE HUNGRY, INC.

Name of organization

Part II

Employer identification number

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Schedule B (Form 990) (2021)

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ame of orga	anization			Employer identification number							
OVE TH	HE HUNGRY, INC.			45-3865957							
Part III	Exclusively religious, charitable, etc., contributions from any one contributor. Complete columns (a) th	s to organizations described in se	ection 501(c)(7), (8), or (10) t								
	completing Part III, enter the total of exclusively religious, char Use duplicate copies of Part III if additional spa	itable, etc., contributions of \$1,000 or	less for the year. (Enter this info. on	.e.) ► \$							
(a) No. from			(.!) D								
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held							
-	-										
_											
-		(-) T urnefey of ait									
		(e) Transfer of gift	L								
	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee							
-											
-											
(a) No.											
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held							
-	-										
-											
		(e) Transfer of gift	t								
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee								
-											
-											
(a) No.											
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held							
-											
-	-										
_											
	(e) Transfer of gift										
	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee							
-											
-											
-			I								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held							
-											
-											
-											
	(e) Transfer of gift										
	Transferee's name, address, and	ZI P + 4	Relationship of tra	nsferor to transferee							
-											
-											
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2021.04012 LOVE THE HUNGRY, INC. 014299-1

60	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047
	n 990)		anization answered "Yes" on Form 990,	2021	
•		Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public
	ment of the Treasury I Revenue Service		90 for instructions and the latest information.		Inspection
Nam	e of the organizati	Emp	loyer identification number		
Dee		LOVE THE HUNGRY, II	NC .		45-3865957
Par		n answered "Yes" on Form 990, Part IV, lin	d Funds or Other Similar Funds or Ac	coun	IS. Complete if the
	organizatio	Transwered Tes OffForm 990, Farthy, inf		(h) Fund	is and other accounts
1	Total number at or	nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5			writing that the assets held in donor advised func	ds	
	-		exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be used o		
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose conferr	ing	
_	impermissible priv				Yes No
Par	t II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV,	line 7.	
1		servation easements held by the organization			
		n of land for public use (for example, recrea	, <u> </u>	-	
		f natural habitat	Preservation of a certi	fied his	toric structure
-		n of open space			
2	•	o o i	ied conservation contribution in the form of a co		on easement on the last Held at the End of the Tax Year
_	day of the tax year				HEIU AL LIE EILU OI LIE TAX TEAL
a L				2a Oh	
b	° °		ucture included in (a)	2b 2c	
d			after 7/25/06, and not on a historic structure	20	
u				2d	
3			eased, extinguished, or terminated by the organi		luring the tax
•	year ►			Lation	
4		where property subject to conservation eas	sement is located		
5		tion have a written policy regarding the per			
		orcement of the conservation easements it			Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservatio	n easer	nents during the year
	▶				
7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation eas	sements	s during the year
	▶\$				
8		1 ()	e satisfy the requirements of section 170(h)(4)(B)	.,	
9		•	on easements in its revenue and expense statem		
			note to the organization's financial statements that	at descr	ibes the
Par	t III Organization's acc	ounting for conservation easements.	Art, Historical Treasures, or Other S	imilar	Assets.
		f the organization answered "Yes" on Form		ai	
1a			8, not to report in its revenue statement and bala	ance sh	eet works
Ĩ	0	<i>,</i> 1	blic exhibition, education, or research in furtherar		
		· · · · · ·	ncial statements that describes these items.		
b			8, to report in its revenue statement and balance	sheet v	works of
	-		exhibition, education, or research in furtherance		
		ng amounts relating to these items:			
	-			▶ \$	i
				▶ \$;
2	If the organization	received or held works of art, historical trea	asures, or other similar assets for financial gain, p	orovide	
	-	unts required to be reported under FASB A	-		
а	Revenue included	on Form 990, Part VIII, line 1		▶ \$	i
				▶ \$	
LHA	For Paperwork R	eduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2021

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2021.04012	LOVE	THE	HUNGRY,	INC.	014299-1

