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PUBLIC DISCLOSURE COPY

# TAX RETURN FILING INSTRUCTIONS

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

FOR THE YEAR ENDING  
DECEMBER 31, 2021

<b>Prepared for</b>	ACTION AGAINST HUNGER - USA ONE WHITEHALL STREET, 2ND FL NEW YORK, NY 10004
<b>Prepared by</b>	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NOT APPLICABLE
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

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

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>ACTION AGAINST HUNGER - USA</b> Doing business as _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>ONE WHITEHALL STREET, 2ND FL</b> City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10004</b>	<b>D Employer identification number</b> <b>13-3327220</b>
	<b>F Name and address of principal officer:</b> <b>CHARLES OWUBAH</b> <b>SAME AS C ABOVE</b>	<b>E Telephone number</b> <b>(212) 967-7800</b>
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G Gross receipts \$</b> <b>117,737,270.</b>
<b>J Website:</b> ▶ <b>WWW.ACTIONAGAINSTHUNGER.ORG</b>		<b>H(a) Is this a group return for subordinates?</b> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L Year of formation:</b> <b>1985</b>	<b>M State of legal domicile:</b> <b>NY</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>SEE PART III, LINE 1.</b>	
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 19
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 19
<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b> 85
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b> 19
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b> 0.
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: 77,034,862. Current Year: 117,123,788.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0. 0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	74. 139.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,281,535. 613,343.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	78,316,471. 117,737,270.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	29,039,586. 34,819,750.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	683,023. 776,061.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,861,801.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	56,584,747. 55,008,150.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	86,307,356. 90,603,961.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-7,990,885. 27,133,309.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: 86,167,681. End of Year: 114,998,583.
	<b>21</b> Total liabilities (Part X, line 26)	23,744,563. 28,271,830.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	62,423,118. 86,726,753.

**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.

<b>Sign Here</b>	Signature of officer <b>GARY CAMUS, CFO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>RICHARD J. LOCASTRO, CPA</b>	Preparer's signature <i>Richard J. Locastro</i>
	Firm's name ▶ <b>GELMAN, ROSENBERG &amp; FREEDMAN</b>	Date <b>11/1/2022</b>
	Firm's address ▶ <b>4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00288314</b>
		Firm's EIN ▶ <b>52-1392008</b>
		Phone no. (301) <b>951-9090</b>

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
AAH-USA'S MISSION IS TO SAVE LIVES BY PREVENTING, DETECTING, AND TREATING UNDERNUTRITION, PARTICULARLY DURING AND AFTER DISASTERS AND CONFLICTS. FROM CRISIS TO SUSTAINABILITY, WE TACKLE THE DIRECT AND UNDERLYING CAUSES OF HUNGER THROUGH INTEGRATED, HOLISTIC SOLUTIONS.

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

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

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

4a (Code: ) (Expenses \$ 19,729,813. including grants of \$ ) (Revenue \$ )
ETHIOPIA:
THE PREVALENCE OF MALNUTRITION IN COUNTRY OR DRIVERS OF HUNGER; HUMANITARIAN CONTEXT (NATURE OF CRISIS, WHAT IS DRIVING IT, MOST URGENT NEEDS, HOW IS THIS CRISIS AFFECTING HUNGER/MALNUTRITION). ETHIOPIA FACES A COMPLEX HUMANITARIAN SITUATION TRIGGERED BY CONFLICT, NATURAL DISASTERS INCLUDING DROUGHT AND FLOODS, AND PUBLIC HEALTH EMERGENCIES AND DRIVING HUNGER AND ACUTE MALNUTRITION AMONG CHILDREN UNDER FIVE YEARS OLD, PREGNANT WOMEN, AND BREASTFEEDING MOTHERS.

ACROSS THE COUNTRY, HUMANITARIAN NEEDS ARE GROWING, BUT REMAIN UNDERFUNDED AND UNMET, PARTICULARLY IN AMHARA AND TIGRAY IN NORTHERN ETHIOPIA, WHERE CONFLICT CONTINUES. THERE WERE 2.7 MILLION PEOPLE

4b (Code: ) (Expenses \$ 16,789,137. including grants of \$ ) (Revenue \$ )
SOUTH SUDAN:
PREVALENCE OF MALNUTRITION IN COUNTRY OR DRIVERS OF HUNGER; HUMANITARIAN CONTEXT (NATURE OF CRISIS, WHAT IS DRIVING IT, MOST URGENT NEEDS, HOW IS THIS CRISIS AFFECTING HUNGER/MALNUTRITION). THE HUMANITARIAN CRISIS IN SOUTH SUDAN CONTINUES TO DETERIORATE, AND MORE THAN 60% OF THE POPULATION FACES A HUNGER CRISIS. IN 2021, 8.3 MILLION PEOPLE WERE IN NEED OF DIRE HUMANITARIAN ASSISTANCE AND 7.7 MILLION SUFFERED FROM SEVERE FOOD INSECURITY. AN ESTIMATED 676,000 WOMEN AND 1.4 MILLION CHILDREN UNDER FIVE YEARS OLD WERE ACUTELY MALNOURISHED.

SEVERE FLOODING IMPACTED 835,000 PEOPLE IN 2021 AND DROVE INCREASES IN HUNGER AND DISPLACEMENT. LOCALIZED CONFLICTS, INCREASING CLIMATE SHOCKS

4c (Code: ) (Expenses \$ 14,649,294. including grants of \$ ) (Revenue \$ )
SOMALIA:
SOMALIA IS EXTREMELY VULNERABLE TO CLIMATE CHANGE, EXACERBATED BY THE COUNTRY'S LACK OF PREPAREDNESS AND ABILITY TO ADAPT TO CHANGING WEATHER PATTERNS. IN 2021, DROUGHT AND CONFLICT LEFT 7.2 MILLION PEOPLE SEVERELY FOOD INSECURE. CHRONIC FOOD INSECURITY, POOR INFANT AND YOUNG CHILD FEEDING PRACTICES, DISEASES, LIMITED ACCESS TO CLEAN WATER, SANITATION, AND HEALTH SERVICES DRIVE ALARMING RATES OF MALNUTRITION: 17% OF CHILDREN IN SOMALIA ARE CHRONICALLY MALNOURISHED AND NEARLY HALF OF PREGNANT WOMEN ARE ANEMIC. NEARLY 1.2 MILLION CHILDREN UNDER FIVE YEARS OLD SUFFER FROM ACUTE MALNUTRITION.

DESPITE SOME LEGAL PROGRESS, SEVERE GENDER DISPARITIES PERPETUATE IN

4d Other program services (Describe on Schedule O.)
(Expenses \$ 29,315,267. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 80,483,511.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax filings, and organizational compliance.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 19		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 19		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**GARY CAMUS - (212)967-7800**  
**ONE WHITEHALL STREET, 2ND FLOOR, NEW YORK, NY 10004**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHARLES OWUBAH CEO & SECRETARY	40.00			X				298,979.	0.	20,272.
(2) MARIA FORT DIRECTOR OF PEOPLE & STRATEGY	40.00				X			204,961.	0.	31,372.
(3) GARY CAMUS CFO	40.00			X				208,591.	0.	17,560.
(4) SUZANNE REXING SR. DIR. IMPACT/RES. MOBILIZATION	40.00				X			189,458.	0.	7,533.
(5) ERIC BEBERNITZ DIR. OF FUNDRAISING & EXT. RELATIONS	40.00				X			158,255.	0.	16,050.
(6) LAUREN GARRITANO CONTROLLER	40.00					X		152,307.	0.	15,877.
(7) AINE DODDY ASSOC. DIR. OF MARKETING	40.00					X		127,583.	0.	26,331.
(8) EMILY BELL TYRE ASSOC. DIR. OF COMMUNICATIONS	40.00					X		132,166.	0.	5,690.
(9) BRIDGET AIDAM DIR. OF TECHNICAL & INNOV. SRVCS.	40.00					X		131,748.	0.	4,088.
(10) RICHARD HASELWOOD SENIOR DIR. OF OPERATIONS	40.00					X		127,085.	0.	3,968.
(11) RAYMOND DEBBANE CHAIR & CHAIR EXEC COMM.	3.00	X		X				0.	0.	0.
(12) CHRISTOPHE DUTHOIT FIN./INV. COMM. CHAIR/TREAS.	2.00	X		X				0.	0.	0.
(13) RICARDO HERNANDEZ DIRECTOR	0.30	X						0.	0.	0.
(14) BURTON HAIMES CHAIR EMERITUS	0.30	X						0.	0.	0.
(15) ANYA KULIGINA DIRECTOR	0.30	X						0.	0.	0.
(16) THILO SEMMELBAUER DIRECTOR	0.30	X						0.	0.	0.
(17) KARIM TABET DIRECTOR	0.30	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SYLVAIN DESJONQUERES DIRECTOR	0.30	X						0.	0.	0.
(19) SANDRA TAMER DIRECTOR	0.30	X						0.	0.	0.
(20) SHABRINA JIVA DIRECTOR	0.30	X						0.	0.	0.
(21) ROB SPATT DIRECTOR	0.30	X						0.	0.	0.
(22) YVES-ANDRE ISTELE DIRECTOR	0.30	X						0.	0.	0.
(23) LESLIE GRANT-SMITH DIRECTOR	0.30	X						0.	0.	0.
(24) DAVID VAN ZANDT DIRECTOR	0.30	X						0.	0.	0.
(25) KETTY PUCCI SISTI MAISONROUGE DIRECTOR	0.30	X						0.	0.	0.
(26) JULIA SHERBAKOV DIRECTOR	0.30	X						0.	0.	0.
<b>1b Subtotal</b>								1,731,133.	0.	148,741.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,731,133.	0.	148,741.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **15**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
PLUS MEDIA, 100 MILL PLAIN ROAD, 4TH FL, DANBURY, CT 06811	FUNDRAISING	316,998.
GRF CPAS & ADVISORS, 4550 MONTGOMERY AVE., SUITE 800N, BETHESDA, MD 20814	ACCOUNTING	231,900.
GLOBAL IMPACT, 1199 N. FAIRFAX STREET, SUITE 300, ALEXANDRIA, VA 22314	FUNDRAISING	221,270.
CAROL CONE ON PURPOSE LLC 2911 WINDING OAK LANE, WELLINGTON, FL 33414	STRATEGY & MEDIA RELATIONS	132,150.
ANNE LEWIS STRATEGIES, 650 MASSACHUSETTS AVE NW, WASHINGTON, DC 20001	FUNDRAISING	132,050.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	92,031,398.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	25,092,390.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 9,092,566.				
	<b>h Total.</b> Add lines 1a-1f .....		117,123,788.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		139.			139.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
<b>d</b> Net gain or (loss) .....							
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>		25,441.				
<b>b</b> Less: cost of goods sold .....	<b>10b</b>		0.				
<b>c</b> Net income or (loss) from sales of inventory .....			25,441.	25,441.			
<b>Miscellaneous Revenue</b>	<b>11 a</b> MISCELLANEOUS	<b>Business Code</b>	900099	321,652.		321,652.	
	<b>b</b> EXTRAORDINARY INCOME MISSION REVE		900099	266,250.		266,250.	
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			587,902.			
<b>12 Total revenue.</b> See instructions .....			117,737,270.	25,441.	0.	588,041.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,153,031.	231,944.	580,424.	340,663.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	30,841,561.	28,327,841.	1,704,490.	809,230.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	108,027.	88,598.	12,372.	7,057.
9 Other employee benefits	2,485,626.	1,979,846.	363,781.	141,999.
10 Payroll taxes	231,505.	56,757.	174,748.	
11 Fees for services (nonemployees):				
a Management				
b Legal	84,734.	55,111.	24,770.	4,853.
c Accounting	161,816.	105,244.	47,304.	9,268.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	776,061.			776,061.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	5,583,017.	4,990,009.	493,417.	99,591.
12 Advertising and promotion	3,233.	2,103.	945.	185.
13 Office expenses	2,328,561.	1,925,712.	324,846.	78,003.
14 Information technology	25,433.	16,541.	7,435.	1,457.
15 Royalties				
16 Occupancy	2,842,704.	2,181,394.	661,310.	
17 Travel	467,538.	448,789.	19,429.	-680.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	145,023.	56,360.	83,469.	5,194.
20 Interest	4,346.	4,007.	145.	194.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	81,866.		81,866.	
23 Insurance	87,068.	273.	86,795.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>FOOD</b>	7,252,901.	7,252,901.		
b <b>VEHICLES</b>	5,873,826.	5,873,826.		
c <b>NON CONSUMABLES</b>	5,736,368.	5,736,368.		
d <b>TRAINING</b>	4,033,767.	4,033,767.		
e All other expenses <b>SEE SCH O</b>	20,295,949.	17,116,120.	2,591,103.	588,726.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	90,603,961.	80,483,511.	7,258,649.	2,861,801.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	15,347,693.	<b>1</b>	25,190,448.
	<b>2</b> Savings and temporary cash investments .....	6,462,347.	<b>2</b>	8,848,909.
	<b>3</b> Pledges and grants receivable, net .....	54,057,477.	<b>3</b>	72,781,070.
	<b>4</b> Accounts receivable, net .....	382,826.	<b>4</b>	891,009.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	320,482.	<b>9</b>	250,980.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,559,724.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,822,932.	818,658.	<b>10c</b> 736,792.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	8,778,198.	<b>15</b>	6,299,375.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	86,167,681.	<b>16</b>	114,998,583.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	6,519,855.	<b>17</b>	9,350,488.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	1,050,000.	<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	16,174,708.	<b>25</b>	18,921,342.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	23,744,563.	<b>26</b>	28,271,830.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	12,398,508.	<b>27</b>	16,793,647.
	<b>28</b> Net assets with donor restrictions .....	50,024,610.	<b>28</b>	69,933,106.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	62,423,118.	<b>32</b>	86,726,753.
<b>33</b> Total liabilities and net assets/fund balances .....	86,167,681.	<b>33</b>	114,998,583.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	117,737,270.
2	Total expenses (must equal Part IX, column (A), line 25)	2	90,603,961.
3	Revenue less expenses. Subtract line 2 from line 1	3	27,133,309.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	62,423,118.
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	-2,829,674.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	86,726,753.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2021)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	182,479,260.	145,733,198.	113,807,456.	76,474,262.	117,123,788.	635,617,964.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	182,479,260.	145,733,198.	113,807,456.	76,474,262.	117,123,788.	635,617,964.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						635,617,964.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	182,479,260.	145,733,198.	113,807,456.	76,474,262.	117,123,788.	635,617,964.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	15,245.	18,275.	18,131.	4,574.	139.	56,364.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	60,317.	-15,513.	-2,640.	1,263,278.	587,902.	1,893,344.
<b>11 Total support.</b> Add lines 7 through 10						637,567,672.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	62,259.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	<b>14</b>	99.69 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	99.77 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

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

**Section B. Total Support**

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

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

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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 <b>Part VI</b> 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.		Yes	No
<b>2a</b>			
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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 <b>Part VI</b> .			
<b>3a</b>			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

**Part VI**

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

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**ACTION AGAINST HUNGER - USA**

Employer identification number

**13-3327220**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  <b>ACTION AGAINST HUNGER - USA</b>	Employer identification number  <b>13-3327220</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>13,141,874.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>9,097,572.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>11,998,512.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>5,913,382.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>12,393,516.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<hr/> <hr/> <hr/>	\$ <u>12,198,936.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ACTION AGAINST HUNGER - USA</b>	Employer identification number  <b>13-3327220</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 12,297,980.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 4,672,934.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 3,084,940.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ACTION AGAINST HUNGER - USA</b>	Employer identification number  <b>13-3327220</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	DONATED FOOD, MEDICAL SUPPLIES, & NON-CONSUMABLE PRODUCTS	\$ 912,498.	12/23/21
6	DONATED FOOD, MEDICAL SUPPLIES, & NON-CONSUMABLE PRODUCTS	\$ 7,440,490.	12/29/21
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  <b>ACTION AGAINST HUNGER - USA</b>	Employer identification number  <b>13-3327220</b>
--	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
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) Description of how gift is held

(e) Transfer of gift	
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) Description of how gift is held

(e) Transfer of gift	
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) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: ACTION AGAINST HUNGER - USA; Employer identification number: 13-3327220

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, and expenses, and two yes/no questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts required to be reported.

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

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

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,342,811.	606,019.	736,792.
d Equipment		677,363.	677,363.	0.
e Other		1,539,550.	1,539,550.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				736,792.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) ACCRUED INTEREST & REVENUE	637,933.
(2) RIGHT OF USE	5,660,730.
(3) DEPOSITS	712.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	6,299,375.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PROVISION FOR UNANTICIPATED LOSSES	1,500,000.
(3) DUE TO NETWORK	4,298,719.
(4) OPERATING LEASE OBLIGATION	7,076,673.
(5) DUE TO DONORS	6,045,950.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	18,921,342.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	118,331,205.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	471,323.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	288,946.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	760,269.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	117,570,936.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	166,334.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	166,334.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	117,737,270.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	90,908,950.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	471,323.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	471,323.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	90,437,627.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	166,334.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	166,334.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	90,603,961.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020, ACTION AGAINST HUNGER - USA HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

CURRENT YEAR DE-OBLIGATED AWARDS SHOWN AS "OTHER ITEM" ON THE FINANCIAL STATEMENTS AND NETTED AGAINST CURRENT YEAR REVENUE ON FORM 990, PART VIII, LINE 1E. 288,946.

**Part XIII** Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

EXCEPTIONAL EXPENSES REPORTED AS AN EXPENSE ON THE FINANCIAL

STATEMENTS AND NETTED WITH REVENUE ON FORM 990, PART VIII,

LINE 11B. 166,334.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXCEPTIONAL EXPENSES REPORTED AS AN EXPENSE ON THE FINANCIAL

STATEMENTS AND NETTED WITH REVENUE ON FORM 990, PART VIII,

LINE 11B. 166,334.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization <b>ACTION AGAINST HUNGER - USA</b>	Employer identification number <b>13-3327220</b>
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	1	108	PROGRAM SERVICE ACTIVITIES	PROVIDE NUTRITION, WATER AND SANITATION, FOOD SECURITY AND PUBLIC HEALTH.	5,096,242.
SUB-SAHARAN AFRICA	7	2343	PROGRAM SERVICE ACTIVITIES	PROVIDE NUTRITION, WATER AND SANITATION, FOOD SECURITY AND PUBLIC HEALTH.	66,142,249.
<b>3 a</b> Subtotal .....	8	2451			71,238,491.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	8	2451			71,238,491.





Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

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

Multiple horizontal lines for supplemental information.

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2021**

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **ACTION AGAINST HUNGER - USA** Employer identification number **13-3327220**

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
GLOBAL IMPACT - 1199 N. FAIRFAX STREET, SUITE 300, PLUSMEDIA - 100 MILL PLAIN RD FL 4, DANBURY, CT 06811	CFC CAMPAIGNS, PRIVATE FUNDRAISING SOLICITATIONS		X	1,843,361.	221,270.	1,622,091.
ANNE LEWIS - 650 MASSACHUSETTS AVE NW, PROLIST DATA & MAIL - 4510 BUCKEYSTOWN PIKE, SUITE M, AVALON CONSULTING - 805 15TH STREET, NW, SUITE 700, ABC CAGING & FULFILLMENT - 2679 ROUTE 70, SUITE F, WALL, CITIZENNET - 6300 WILSHIRE BLVD, LOS ANGELES, CA 90048	SEARCH & DISPLAY ADVERTISING		X	1,564,041.	316,998.	1,247,043.
	EMAIL MARKETING STRATEGY		X	541,620.	122,050.	419,570.
	DIRECT MARKETING SERVICES		X	231,000.	26,345.	204,655.
	DIRECT MAIL SERVICES		X	231,000.	22,458.	208,542.
	FULFILLMENT SERVICES		X	231,000.	20,457.	210,543.
	SOCIAL MEDIA ADVERTISING		X	230,817.	46,483.	184,334.
<b>Total</b>				<b>4,872,839.</b>	<b>776,061.</b>	<b>4,096,778.</b>

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

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

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_  
 Gaming manager compensation ▶ \$ \_\_\_\_\_  
 Description of services provided ▶ \_\_\_\_\_  
 \_\_\_\_\_  
 Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: GLOBAL IMPACT  
 (I) ADDRESS OF FUNDRAISER:  
 1199 N. FAIRFAX STREET, SUITE 300, ALEXANDRIA, VA 22314

(I) NAME OF FUNDRAISER: ANNE LEWIS  
 (I) ADDRESS OF FUNDRAISER: 650 MASSACHUSETTS AVE NW, WASHINGTON, DC 20001

**Part IV** Supplemental Information *(continued)*

(I) NAME OF FUNDRAISER: PROLIST DATA & MAIL

(I) ADDRESS OF FUNDRAISER:

4510 BUCKEYSTOWN PIKE, SUITE M, FREDERICK, MD 21704

(I) NAME OF FUNDRAISER: AVALON CONSULTING

(I) ADDRESS OF FUNDRAISER:

805 15TH STREET, NW, SUITE 700, WASHINGTON, DC 20005

(I) NAME OF FUNDRAISER: ABC CAGING & FULFILLMENT

(I) ADDRESS OF FUNDRAISER: 2679 ROUTE 70, SUITE F, WALL, NJ 08736

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization: **ACTION AGAINST HUNGER - USA** Employer identification number: **13-3327220**

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHARLES OWUBAH CEO & SECRETARY	(i)	298,979.	0.	0.	9,024.	11,248.	319,251.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARIA FORT DIRECTOR OF PEOPLE & STRATEGY	(i)	204,961.	0.	0.	6,304.	25,068.	236,333.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GARY CAMUS CFO	(i)	208,591.	0.	0.	6,312.	11,248.	226,151.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SUZANNE REXING SR. DIR. IMPACT/RES. MOBILIZATION	(i)	189,458.	0.	0.	5,684.	1,849.	196,991.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ERIC BEBERNITZ DIR. OF FUNDRAISING & EXT. RELATIONS	(i)	158,255.	0.	0.	4,802.	11,248.	174,305.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LAUREN GARRITANO CONTROLLER	(i)	152,307.	0.	0.	4,629.	11,248.	168,184.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) AINE DODDY ASSOC. DIR. OF MARKETING	(i)	127,583.	0.	0.	10,064.	16,267.	153,914.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **ACTION AGAINST HUNGER - USA** Employer identification number **13-3327220**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	27	229,363.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	5	8,137,630.	CATALOGUE ACFIN/FMV
20 Drugs and medical supplies	X	3	627,188.	CATALOGUE ACFIN/FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (NON-CONSUMABLE)	X	4	98,135.	CATALOGUE ACFIN/FMV
26 Other (GIFTCARD)	X	1	250.	COST
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

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

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

Schedule M (Form 990) 2021

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

SCHEDULE M, PART I, COLUMN (B):

SCHEDULE M, PART 1, COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS.

SCHEDULE M, LINE 32B:

ACTION AGAINST HUNGER USA USES CARS (CHARITABLE ADULT RIDES & SERVICES), A 501(C)(3) NONPROFIT SOCIAL ENTERPRISE OWNED BY A NONPROFIT SUPPORTING NONPROFITS THROUGH VEHICLE DONATIONS, TO PROCESS VEHICLE DONATIONS.

ACTION AGAINST HUNGER USES THE GIVING BLOCK, A COMPANY OFFERING CRYPTOCURRENCY DONATION SOLUTIONS FOR NONPROFITS AND CHARITIES, TO PROCESS CRYPTOCURRENCY DONATIONS.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

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13-3327220

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

DURING THE YEAR, THE ORGANIZATION CEASED THE CAMBODIA PROGRAM.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DISPLACED WITHIN ETHIOPIA IN 2021. THE COUNTRY ALSO DEALT WITH ITS  
WORST DESERT LOCUST OUTBREAK IN 25 YEARS, WHICH EXACERBATED AN ALREADY  
DIRE FOOD SECURITY AND NUTRITION SITUATION. A PROLONGED DROUGHT HAS  
CAUSED SEVERE FOOD AND WATER SHORTAGES, LIVESTOCK DEATHS, SIGNIFICANTLY  
LOWER CROP YIELDS, AND SKYROCKETING FOOD PRICES. PROGRAM HIGHLIGHTS:  
KEY PROGRAM ACHIEVEMENTS; EXAMPLES OF OUR IMPACT ON HUNGER IN THIS  
MISSION IN 2021.

IN 2021, ACTION AGAINST HUNGER PROVIDED LIFESAVING HEALTH AND NUTRITION  
SERVICES TO COMMUNITIES IN OROMIA, AMHARA, BENISHANGUL-GUMUZ, SOMALI,  
TIGRAY, AND GAMBELLA. OUR TEAMS PROVIDED TECHNICAL AND LOGISTICAL  
SUPPORT TO FRONTLINE HEALTH WORKERS AND COMMUNITY VOLUNTEERS TO HELP  
IMPROVE THE EARLY DETECTION AND TREATMENT OF MALNUTRITION. AS A RESULT,  
IN 2021, 429,255 CHILDREN UNDER FIVE YEARS OLD AND 112,741 PREGNANT  
WOMEN AND BREASTFEEDING MOTHERS WERE SCREENED FOR ACUTE MALNUTRITION.  
WE ALSO TRAINED MOTHERS AND OTHER CAREGIVERS TO DETECT MALNUTRITION AT  
HOME USING COLOR-CODED MEASURING BANDS. IN 401 HEALTH CENTERS ACROSS  
THE COUNTRY, WE HELPED PROVIDE SUPPLIES AND TECHNICAL EXPERTISE TO  
IMPROVE ACCESS TO QUALITY OF MALNUTRITION TREATMENT SERVICES.

IN TOTAL, 25,236 SEVERELY MALNOURISHED CHILDREN AND 90,072 MODERATELY  
MALNOURISHED CHILDREN WERE TREATED ACROSS OUR AREAS OF OPERATIONS,

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization

ACTION AGAINST HUNGER - USA

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13-3327220

INCLUDING TIGRAY. WE ALSO PROVIDED TREATMENT TO 91,389 EXPECTANT AND NEW MOTHERS WITH MALNUTRITION. AN ADDITIONAL 239,180 CHILDREN AND 33,034 WOMEN PARTICIPATED IN OUR SUPPLEMENTARY FEEDING PROGRAM TO IMPROVE THEIR NUTRITION. OUR TEAMS ALSO HELPED TO BUILD CAPACITY AMONG HEALTH CARE PROVIDERS AND MOTHERS, TEACHING A VARIETY OF TOPICS RELATED TO NUTRITION, SUCH AS BREASTFEEDING, BABY-FRIENDLY SPACES, AND COUNSELING.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

INCLUDING FLOODS AND DROUGHT, POOR ACCESS TO WATER, SANITATION, AND HYGIENE SERVICES, WEAK PROTECTION SYSTEMS, AND THE IMPACT OF COVID-19 ALL CONTRIBUTED TO THE RECORD HIGH RATES OF ACUTE HUNGER AND MALNUTRITION.

TO HELP FAMILIES FACING HUNGER, ACTION AGAINST HUNGER PROVIDED MULTI-SECTORIAL LIFESAVING AND SUSTAINABLE SUPPORT TO MORE THAN HALF A MILLION PEOPLE ACROSS THE COUNTRY IN 2021. OUR TEAMS PROVIDED LIFESAVING TREATMENT FOR MALNUTRITION, ACCESS TO HEALTH, SANITATION, AND WATER SERVICES, AND HELPED FAMILIES IMPROVE THEIR FOOD SECURITY. OUR TEAMS ALSO HELPED TO STRENGTHEN NUTRITION AND HEALTH SYSTEMS AND INVESTED IN SUSTAINABLE APPROACHES TO HELP COMMUNITIES BUILD RESILIENCE AND FIGHT HUNGER.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

SOMALIA, AND WOMEN AND GIRLS REMAIN AT RISK OF SOCIOECONOMIC EXCLUSION AND EXPLOITATION. WOMEN DOMINATE INFORMAL WORK AND HAVE LIMITED ACCESS TO RESOURCES, INFORMATION, AND FINANCIAL SERVICES. PROTRACTED CONFLICTS, DISPLACEMENT, ECONOMIC VULNERABILITY, THE IMPACT OF

Name of the organization ACTION AGAINST HUNGER - USA	Employer identification number 13-3327220
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COVID-19, AND A WEAK JUSTICE SYSTEM CONTRIBUTE TO HIGH RATES OF GENDER-BASED VIOLENCE, PARTICULARLY AMONG WOMEN AND GIRLS LIVING WITH DISABILITIES AND IN INTERNAL DISPLACEMENT SETTLEMENTS.

IN 2021, ACTION AGAINST HUNGER TREATED NEARLY 100,000 PEOPLE FOR ACUTE MALNUTRITION AND PROVIDED NUTRITION PREVENTION SUPPLIES AND EDUCATION TO MORE THAN 88,000 PEOPLE. WE ALSO IMPROVED ACCESS TO PRIMARY HEALTHCARE SERVICES TO 495,712 PEOPLE AND PROVIDED COVID-19 VACCINES TO 147,979 INDIVIDUALS.

TO IMPROVE FOOD SECURITY AND LIVELIHOODS, OUR TEAMS REACHED MORE THAN 40,000 PEOPLE WITH CASH ASSISTANCE OR VOUCHERS FOR FRESH GOOD. OUR "CASH FOR WORK" PROGRAMS HELPED 40,182 PEOPLE EARN MONEY BY WORKING ON PROJECTS TO IMPROVE WATER INFRASTRUCTURE. WE ALSO ESTABLISHED 68 VILLAGE SAVINGS AND LOANS GROUPS AND PROVIDED LOAN GRANTS THAT HAVE ALLOWED MEMBERS TO PARTAKE IN MORE THAN 60 MICRO-BUSINESSES. OUR TEAMS DISTRIBUTED SEEDS AND TOOLS TO FARMERS AND WE PROVIDED EMERGENCY VETERINARY SERVICES TO PROTECT AND RESTORE THE HEALTH OF 24,717 LIVESTOCK ANIMALS. WE ALSO PROVIDED TRAININGS OF SMART AGRICULTURAL PRACTICES AND EARLY WARNING EARLY ACTION TO HELP COMMUNITIES PREPARE FOR DISASTERS.

THROUGH OUR WATER, SANITATION, AND HYGIENE PROGRAMS, WE REHABILITATED 28 WATER POINTS, BUILT 354 LATRINES, AND DISTRIBUTED 11,054 HYGIENE AND DIGNITY KITS. TO HELP PEOPLE COPE WITH DROUGHT, WE TRUCKED IN WATER TO COMMUNITIES IN NEED. ALL OF OUR INTERVENTIONS WERE IMPLEMENTED THROUGH PARTNERSHIPS WITH LOCAL PARTNERS, AUTHORITIES, REGIONAL AND FEDERAL MINISTRIES, AND COMMUNITY MEMBERS.

Name of the organization <b>ACTION AGAINST HUNGER - USA</b>	Employer identification number <b>13-3327220</b>
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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

KENYA:

THE WORST DROUGHT IN MORE THAN 40 YEARS LEFT MORE THAN 3.1 MILLION PEOPLE IN KENYA SEVERELY FOOD INSECURE IN 2021 - A NUMBER THAT IS ONLY EXPECTED TO GROW AS THE RAINS CONTINUE TO FAIL. MALNUTRITION LEVELS WERE HIGH DUE TO POVERTY, DROUGHT, FOOD INSECURITY, LIMITED ACCESS TO HEALTH AND NUTRITION SERVICES, AND FREQUENT STOCK-OUTS OF ESSENTIAL TREATMENT SUPPLIES, SUCH AS READY-TO-USE THERAPEUTIC FOODS. LAST YEAR, THERE WERE MORE THAN 750,000 CASES OF MALNUTRITION AMONG YOUNG CHILDREN, PREGNANT WOMEN, AND BREASTFEEDING MOTHERS IN KENYA.

OTHER DRIVERS OF HUNGER AND MALNUTRITION IN KENYA INCLUDED THE IMPACTS OF THE COVID-19 PANDEMIC, RESOURCE-BASED CONFLICTS AND INSECURITY, PESTS SUCH AS LOCUSTS, AND OUTBREAKS OF WATERBORNE DISEASES. LIVESTOCK HAVE DIED BY THE THOUSANDS DUE TO LACK OF RAIN AND PASTURE. FOOD, FUEL, AND WATER PRICES HAVE ALSO RISEN DRAMATICALLY. ACROSS THE COUNTRY, UNSAFE SANITATION AND UNHYGIENIC PRACTICES CONTINUE TO DRIVE POOR HEALTH AND NUTRITION OUTCOMES.

ACTION AGAINST HUNGER HELPS TO PREVENT, DETECT, AND TREAT MALNUTRITION IN KENYA. IN 2021, WE PROVIDED 2,400 CARTONS OF LIFESAVING NUTRITION TREATMENT SUPPLIES TO HELP ADDRESS COUNTRY-WIDE SHORTAGES. OUR TEAMS TREATED MORE THAN 200,000 MALNOURISHED CHILDREN IN KENYA, AND PROVIDED MORE THAN 445,000 PEOPLE WITH ACCESS TO HEALTH SERVICES. WE DISTRIBUTED HYGIENE SUPPLIES IN EMERGENCIES, CONSTRUCTED LATRINES WITH ENVIRONMENTALLY-FRIENDLY LOCAL MATERIALS, AND REHABILITATED AND UPGRADED WATER POINTS TO RUN ON SOLAR POWER. WE SUPPORTED 29

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MOTHER-TO-MOTHER SUPPORT GROUPS WITH FUNDS AND TRAINING TO HELP 725 WOMEN IMPROVE THE HEALTH, FOOD SECURITY, AND NUTRITION OF THEIR FAMILIES AND BROADER COMMUNITIES. OUR TEAMS ALSO PROVIDED CASH TRANSFER TO THOUSANDS OF FAMILIES HIT HARD BY THE DROUGHT. EXPENSES \$ 4,850,936. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

UGANDA:

UGANDA IS THE LARGEST REFUGEE-HOSTING COUNTRY IN AFRICA, WITH 1.5 MILLION REFUGEES FROM SOUTH SUDAN, DEMOCRATIC REPUBLIC OF CONGO, AND BURUNDI LIVING IN THE COUNTRY. AGRICULTURE IS A PRIMARY SOURCE OF LIVELIHOODS IN COMMUNITIES WITH LARGE REFUGEE POPULATIONS: IN NORTHERN UGANDA, 95% OF REFUGEES AND 97% OF UGANDANS IN HOST COMMUNITIES GROW CROPS FOR THEIR FAMILIES TO EAT. INADEQUATE DIETS ARE ONE OF THE ROOT CAUSES OF PERSISTENT NUTRITION ISSUES THAT UNDERMINE THE HEALTH, GROWTH, AND DEVELOPMENT OF UGANDAN CHILDREN. AN ESTIMATED 29% OF CHILDREN IN THE COUNTRY UNDER FIVE YEARS OLD ARE SUFFERING FROM CHRONIC MALNUTRITION.

THE COVID-19 PANDEMIC DISRUPTED LIVELIHOODS THROUGHOUT UGANDA, AND THE COUNTRY 'S RECOVERY IN 2021 WAS VERY SLOW. SCHOOLS WERE CLOSED FOR MORE THAN A YEAR, AND MANY PEOPLE LOST THEIR SOURCES OF INCOME, IMPACTING THEIR ACCESS TO FOOD. OTHER DRIVERS OF HUNGER IN UGANDA INCLUDE POVERTY, LANDLESSNESS, NATURAL DISASTERS, AND HIGH FOOD PRICES. IN 2021, FUNDING FOR HUMANITARIAN PROGRAMS IN UGANDA WAS LIMITED, FORCING THE WORLD FOOD PROGRAM TO REDUCE FOOD RATIONS FOR REFUGEES AND PUSHING MORE PEOPLE INTO HUNGER.

REACHED 1,208,583 BENEFICIARIES IN 2021 ACTION AGAINST HUNGER TAKES A

Name of the organization <b>ACTION AGAINST HUNGER - USA</b>	Employer identification number <b>13-3327220</b>
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HOLISTIC APPROACH TO PREVENTING AND TREATING HUNGER IN UGANDA. IN 2021, WE HELPED FARMERS SECURE 500 ACRES OF LAND AND HELPED REFUGEES ESTABLISH COLLECTIVE GARDENS AND PLANT CASSAVA, VEGETABLES, MAIZE, SWEET POTATOES AND BEANS TO INCREASE DIET DIVERSIFICATION AND INCOMES. OUR TEAMS ESTABLISHED 113 FARMER FIELD SCHOOLS IN UGANDA TO SUPPORT BOTH REFUGEES AND HOST COMMUNITIES TO GROW NEW CROPS AND EARN MORE INCOME. WE ALSO HELPED 9,775 FARMERS BY PROVIDING AGRICULTURAL AND PASTORAL SUPPLIES, TOOLS, TRAINING, AND IMPROVED IRRIGATION SYSTEMS. OUR TEAMS ALSO ESTABLISHED 205 VILLAGE SAVING AND LOAN ASSOCIATION GROUPS AND PROVIDED 1,216 PEOPLE WITH GRANTS TO START BUSINESSES. OUR NUTRITION AND HEALTH TEAMS PROVIDED EDUCATION TO PREGNANT WOMEN, BREASTFEEDING MOTHERS, VILLAGE HEALTH TEAMS, AND GOVERNMENT HEALTH STAFF, HELPING THEM TO BETTER PREVENT MALNUTRITION AND TO SCREEN CHILDREN FOR MALNUTRITION. IN 2021, WE TREATED 58,500 SEVERELY MALNOURISHED CHILDREN, BUILT CARE AND FEEDING CORNERS TO HELP BREASTFEEDING MOTHERS FEEL COMFORTABLE AND SAFE IN HEALTH FACILITIES, AND EQUIPPED HEALTH CENTERS WITH THE TOOLS AND CAPACITY TO DETECT AND TREAT MODERATE CASES OF MALNUTRITION. TO HELP FAMILIES WITHIN OUR MATERNAL AND CHILD HEALTH PROGRAMS PREVENT MALNUTRITION, WE PROVIDED CASH TRANSFERS. WE ALSO DISTRIBUTED FRESH FOOD VOUCHERS AND SPECIAL NUTRITIOUS FOODS TO NEWLY ARRIVED REFUGEES AND PEOPLE TREATED FOR MALNUTRITION.

OUR TEAMS IMPROVED ACCESS TO CLEAN WATER, SAFE SANITATION, AND HYGIENE PRACTICES IN BOTH COMMUNITIES AND HEALTH FACILITIES. WE BUILT 1,650 HOUSEHOLD LATRINES WERE CONSTRUCTED USING LOCALLY PRODUCED DOME-SHAPED SLABS, CONSTRUCTED 6 LATRINES IN HEALTH FACILITIES, INSTALLED WATER TANKS AT HEALTH CENTERS AND SCHOOLS, HOSTED HYGIENE EDUCATION AND WASTE

Name of the organization <b>ACTION AGAINST HUNGER - USA</b>	Employer identification number <b>13-3327220</b>
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MANAGEMENT TRAINING SESSIONS, AND PROVIDED TIPPY TAPS TO PROMOTE HANDWASHING.

AT LOCAL AND NATIONAL LEVELS, ACTION AGAINST HUNGER ADVOCATED FOR GREATER INVESTMENTS IN NUTRITION, WATER, HYGIENE, SANITATION, FOOD SECURITY, AND LIVELIHOODS. TOGETHER WITH PARTNERS LIKE THE HUNGER PROJECT, FOOD RIGHTS ALLIANCE, CIVIL SOCIETY BUDGET ADVOCACY GROUP, AND WORLD VISION, WE ENGAGED THE PARLIAMENTARY ALLIANCE ON FOOD AND NUTRITION SECURITY TO SUPPORT STRONGER NUTRITION POLICIES AND BUILD CAPACITY OF MEMBERS OF PARLIAMENT ON NUTRITION ADVOCACY. DURING THIS PROCESS, THE PARLIAMENTARY ALLIANCE COMMITTED TO FAST TRACK THE FOOD AND NUTRITION BILL AND REVIEW THE COUNTRY'S FOOD AND NUTRITION POLICY. WE ALSO TRAINED COMMUNITY MEMBERS AND LOCAL GOVERNMENT OFFICIALS IN BUDGETING AND MONITORING, AND THIS CAPACITY-BUILDING LEAD TO TWO DISTRICTS DONATING 2,500 HECTARES OF LAND TO BE USED FOR CLIMATE-SMART AND NUTRITION-SENSITIVE AGRICULTURAL ACTIVITIES. EXPENSES \$ 10,534,743. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

TANZANIA:

TANZANIA IS ONE OF THE POLITICALLY STABLE COUNTRIES IN AFRICA AND THE COUNTRY HAS ADOPTED POLICIES AND LEGAL FRAMEWORKS THAT AIM TO REDUCE MALNUTRITION. YET, MILLIONS OF TANZANIANS STILL FACE HUNGER AND MORE EFFORT IS REQUIRED TO REACH THE COUNTRY'S GOALS. ABOUT ONE IN THREE CHILDREN UNDER FIVE ARE STUNTED DUE TO CHRONIC MALNUTRITION, AND ANAEMIA RATES ARE HIGH AMONG WOMEN AND YOUNG CHILDREN. OVER THE PAST DECADE, TANZANIA HAS ALSO SEEN OBESITY INCREASE AMONG WOMEN AND CHILDREN.

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DRIVERS OF HUNGER IN TANZANIA INCLUDE LOW FUNDING LEVELS, LIMITED CAPACITY TO MANAGE CASES OF ACUTE MALNUTRITION, DROUGHTS, PEST INFESTATIONS THAT IMPACT CROP PRODUCTION, AND INCREASED PRICES OF FOOD AND AGRICULTURAL SUPPLIES. PROGRAM HIGHLIGHTS: KEY PROGRAM ACHIEVEMENTS; EXAMPLES OF OUR IMPACT ON HUNGER IN THIS MISSION IN 2021. ACTION AGAINST HUNGER HELPED TANZANIA TO DEVELOP THE NEWLY-LAUNCHED NATIONAL NUTRITION MULTI-SECTORAL ACTION PLAN FOR 2021-2026. THE PLAN PROVIDES STRATEGIC DIRECTION FOR THE PUBLIC AND KEY STAKEHOLDERS TO PRIORITIZE INVESTMENTS IN NUTRITION AS A CRUCIAL COMPONENT OF SUSTAINABLE DEVELOPMENT.

IN 2021, WE SUPPORTED 284 HEALTH CARE PROVIDERS FROM 151 HEALTH FACILITIES, INCLUDING A NEWLY LAUNCHED THERAPEUTIC FEEDING UNIT IN IRAMBA DISTRICT, WITH SKILLS TRAINING, KNOWLEDGE CAPACITY DEVELOPMENT, AND NUTRITION SUPPLIES TO IMPROVE THE QUALITY OF NUTRITION TREATMENT. AS A RESULT, 619 WERE DIAGNOSED AND TREATED FOR SEVERE ACUTE MALNUTRITION. THAT ENHANCED PROVISION OF QUALITY TREATMENT AND CARE TO 619 CHILDREN THAT WERE SCREENED AND DETECTED WITH SEVERE ACUTE MALNUTRITION BY A CURE RATE OF 93%. ADDITIONALLY, OUR TEAMS HELPED FAMILIES WITH MALNOURISHED CHILDREN BY PROVIDING SEEDS OF MAIZE, SUNFLOWERS, AND GREEN VEGETABLES TO HELP THEM PLANT GARDENS AT HOME TO IMPROVE NUTRITION.

EXPENSES \$ 741,186. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

HAITI:

AS THE COMPLEX SOCIOECONOMIC SITUATION DETERIORATED FURTHER IN HAITI IN 2021, AND THE YEAR WAS MARKED BY AN UNPRECEDENTED LEVEL OF VIOLENCE, CULMINATING IN THE ASSASSINATION OF THE COUNTRY'S PRESIDENT. A MONTH

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LATER, ON AUGUST 14, A DEVASTATING 7.2 MAGNITUDE EARTHQUAKE HIT THE SOUTHERN PART OF THE COUNTRY, AFFECTING MORE THAN 800,000 PEOPLE.

APPROXIMATELY 4.3 MILLION HAITIANS WERE ACUTELY FOOD INSECURE IN 2021, INCLUDING 1.3 MILLION FACING EMERGENCY LEVELS OF HUNGER. THE FOOD CRISIS IN HAITI HAS BEEN DRIVEN BY LOW AGRICULTURAL PRODUCTION, DEPRECIATION OF THE LOCAL CURRENCY, DRAMATIC INCREASES IN FOOD PRICES, AND RECURRENT SHOCKS AND NATURAL DISASTERS.

WITH AN INFLATION RATE OF 34% BETWEEN JANUARY AND SEPTEMBER 2021, FAMILIES WHO DEPENDED ON AGRICULTURE, TRADE, AND THE INFORMAL ECONOMY EXPERIENCED SIGNIFICANT PRESSURE AND LOSS OF INCOME, WITH DIRECT REPERCUSSIONS ON THE HEALTH AND NUTRITION STATUS OF CHILDREN AND OTHER VULNERABLE GROUPS. INCREASING VIOLENCE IN THE COUNTRY AND A PROLONGED FUEL CRISIS FURTHER DISRUPTED ACCESS AND SUPPLY TO LOCAL MARKETS AND DEEPLY IMPACTED HAITIAN LIVELIHOODS IN 2021.

ACTION AGAINST HUNGER PLAYED A LEADING ROLE IN RESPONDING TO THE AUGUST 2021 EARTHQUAKE. IN THE HARDEST-HIT REGIONS, OUR TEAMS DISTRIBUTED 3.1 MILLION LITERS OF CLEAN WATER, HOSTED 114 PSYCHOLOGICAL SUPPORT SESSIONS FOR THOSE IMPACTED BY THE QUAKE, AND PROVIDED FOLLOW UP MENTAL HEALTH SUPPORT TO 3,198 PEOPLE. ADDITIONALLY, ACTION AGAINST HUNGER PROVIDED CASH AND VOUCHERS TO MORE THAN 100,000 PEOPLE. WE CREATED 248 VILLAGE SAVINGS AND LOANS ASSOCIATION GROUPS TO PROMOTE ECONOMIC AUTONOMY FOR WOMEN.

EXPENSES \$ 4,482,672. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PROGRAM SUPPORT

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EXPENSES \$ 4,565,238. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER COUNTRY AND STRATEGY PROGRAMS

EXPENSES \$ 4,140,492. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

KENYA, SOUTH SUDAN, UGANDA, HAITI,  
SOMALIA, TANZANIA, ETHIOPIA

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

THE 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS, REVIEWED BY SENIOR MANAGEMENT AND PROVIDED TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL. HOWEVER, IN THE EVENT THAT APPROVAL IS NEEDED BETWEEN MEETINGS, THE BOARD OF DIRECTORS HAS AUTHORIZED THE FINANCE COMMITTEE OF THE BOARD TO CONDUCT A THOROUGH REVIEW OF THE 990 WITH MANAGEMENT (TO INCLUDE INFORMING ANY BOARD MEMBER OF THEIR BEING REFERENCED IN ANY SECTION OTHER THAN THE LIST OF MEMBERS OF THE BOARD) AND, ACTING BETWEEN BOARD MEETINGS, TO AUTHORIZE RELEASE OF THE 990. IN THIS EVENT, A COPY OF THE FORM 990 WOULD BE E-MAILED TO ALL MEMBERS PRIOR TO FILING WITH THE IRS.

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

PROCEDURES FOR ADDRESSING A CONFLICT OF INTEREST:

- EACH BOARD MEMBER ANNUALLY SIGNS A CONFLICT OF INTEREST POLICY.
- WHERE A MATTER HAS BEEN BROUGHT UP BEFORE THE BOARD OF DIRECTORS AND THE BOARD OF DIRECTORS HAS CONCLUDED THAT A CONFLICT OF INTEREST EXISTS, THE CHAIRMAN OR PRESIDENT OF THE BOARD OR COMMITTEE OF THE BOARD, IF APPROPRIATE, APPOINTS A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE

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## ALTERNATIVES TO THE PROPOSED TRANSACTION, CONTRACT, OR ARRANGEMENT.

- AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE DETERMINES WHETHER THE ORGANIZATION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION, CONTRACT, OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.

- IF A MORE ADVANTAGEOUS TRANSACTION, CONTRACT, OR OTHER ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE DETERMINES BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION, CONTRACT, OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER IT IS FAIR AND REASONABLE TO THE ORGANIZATION, AND MAKES ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION, CONTRACT, OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION.

- EMPLOYEES ARE ASKED TO ANNUALLY DISCLOSE ANY POSSIBLE CONFLICT OF INTEREST. IF A CONFLICT OCCURS, THE EXECUTIVE DIRECTOR REVIEWS THE ISSUE AND APPROPRIATE CORRECTIVE AND DISCIPLINARY ACTION IS TAKEN, WHERE APPROPRIATE.

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

THE COMPENSATION COMMITTEE'S ROLE IS TO REVIEW AND SET THE COMPENSATION FOR THE EXECUTIVE DIRECTOR/CEO (UTILIZING INDEPENDENT BENCHMARKS AND RELATED INFORMATION). IN ESTABLISHING THE CEOS COMPENSATION THE COMMITTEE LOOKS AT ECONOMIC CONDITIONS, CONDITIONS OF THE ORGANIZATION, AND SUCCESSES UNDER CEO LEADERSHIP. THE EXECUTIVE DIRECTOR COMPLETES PERFORMANCE REVIEWS OF THE SENIOR STAFF AND DISCLOSES THEM TO THE COMPENSATION COMMITTEE. THE

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COMMITTEE ALSO REVIEWS THE SALARIES OF KEY STAFF AND CONSULT ON SALARY QUESTIONS REGARDING THE SENIOR STAFF TEAM SHOULD THEY ARISE. THE PROCESS IS DOCUMENTED AND RECORDED IN THE ORGANIZATION BOARD NOTES. THE LAST COMPENSATION REVIEW FOR THE EXECUTIVE DIRECTOR'S COMPENSATION WAS IN JULY 2021.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT  
VA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:  
IN KEEPING WITH ONE OF THE CORE PRINCIPLES (TRANSPARENCY) OF ITS FOUNDING CHARTER, ACTION AGAINST HUNGER ACF-USA PROVIDES THE PUBLIC WITH ACCESS TO ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS VIA THE ORGANIZATION'S WEBSITE, WWW.ACTIONAGAINSTHUNGER.ORG.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

FOOD SECURITY:

PROGRAM SERVICE EXPENSES	3,747,453.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
<b>TOTAL EXPENSES</b>	<b>3,747,453.</b>

WATSAN:

PROGRAM SERVICE EXPENSES	2,891,625.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
<b>TOTAL EXPENSES</b>	<b>2,891,625.</b>

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**NUTRITION:**

PROGRAM SERVICE EXPENSES	2,727,304.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
<b>TOTAL EXPENSES</b>	<b>2,727,304.</b>

**FINANCIAL FIELD CHARGES:**

PROGRAM SERVICE EXPENSES	2,337,907.
MANAGEMENT AND GENERAL EXPENSES	84,309.
FUNDRAISING EXPENSES	113,337.
<b>TOTAL EXPENSES</b>	<b>2,535,553.</b>

**EXCHANGE LOSS:**

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,422,496.
FUNDRAISING EXPENSES	0.
<b>TOTAL EXPENSES</b>	<b>2,422,496.</b>

**HEALTH:**

PROGRAM SERVICE EXPENSES	2,289,151.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
<b>TOTAL EXPENSES</b>	<b>2,289,151.</b>

**FREIGHT:**

PROGRAM SERVICE EXPENSES	1,476,384.
MANAGEMENT AND GENERAL EXPENSES	0.

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**FUNDRAISING EXPENSES** 0.

**TOTAL EXPENSES** 1,476,384.

**MISCELLANEOUS:**

**PROGRAM SERVICE EXPENSES** 671,595.

**MANAGEMENT AND GENERAL EXPENSES** 1,230.

**FUNDRAISING EXPENSES** 495.

**TOTAL EXPENSES** 673,320.

**PUB. INFO. & MEMBER. DUES:**

**PROGRAM SERVICE EXPENSES** 21,335.

**MANAGEMENT AND GENERAL EXPENSES** 18,858.

**FUNDRAISING EXPENSES** 353,986.

**TOTAL EXPENSES** 394,179.

**ELECTRICAL SYSTEMS:**

**PROGRAM SERVICE EXPENSES** 377,286.

**MANAGEMENT AND GENERAL EXPENSES** 0.

**FUNDRAISING EXPENSES** 0.

**TOTAL EXPENSES** 377,286.

**WAREHOUSE:**

**PROGRAM SERVICE EXPENSES** 298,580.

**MANAGEMENT AND GENERAL EXPENSES** 0.

**FUNDRAISING EXPENSES** 0.

**TOTAL EXPENSES** 298,580.

**FUNDRAISING EXPENSES:**

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PROGRAM SERVICE EXPENSES	36,377.
MANAGEMENT AND GENERAL EXPENSES	32,155.
FUNDRAISING EXPENSES	111,794.
TOTAL EXPENSES	180,326.

## REGISTRATION &amp; ADMIN. FEES:

PROGRAM SERVICE EXPENSES	63,417.
MANAGEMENT AND GENERAL EXPENSES	28,504.
FUNDRAISING EXPENSES	5,585.
TOTAL EXPENSES	97,506.

## C.C. PROCESSING FEES:

PROGRAM SERVICE EXPENSES	57,975.
MANAGEMENT AND GENERAL EXPENSES	2,091.
FUNDRAISING EXPENSES	2,811.
TOTAL EXPENSES	62,877.

## SECURITY:

PROGRAM SERVICE EXPENSES	35,320.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	35,320.

## HUMAN RESOURCES:

PROGRAM SERVICE EXPENSES	29,641.
MANAGEMENT AND GENERAL EXPENSES	943.
FUNDRAISING EXPENSES	23.
TOTAL EXPENSES	30,607.

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## RADIOS:

PROGRAM SERVICE EXPENSES	21,497.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	21,497.

## EQUIP. RENTAL &amp; MAINT.:

PROGRAM SERVICE EXPENSES	18,935.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	18,935.

## PAYROLL PROCESSING FEES:

PROGRAM SERVICE EXPENSES	14,338.
MANAGEMENT AND GENERAL EXPENSES	517.
FUNDRAISING EXPENSES	695.
TOTAL EXPENSES	15,550.

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A 20,295,949.

## FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PRIOR YEAR DE-OBLIGATED FUNDS RETURNED TO DONORS (SEE NOTE BELOW)	-618,561.
CLOSEOUT ADJUSTMENTS	-2,211,113.
TOTAL TO FORM 990, PART XI, LINE 9	-2,829,674.

## FORM 990, PART XI, LINE 9

IN SOME YEARS, AAH-USA RECEIVES MULTI-YEAR AWARDS FOR WHICH THE

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ORGANIZATION DOES NOT USE ALL OF THE FUNDS AWARDED. THE REMAINING FUNDS ARE SUBSEQUENTLY RETURNED TO THE DONOR. THE TOTAL AMOUNT OF THE AWARDS DE-OBLIGATED IN 2021 WAS \$907,507. THE AMOUNT OF DE-OBLIGATED AWARDS THAT RELATED ONLY TO 2021 GRANTS WAS \$288,946. THE AMOUNT REPORTED ON PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS - FOR PRIOR YEAR DE-OBLIGATED AWARDS WAS \$618,561.