Sche		E HUNGRY,						86595		age 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tre	asures, or	Other S	Similar Asso	ets _{(conti}	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, checł	c any of the f	ollowing that	make sigr	nificant use of i	ts		
	collection items (check all that apply):									
а	Public exhibition		d 🗌	Loan or exc	hange progra	m				
b	Scholarly research		e 🗌	Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how th	ney further th	ne organizatio	n's exemp	t purpose in P	art XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical treas	sures, or othe	r similar as	ssets			
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		lete if the	e organizatio	n answered "	Yes" on Fo	orm 990, Part I	V, line 9, or		
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contribution	s or other ass	ets not inc	luded			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amour	t	
с	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	e 21, for	escrow or cu	ustodial accou	unt liability	?	Yes		No
b	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	if the organization a	nswered	"Yes" on Fo	rm 990, Part					
		(a) Current year	(b) F	Prior year	(c) Two year	s back (d	I) Three years ba	ck (e) Fou	r years	back
1a	Beginning of year balance									
b	Contributions									
с	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	rent year end baland	ce (line 1	g, column (a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment									
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	t are held ar	nd administer	ed for the	organization			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the		owment f	funds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 99	0, Part I	/, line 11a. S	ee Form 990,	Part X, lin	ie 10.			
	Description of property	(a) Cost or basis (invest			or other (other)	• •	umulated eciation	(d) Boo	k valu	le
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment				2,594.		2,594.			0.
	Other				1,760.		1,760.			0.
	. Add lines 1a through 1e. (Column (d) must e		t X. colun							0.
		<u> </u>		<u> </u>			Sched	ule D (Forr	n 990)) 2021
									-	

Schedule D) (Form 990) 2021	LOVE	THE	HUNGRY,	INC

Part VII Investments - Other S				
			e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (includ	ling name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C) (D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, c	col. (B) line 12.) ►			
Part VIII Investments - Progra	m Related.			
Complete if the organization	answered "Yes" o	n Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investme	ent	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, c	col. (B) line 13.) 🕨 🗌			
Part IX Other Assets.				
Complete if the organization		Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
	(d) L	lescription		(b) BOOK value
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, I	Part X, col. (B) line	15.)	>	
Part X Other Liabilities.				
Complete if the organization	answered "Yes" o	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	·
1. (a) Description	n of liability			(b) Book value
(1) Federal income taxes				
(2) PAYROLL TAXES PAY	ABLE			1,733.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				4 800
Total. (Column (b) must equal Form 990, I	Part X, col. (B) line	<u>25.)</u>		1,733.

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

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 LOVE THE HUNGRY, INC.		45-3865957 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Exper	ises per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
Pa	rt 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 X, LINE 2:

THE ORGANIZATION FINANCIAL STATEMENTS DISCLOSED THAT THERE WERE NO

UNCERTAIN TAX POSITIONS UNDER FIN 48.

SCHEDULE O (Form 990)

Name of the organization

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



Employer identification number 45-3865957

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

LOVE THE HUNGRY, INC.

REPRESENTATIVES OF THE BOARD OF DIRECTORS REVIEW THE FORM 990 BEFORE IT IS

FILED.

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

THE CONFLICT OF INTEREST POLICY REQUIRES AN ANNUAL REVIEW OF THE ACTIVITIES

OF THOSE DIRECTORS AND KEY EMPLOYEE INVOLVED WITH THE ORGANIZATION TO

DETERMINE IF ANY CONFLICT OF INTERESTS EXIST.

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

THE BOARD OF DIRECTORS REVIEWS AND SETS THE SALARY FOR THE ORGANIZATION'S EXECUTIVE DIRECTOR.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FORM 990 TO INDIVIDUALS ON ITS WEBSITE.

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FORM 990, PART VII, LINE 2C

REPRESENTATIVES OF THE BOARD OF DIRECTORS OVERSEE THE COMPILATION OF

THE FINANCIAL STATEMENT PROCESS.

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

Schedule O (Form 990) 2021

2021.04012 LOVE THE HUNGRY, INC.

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 99	RM 990 PAGE 10 990														
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
3	10 8' TABLES	01/01/12	SL	7.00		16	933.				933.	933.		0.	933.
4	LAPTOP	01/01/12	SL	7.00		16	827.				827.	827.		0.	827.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						1,760.				1,760.	1,760.		0.	1,760.
	MACHINERY & EQUIPMENT														
1	EQUIPMENT-KEN ROBISON	04/12/12	SL	5.00		16	267.				267.	267.		0.	267.
2	PACKAGING EQUIPMENT	01/01/12	SL	5.00		16	2,327.				2,327.	2,327.		0.	2,327.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						2,594.				2,594.	2,594.		0.	2,594.
	* GRAND TOTAL 990 PAGE 10 DEPR						4,354.				4,354.	4,354.		٥.	4,354.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone