

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

**2023**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

<b>A</b> For the <b>2023</b> 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 checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>ACTION AGAINST HUNGER - USA</b></td> <td><b>D</b> Employer identification number <b>13-3327220</b></td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="3"><b>E</b> Telephone number <b>(212)967-7800</b></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2"><b>ONE WHITEHALL STREET, 2ND FL</b></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10004</b></td> <td><b>G</b> Gross receipts \$ <b>149,818,933.</b></td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <b>CHARLES OWUBAH</b> <b>SAME AS C ABOVE</b></td> <td><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2"><b>I</b> Tax-exempt status: <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</td> <td><b>H(c)</b> Group exemption number</td> </tr> <tr> <td colspan="2"><b>J</b> Website: <b>WWW.ACTIONAGAINSTHUNGER.ORG</b></td> <td><b>L</b> Year of formation: <b>1985</b> <b>M</b> State of legal domicile: <b>NY</b></td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td></td> </tr> </table>	<b>C</b> Name of organization <b>ACTION AGAINST HUNGER - USA</b>		<b>D</b> Employer identification number <b>13-3327220</b>	Doing business as		<b>E</b> Telephone number <b>(212)967-7800</b>	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>G</b> Gross receipts \$ <b>149,818,933.</b>	<b>F</b> Name and address of principal officer: <b>CHARLES OWUBAH</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	<b>I</b> Tax-exempt status: <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>H(c)</b> Group exemption number	<b>J</b> Website: <b>WWW.ACTIONAGAINSTHUNGER.ORG</b>		<b>L</b> Year of formation: <b>1985</b> <b>M</b> State of legal domicile: <b>NY</b>	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
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**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>SEE PART III, LINE 1.</b>		
<b>Activities &amp; Governance</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>	<b>18</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
	<b>5</b>	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>104</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>19</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 129,898,593.	<b>Current Year</b> 148,578,117.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	0.	46,185.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,410.	157,443.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	679,669.	459,814.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	130,585,672.	149,241,559.
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	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)	42,549,237.	50,022,414.
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	606,480.	281,400.
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25)	5,691,376.	
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	86,806,225.	88,293,913.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	129,961,942.	150,986,263.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	623,730.	-1,744,704.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 116,191,771.	<b>End of Year</b> 69,503,687.
	<b>21</b>	Total liabilities (Part X, line 26)	29,556,880.	55,038,620.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	86,634,891.	14,465,067.

**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>RAJI KALRA, INTERIM CHIEF FINANCIAL OFFICE</b>		Date	
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ELIZABETH W. HELLER</b>	Preparer's signature <i>Elizabeth Heller</i>	Date <b>05/30/2025</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00397829</b>
	Firm's name <b>GELMAN, ROSENBERG &amp; FREEDMAN</b>	Firm's EIN <b>52-1392008</b>		
	Firm's address <b>4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930</b>		Phone no. <b>301-951-9090</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? [ ] Yes [X] 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 \$ 39,211,357. including grants of \$ 867,540. ) (Revenue \$ 132,734. )

ETHIOPIA:
IN ETHIOPIA - AFRICA'S SECOND MOST POPULOUS NATION - MORE THAN A THIRD OF CHILDREN UNDER THE AGE OF FIVE YEARS ARE STUNTED, 21 PER CENT ARE UNDERWEIGHT, AND 7 PER CENT ARE ACUTELY MALNOURISHED. ONE IN FOUR PEOPLE ARE FOOD INSECURE.
IN 2023, AN ESTIMATED 28.6 MILLION PEOPLE IN ETHIOPIA NEEDED HUMANITARIAN ASSISTANCE. THE COUNTRY FACED SIMULTANEOUS CRISES: ARMED CONFLICTS, DISEASE OUTBREAKS, CLIMATE DISASTERS INCLUDING BOTH DROUGHT AND FLOODING, AND ECONOMIC SHOCKS MARKED BY HIGH INFLATION RATES. LIMITED FUNDING AND DISRUPTIONS IN FOOD ASSISTANCE PROGRAMS EXACERBATED ALREADY DIRE NEEDS.
ACTION AGAINST HUNGER IS A LEADING HUMANITARIAN ORGANIZATION IN

4b (Code: ) (Expenses \$ 33,928,679. including grants of \$ 565,765. ) (Revenue \$ )

SOUTH SUDAN:
IN SOUTH SUDAN, AN ESTIMATED NINE MILLION PEOPLE, INCLUDING REFUGEES AND RETURNEES FROM SUDAN, WILL EXPERIENCE CRITICAL HUMANITARIAN NEEDS IN 2024. AN ESTIMATED 7.1 MILLION PEOPLE WILL REQUIRE FOOD ASSISTANCE, WITH CHILDREN AT CRITICAL RISK OF MALNUTRITION. AN ESTIMATED 1.6 MILLION YOUNG CHILDREN ARE AT RISK OF ACUTE MALNUTRITION.
THE CONFLICT IN SUDAN HAS RESULTED IN THE ARRIVAL OF VULNERABLE PEOPLE WHO REQUIRE ASSISTANCE, DRIVING UP MARKET COSTS AND FURTHER STRETCHING COPING CAPACITIES. WOMEN AND GIRLS REMAIN AT RISK OF GENDER-BASED VIOLENCE. PEOPLE ACROSS SOUTH SUDAN SUFFER VIOLENCE, DISPLACEMENT, AND HIGH LEVELS OF POVERTY, ALONG WITH LACK OF LIVELIHOODS, AND LIMITED ACCESS TO BASIC SERVICES. TO COMPOUND THE SITUATION, SOUTH SUDAN HAS

4c (Code: ) (Expenses \$ 23,608,533. including grants of \$ 4,405,568. ) (Revenue \$ )

SOMALIA:
CONFLICT AND CLIMATE SHOCKS CONTINUED TO AFFECT SOMALIA THROUGHOUT 2023, RESULTING IN TWO MAJOR HUMANITARIAN CONSEQUENCES: FORCED DISPLACEMENT AND ACUTE FOOD AND NUTRITION CRISES. OSCILLATING BETWEEN CLIMATIC EXTREMES, THE YEAR STARTED IN SEVERE DROUGHT AND CLOSED WITH EXTREME FLOODING. TRIGGERED BY THE EL NIO WEATHER PATTERN, DEADLY FLOODS IMPACTED MORE THAN 2.5 MILLION PEOPLE AND DISPLACED OVER 1.2 MILLION.
ACROSS THE COUNTRY, THE GLOBAL ACUTE MALNUTRITION RATE DECREASED FROM 15.9 PER CENT IN 2022 TO 12.4 PER CENT IN 2023, BUT POCKETS OF SIGNIFICANT HUNGER AND HUMANITARIAN NEEDS REMAINED. IN HUDUR, FOR EXAMPLE, ACTION AGAINST HUNGER'S SURVEYS FOUND THAT ACUTE MALNUTRITION

4d Other program services (Describe on Schedule O.)
(Expenses \$ 40,188,533. including grants of \$ 6,549,663. ) (Revenue \$ 46,185. )

4e Total program service expenses 136,937,102.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

**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 noncash 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 reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 18; 1b Enter the number of voting members included on line 1a... 18; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed 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. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHARLES OWUBAH CHIEF EXECUTIVE OFFICER	40.00			X			348,470.	0.	40,606.	
(2) GARY CAMUS CHIEF FINANCIAL OFFICER	40.00			X			243,535.	0.	32,245.	
(3) MARIA FORT MEYER DIRECTOR OF PEOPLE & STRATEGY	40.00				X		219,701.	0.	53,855.	
(4) MICHAEL PETER RODRIGUEZ PROJECT DIRECTOR, PROPEL ADAPT	40.00				X		197,102.	0.	46,915.	
(5) ERIC BEBERNITZ DIRECTOR OF EXTERNAL RELATIONS	40.00				X		198,535.	0.	30,692.	
(6) TIMOTHY STAFFA CHIEF OF STAFF	40.00				X		163,866.	0.	44,936.	
(7) MARIA BARRIOS QUINTANA ASSOCIATE DIRECTOR, BUSINESS DEV'L	40.00					X	147,906.	0.	44,284.	
(8) LAUREN GORYN FINANCIAL CONTROLLER	40.00					X	160,975.	0.	26,175.	
(9) TORI SAYANLAR ASSOCIATE DIRECTOR, MAJOR GIFTS	40.00					X	142,431.	0.	44,211.	
(10) AINE MAIREAD DODDY ASSOC. DIR., DIG. & DIRECT MARKETING	40.00					X	143,012.	0.	35,065.	
(11) EMILY TYREE ASSOCIATE DIRECTOR, COMMUNICATIONS	40.00					X	146,697.	0.	13,121.	
(12) RAYMOND DEBANNE CHAIR & CHAIR EXEC COMMITTEE	3.00	X		X			0.	0.	0.	
(13) CHRISTOPHE DUTHOIT FINANCE/INV COMM CHAIR/TREASURER	2.00	X		X			0.	0.	0.	
(14) BURTON HAIMES CHAIR EMERITUS	0.30	X					0.	0.	0.	
(15) THILO SEMMELBAUER CO-CHAIRMAN	0.30	X					0.	0.	0.	
(16) SYLVAIN DESJONQUERES CO-CHAIRMAN	0.30	X					0.	0.	0.	
(17) ANYA KULIGINA 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) KARIM TABET DIRECTOR	0.30	X						0.	0.	0.
(19) SANDRA TAMER DIRECTOR	0.30	X						0.	0.	0.
(20) MITRA BEST DIRECTOR	0.30	X						0.	0.	0.
(21) ROBERT SPATT DIRECTOR	0.30	X						0.	0.	0.
(22) YVES ANDRE-ISTEL 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>								2,112,230.	0.	412,105.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,112,230.	0.	412,105.

**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 30

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
PLUSMEDIA, 100 MILL PLAIN ROAD, 4TH FLOOR, DANBURY, CT 06811	MARKETING CONSULTING	1,254,996.
DEAKIN UNIVERSITY, 1 GHERINGHAP STREET, GEELONG, VIC, AUSTRALIA 3220	RESEARCH PROJECT FUNDING	840,981.
SERENIC SOFTWARE INC, 10354 W. CHATFIELD AVE, SUITE 200, LITTLETON, CO 80127	SOFTWARE IMPLEMENTATION	654,611.
ALLIANCE FOR INTERNATIONAL MEDICAL ACTION, WORED A 08, HOUSE NO. OLGO APARTMENT, ADDIS MCMDO	HUMANITARIAN ASSISTANCE	632,680.
WORED A 08, ADDIS ABABA KIRKOS, ETHIOPIA	HUMANITARIAN ASSISTANCE	374,728.

**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 21

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	
Contributions, Gifts, Grants and Other Similar Amounts	<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>	1,014,956.			
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	111,851,184.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	35,711,977.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 21,029,745.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		148578117.			
	Program Service Revenue	<b>2 a</b>	SERVICE CONTRACT INCOME	<b>Business Code</b>			
			900099	46,185.	46,185.		
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>		All other program service revenue .....					
<b>g</b>		<b>Total.</b> Add lines 2a-2f .....		46,185.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		156,120.		156,120.	
	<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			
					375,419.		
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	374,096.			
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	1,323.			
	<b>d</b>	Net gain or (loss) .....		1,323.		1,323.	
<b>8 a</b>	Gross income from fundraising events (not including \$ 1,014,956. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		67,753.			
				203,278.			
<b>b</b>	Less: direct expenses .....	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events .....		-135,525.		-135,525.		
<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>		132,734.			
				0.			
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....		132,734.	132,734.			
Miscellaneous Revenue	<b>11 a</b>	EXTRAORDINARY INC.	<b>Business Code</b>				
			900099	264,845.		264,845.	
	<b>b</b>	MISCELLANEOUS	900099	197,760.		197,760.	
	<b>c</b>						
	<b>d</b>	All other revenue .....					
<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		462,605.				
<b>12</b>	<b>Total revenue.</b> See instructions .....		149241559.	178,919.	0.	484,523.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	617,858.	617,858.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	11,770,678.	11,770,678.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,620,458.	360,739.	991,584.	268,135.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	43,023,989.	39,725,067.	2,252,873.	1,046,049.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	561,562.	448,178.	77,232.	36,152.
<b>9</b> Other employee benefits .....	4,216,180.	3,064,035.	811,528.	340,617.
<b>10</b> Payroll taxes .....	600,225.	426,416.	124,673.	49,136.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	399,576.	31,404.	368,172.	
<b>c</b> Accounting .....	237,315.	43,749.	193,566.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17	281,400.			281,400.
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	4,780,949.	1,222,803.	1,082,471.	2,475,675.
<b>12</b> Advertising and promotion .....	892,526.	166,830.	5,765.	719,931.
<b>13</b> Office expenses .....	3,487,033.	2,823,003.	380,866.	283,164.
<b>14</b> Information technology .....	455,260.	454,783.	38.	439.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	3,892,347.	2,999,541.	892,806.	
<b>17</b> Travel .....	2,475,088.	2,181,979.	251,808.	41,301.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	648,945.	529,981.	109,141.	9,823.
<b>20</b> Interest .....	76,573.		76,573.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	147,002.		147,002.	
<b>23</b> Insurance .....	113,776.	24,883.	88,893.	
<b>24</b> 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.)				
<b>a</b> <b>DONATED FOOD</b>	20,717,508.	20,717,508.		
<b>b</b> <b>FOOD SECURITY</b>	17,062,145.	17,062,145.		
<b>c</b> <b>VEHICLES</b>	7,869,683.	7,868,737.	946.	
<b>d</b> <b>TRAINING</b>	7,000,431.	6,998,622.	1,809.	
<b>e</b> All other expenses <u>SEE SCH O</u>	18,037,756.	17,398,163.	500,039.	139,554.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	150,986,263.	136,937,102.	8,357,785.	5,691,376.
<b>26</b> <b>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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	19,019,402.	<b>1</b>	12,383,114.
	<b>2</b> Savings and temporary cash investments .....	10,535,492.	<b>2</b>	17,614,504.
	<b>3</b> Pledges and grants receivable, net .....	77,389,133.	<b>3</b>	29,492,872.
	<b>4</b> Accounts receivable, net .....	1,637,995.	<b>4</b>	1,852,910.
	<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>	655,311.
	<b>9</b> Prepaid expenses and deferred charges .....	171,010.	<b>9</b>	344,727.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,201,126.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,867,532.	1,173,558.	<b>10c</b> 1,333,594.
	<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 .....	6,265,181.	<b>15</b>	5,826,655.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	116,191,771.	<b>16</b>	69,503,687.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	14,753,255.	<b>17</b>	10,933,411.
	<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>	1,000,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<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 .....	14,803,625.	<b>25</b>	43,105,209.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	29,556,880.	<b>26</b>	55,038,620.
<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 .....	15,422,926.	<b>27</b>	13,809,756.
	<b>28</b> Net assets with donor restrictions .....	71,211,965.	<b>28</b>	655,311.
	<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 .....	86,634,891.	<b>32</b>	14,465,067.
	<b>33</b> Total liabilities and net assets/fund balances .....	116,191,771.	<b>33</b>	69,503,687.

**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	149,241,559.
2	Total expenses (must equal Part IX, column (A), line 25)	2	150,986,263.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,744,704.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	86,634,891.
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	-71,211,965.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	786,845.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	14,465,067.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2023)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	110432543	76051174.	116305006	128476830	148578117	579843670
<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 .....	110432543	76051174.	116305006	128476830	148578117	579843670
<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.						579843670

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	110432543	76051174.	116305006	128476830	148578117	579843670
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	18,131.	4,574.	139.	7,410.	156,120.	186,374.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...					0.	
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	-2,640.	1263278.	587,902.	623,682.	462,605.	2934827.
<b>11 Total support.</b> Add lines 7 through 10						582964871
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	281,418.
<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 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.46 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	99.57 %
<b>16a 33 1/3% support test - 2023.</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 - 2022.</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 - 2023.</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 - 2022.</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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

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

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, 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.

<b>Section A - Adjusted Net Income</b>		(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	

<b>Section B - Minimum Asset Amount</b>		(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 ( <i>explain in detail in Part VI</i> ):		
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	

<b>Section C - Distributable Amount</b>			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
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2023**

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).

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

Schedule B (Form 990) (2023)

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
1	<hr/> <hr/> <hr/>	\$ <u>34,966,188.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>13,263,935.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>13,126,412.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>8,965,172.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>6,713,161.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>5,219,044.</u>	Person <input checked="" 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 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/>	\$ <u>4,894,338.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>4,558,851.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>3,062,888.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization  <b>ACTION AGAINST HUNGER - USA</b>	Employer identification number  <b>13-3327220</b>
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**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
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization 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, total number and acreage, modified easements, states where located, monitoring policy, staff hours, expenses, and requirements for section 170(h)(4)(B)(i) and (ii).

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 elected not to report art collections, elected to report art collections with revenue and asset amounts, and received or held works of art for financial gain.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

**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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> 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 |
|---|---------------|----|
| <b>(i)</b> Unrelated organizations?   | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations?  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |
- 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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		1,342,811.	769,750.	573,061.
<b>d</b> Equipment		630,225.	630,225.	0.
<b>e</b> Other		2,228,090.	1,467,557.	760,533.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,333,594.

**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, line 12, col. (B))		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1) ACCRUED INTEREST & REVENUE	1,191,003.
(2) RIGHT OF USE	4,612,874.
(3) DEPOSITS	22,778.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	5,826,655.

**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	2,400,000.
(3) DUE TO NETWORK	817,297.
(4) OPERATING LEASE OBLIGATION	6,118,265.
(5) REFUNDABLE ADVANCES	33,769,647.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	43,105,209.

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



**SCHEDULE 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

**2023**

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	203	PROGRAM SERVICE ACTIVITIES	PROVIDE NUTRITION, WATER AND SANITATION, FOOD SECURITY AND PUBLIC HEALTH	8,336,857.
SUB-SAHARAN AFRICA	8	1586	PROGRAM SERVICE ACTIVITIES	PROVIDE NUTRITION, WATER AND SANITATION, FOOD SECURITY AND PUBLIC HEALTH	116178431.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		970,285.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		1,848,332.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		1,935,434.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		7,016,627.
<b>3 a Subtotal</b> .....	9	1789			136,285,966.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	9	1789			136,285,966.

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

Schedule F (Form 990) 2023

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

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	CHANGING THE WAY THE WORLD RESPONDS TO HUMANITARIAN CRISES: TRAIN CURRENT AND	840,982.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	DIVERSE LEADERSHIP IN CRISES (DESLH)	129,303.	WIRE	0.		
		NORTH AMERICA	HOLISTIC PROVISION OF TECHNICAL EXPERTISE TO STRENGTHEN THE QUALITY AND SCALE OF	1059463.	WIRE	0.		
		NORTH AMERICA	IMPROVING NUTRITION INFORMATION SYSTEMS AND EXPANDING IPC ACUTE MALNUTRITION IN	719,166.	WIRE	0.		
		NORTH AMERICA	PROPEL 2022-2027 - PROMOTING RESULTS AND OUTCOME THROUGH POLICY AND ECONOMIC	48,320.	WIRE	0.		
		NORTH AMERICA	PROMOTING BETTER NUTRITION OUTCOMES WITH TECHNICAL SUPPORT FOR DATA,	21,384.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CHANGING THE WAY THE WORLD RESPONDS TO HUMANITARIAN CRISES: TRAIN CURRENT AND	153,819.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	IDENTIFYING THE PREVALENCE OF AND RISK FACTORS FOR RELAPSE AFTER	9,572.	WIRE	0.		

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 41

**3** Enter total number of other organizations or entities ..... 27

SEE PART V FOR COLUMN (D) DESCRIPTIONS

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	CALP NETWORK: INCREASING IMPACT THROUGH COLLECTIVE ACTION 2022-2024	620,183.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DIVERSE LEADERSHIP IN CRISES (DESLH)	8,408.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROPEL 2022-2027 - PROMOTING RESULTS AND OUTCOME THROUGH POLICY AND ECONOMIC	30,992.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SYRIA/TURKEY EARTHQUAKE TO SPAIN (NRS)	110,271.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	THE MOSAIC CHRISTIAN FELLOWSHIP TOWARDS YEMEN OPERATIONS	42,500.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CHANGING THE WAY THE WORLD RESPONDS TO HUMANITARIAN CRISES: TRAIN CURRENT AND	141,046.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROPEL 2022-2027 - PROMOTING RESULTS AND OUTCOME THROUGH POLICY AND ECONOMIC	22,081.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DIVERSE LEADERSHIP IN CRISES (DESLH)	33,573.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	FOOD/NUTRITION AID TO DISPLACED PEOPLE IN MYANMAR	88,750.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROPEL 2022-2027 - PROMOTING RESULTS AND OUTCOME THROUGH POLICY AND ECONOMIC	241,078.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	IDENTIFYING THE PREVALENCE OF AND RISK FACTORS FOR RELAPSE AFTER	260,689.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CALP NETWORK: INCREASING IMPACT THROUGH COLLECTIVE ACTION 2022-2024	329,669.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	BENEVITY GOOGLE 5K - UK	83,882.	WIRE	0.		
		SUB-SAHARAN AFRICA	INCREASING ACCESS TO QUALITY AND GENDER SENSITIVE PRIMARY HEALTH CARE AND	20,663.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROVISION OF LIFESAVING HEALTH INTERVENTIONS IN DROUGHT- AND	114,878.	WIRE	0.		
		SUB-SAHARAN AFRICA	LIFESAVING NUTRITION SUPPORT TO DROUGHT AFFECTED VULNERABLE COMMUNITIES IN	95,364.	WIRE	0.		
		SUB-SAHARAN AFRICA	LIFESAVING NUTRITION SUPPORT TO DROUGHT AFFECTED VULNERABLE COMMUNITIES IN	5,485.	WIRE	0.		
		SUB-SAHARAN AFRICA	NUTRITION FOR THE SOUTH SUDANESE REFUGEE	79,080.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROVISION OF GBV RESPONSE AND PREVENTION FOR CONFLICT AFFECTED	145,233.	WIRE	0.		
		SUB-SAHARAN AFRICA	TERRACING, AGROFORESTRY AND FARM OPTIMIZATION IN WAGHIMRA - TAF	32,222.	WIRE	0.		
		SUB-SAHARAN AFRICA	KARAMOJA LIVELIHOOD AND INCOME OPPORTUNITIES PROJECTS	29,802.	WIRE	0.		
		SUB-SAHARAN AFRICA	INTEGRATED EMERGENCY LIFESAVING HEALTH, NUTRITION, WASH AND PROTECTION SUPPORT	978,204.	WIRE	0.		
		SUB-SAHARAN AFRICA	STRENGTHENING LOCAL PARTNER CAPACITY FOR EFFECTIVE BIODIVERSITY-POVERTY	14,350.	WIRE	0.		
		SUB-SAHARAN AFRICA	STRENGTHENING LOCAL PARTNER CAPACITY FOR EFFECTIVE BIODIVERSITY-POVERTY	11,180.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERATE EVIDENCE ON AND SCALED SIMPLIFIED APPROACHES IN THE MANAGEMENT OF WASTING	9,386.	WIRE	0.		
		SUB-SAHARAN AFRICA	COUNTRY PROGRAM - SOMALIA	102,100.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROVISION OF MULTI-SECTOR LIFE-SAVING RESPONSE FOR VULNERABLE	56,873.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	GLOBAL EMERGENCY NUTRITION RESPONSE PROGRAM, SOUTH SUDAN	222,100.	WIRE	0.		
		SUB-SAHARAN AFRICA	INTEGRATED EMERGENCY NUTRITION IYCF AND FOOD SECURITY SUPPORT TO SOUTH SUDANESE	180,877.	WIRE	0.		
		SUB-SAHARAN AFRICA	INTEGRATED EMERGENCY NUTRITION, IYCF, FSL AND PSYCHOSOCIAL SUPPORT TO SOUTH	71,996.	WIRE	0.		
		SUB-SAHARAN AFRICA	INTEGRATED EMERGENCY LIFESAVING HEALTH, NUTRITION, WASH AND PROTECTION SUPPORT	191,713.	WIRE	0.		
		SUB-SAHARAN AFRICA	MULTI SECTORAL, HUMANITARIAN RESPONSE TO THE DETERIORATING GLOBAL NUTRITION	120,973.	WIRE	0.		
		SUB-SAHARAN AFRICA	COUNTRY PROGRAM - SOMALIA	258,165.	WIRE	0.		
		SUB-SAHARAN AFRICA	INTEGRATED EMERGENCY LIFE SAVING HEALTH, NUTRITION& WASH SUPPORT FOR MOST	103,920.	WIRE	0.		
		SUB-SAHARAN AFRICA	INTEGRATED EMERGENCY LIFESAVING HEALTH, NUTRITION, WASH AND PROTECTION SUPPORT	176,152.	WIRE	0.		
		SUB-SAHARAN AFRICA	MULTI SECTORAL, HUMANITARIAN RESPONSE TO THE DETERIORATING GLOBAL NUTRITION	22,281.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	STRENGTHENING LOCAL PARTNER CAPACITY FOR EFFECTIVE BIODIVERSITY-POVERTY	10,105.	WIRE	0.		
		SUB-SAHARAN AFRICA	MULTI SECTORAL, HUMANITARIAN RESPONSE TO THE DETERIORATING GLOBAL NUTRITION	238,090.	WIRE	0.		
		SUB-SAHARAN AFRICA	MULTI SECTORAL, HUMANITARIAN RESPONSE TO THE DETERIORATING GLOBAL NUTRITION	61,281.	WIRE	0.		
		SUB-SAHARAN AFRICA	HUMANITARIAN ASSISTANCE AND RESILIENCE BUILDING IN SOMALIA (HARBS)	63,345.	WIRE	0.		
		SUB-SAHARAN AFRICA	MULTISECTORAL HUMANITARIAN RESPONSE TO THE DETERIORATING NUTRITION SITUATION,	51,463.	WIRE	0.		
		SUB-SAHARAN AFRICA	MULTISECTORAL HUMANITARIAN RESPONSE TO THE DETORIATING NUTRITION SITUATION,	65,267.	WIRE	0.		
		SUB-SAHARAN AFRICA	POWER OF VOICES PARTNERSHIP - RIGHT TO GROW ET	62,530.	WIRE	0.		
		SUB-SAHARAN AFRICA	IMPROVING NUTRITIONAL STATUS OF CHILDREN U5 AND PLWS THROUGH GENDER	42,037.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROVISION OF INTEGRATED QUALITY NUTRITION SERVICES FOR CHILDREN AND	120,008.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	EMERGENCY RESPONSE PROJECT TO THE DROUGHT AFFECTED POPULATIONS	56,565.	WIRE	0.		
		SUB-SAHARAN AFRICA	FACILITATING THE ADOPTION OF HUMANITARIAN WASH INNOVATION	8,916.	WIRE	0.		
		SUB-SAHARAN AFRICA	GFD/NUTRITION ACTIVITIES IN REFUGEE SETTLEMENTS	14,734.	WIRE	0.		
		SUB-SAHARAN AFRICA	T05-EUTF-HOA-UG-39.03	580,710.	WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGENCY RESPONSE PROJECT TO THE DROUGHT AFFECTED POPULATIONS	53,702.	WIRE	0.		
		SUB-SAHARAN AFRICA	INTEGRATED EMERGENCY LIFESAVING HEALTH, NUTRITION, WASH AND PROTECTION SUPPORT	502,748.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENDER EQUITABLE NUTRITION IN TANZANIA AND UGANDA (GENTU)	20,721.	WIRE	0.		
		SUB-SAHARAN AFRICA	INTEGRATED EMERGENCY LIFESAVING HEALTH, NUTRITION, WASH AND PROTECTION SUPPORT	550,444.	WIRE	0.		
		SUB-SAHARAN AFRICA	ENABLING ANTICIPATORY ACTION FOR ACUTE MALNUTRITION IN PRACTICE THROUGH	127,969.	WIRE	0.		

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ENABLING ANTICIPATORY ACTION FOR ACUTE MALNUTRITION IN PRACTICE THROUGH	10,097.	WIRE	0.		
		SUB-SAHARAN AFRICA	SURVEILLANCE AND EVALUATION TEAM (SET) AND MULTI-SECTORAL EMERGENCY TEAM (MET &	68,522.	WIRE	0.		
		SUB-SAHARAN AFRICA	EMERGENCY RESPONSE TO FLOODS CAUSED BY HEAVY RAINFALL IN BELEDWEYNE DISTRICT,	207,365.	WIRE	0.		
		SUB-SAHARAN AFRICA	IMPROVING ACCESS TO QUALITY ESSENTIAL PACKAGE OF HEALTH SERVICES DELIVERY	23,730.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROVISION OF EARLY RECOVERY SUPPORT TO THE FLOOD AFFECTED	729,897.	WIRE	0.		
		SUB-SAHARAN AFRICA	UPTAKE OF AN INNOVATIVE WATER TESTING SYSTEM IN HUMANITARIAN SETTINGS	5,974.	WIRE	0.		



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 the 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 the 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 the 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 the 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 the 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 the 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.

**PART I, LINE 2:**

SUB-AWARD MONITORING AT ACF USA INVOLVES A COMPREHENSIVE PROCESS TO ENSURE COMPLIANCE WITH FEDERAL REQUIREMENTS AND TO MITIGATE RISK. PRIOR TO ISSUING A SUB-AWARD, AND ANNUALLY THEREAFTER, ACF USA UTILIZES FEDERALLY MANDATED ELIGIBILITY CHECKLISTS TO DETERMINE WHETHER AN ORGANIZATION QUALIFIES FOR FEDERALLY FUNDED PROJECTS. THE AWARD MANAGEMENT (AM) TEAM IS RESPONSIBLE FOR CONDUCTING DUE DILIGENCE, WHICH INCLUDES CHECKING POTENTIAL SUB-RECIPIENTS AGAINST REQUIRED FEDERAL DATABASES AND REQUESTING NECESSARY DOCUMENTATION, SUCH AS SINGLE AUDIT OR OTHER STATUTORY AUDIT REPORTS, AS APPLICABLE. THE AM TEAM REVIEWS THESE AUDIT REPORTS AND MAY ALSO PERFORM INFORMAL CHECKS WITH PEER ORGANIZATIONS TO FURTHER ASSESS POTENTIAL SUB-RECIPIENTS. ACF USA USES STANDARDIZED SUBRECIPIENT AGREEMENTS THAT INCORPORATE U.S. GOVERNMENT (USG) PRIME AWARD REQUIREMENTS. IN CASES WHERE SUB-RECIPIENTS PRESENT ELEVATED RISK PROFILES, ACF USA IMPOSES ADDITIONAL, MORE STRINGENT TERMS AND CONDITIONS, AND GENERALLY AVOIDS ENTERING INTO CONTRACTUAL RELATIONSHIPS WITH THOSE DEEMED HIGH RISK. TO ENSURE THE INTEGRITY AND QUALITY OF PROJECT IMPLEMENTATION, TECHNICAL ADVISORS CARRY OUT SITE VISITS TO ASSESS COMPLIANCE WITH TECHNICAL STANDARDS. ADDITIONALLY, THE AM TEAM MONITORS THE SUBMISSION OF SUBRECIPIENT PROGRESS REPORTS, CONDUCTS FINANCIAL REVIEWS, AND CONSISTENTLY ENSURES TIMELY SUBMISSION OF REQUIRED REPORTS, INCLUDING SUBRECIPIENT INPUTS, TO THE RELEVANT FEDERAL ENTITIES.

**PART II, COLUMN (D):**

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: CHANGING THE WAY THE WORLD RESPONDS TO

**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.

HUMANITARIAN CRISES: TRAIN CURRENT AND FUTURE HUMANITARIAN LEADERS AS INNOVATIVE THINKERS AND DYNAMIC ACHIEVERS

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: HOLISTIC PROVISION OF TECHNICAL EXPERTISE TO STRENGTHEN THE QUALITY AND SCALE OF NUTRITION HUMANITARIAN SYSTEMS

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: IMPROVING NUTRITION INFORMATION SYSTEMS AND EXPANDING IPC ACUTE MALNUTRITION IN COMPLEX EMERGENCIES FOR EARLY ACTION AND RESPONSE

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: PROPEL 2022-2027 - PROMOTING RESULTS AND OUTCOME THROUGH POLICY AND ECONOMIC LEVERS

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: PROMOTING BETTER NUTRITION OUTCOMES WITH TECHNICAL SUPPORT FOR DATA, PREPAREDNESS, RESPONSE, AND RECOVERY

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: CHANGING THE WAY THE WORLD RESPONDS TO HUMANITARIAN CRISES: TRAIN CURRENT AND FUTURE HUMANITARIAN LEADERS AS INNOVATIVE THINKERS AND DYNAMIC ACHIEVERS

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: IDENTIFYING THE PREVALENCE OF AND RISK FACTORS FOR

**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.

RELAPSE AFTER RECOVERY FROM SEVERE ACUTE MALNUTRITION GLOBALLY (RELAPSE STUDY)

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: PROPEL 2022-2027 - PROMOTING RESULTS AND OUTCOME THROUGH POLICY AND ECONOMIC LEVERS

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: CHANGING THE WAY THE WORLD RESPONDS TO HUMANITARIAN CRISES: TRAIN CURRENT AND FUTURE HUMANITARIAN LEADERS AS INNOVATIVE THINKERS AND DYNAMIC ACHIEVERS

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: PROPEL 2022-2027 - PROMOTING RESULTS AND OUTCOME THROUGH POLICY AND ECONOMIC LEVERS

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROPEL 2022-2027 - PROMOTING RESULTS AND OUTCOME THROUGH POLICY AND ECONOMIC LEVERS

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: IDENTIFYING THE PREVALENCE OF AND RISK FACTORS FOR RELAPSE AFTER RECOVERY FROM SEVERE ACUTE MALNUTRITION GLOBALLY (RELAPSE STUDY) US 1,552,530/SO 201,567/SS 425,611

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: INCREASING ACCESS TO QUALITY AND GENDER SENSITIVE

**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.

PRIMARY HEALTH CARE AND NUTRITION SERVICES TO DROUGHT-AFFECTED COMMUNITIES.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROVISION OF LIFESAVING HEALTH INTERVENTIONS IN DROUGHT- AND EMERGENCY-AFFECTED AREAS IN NINE (9) DISTRICTS, BANADIR REGION, SOMALIA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: LIFESAVING NUTRITION SUPPORT TO DROUGHT AFFECTED VULNERABLE COMMUNITIES IN ADADELE AND GODE WOREDAS OF SHEBELLE ZONE AND HARGELLE WOREDA OF AFDER ZONE AT SOMALI REGION IN ETHIOPIA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: LIFESAVING NUTRITION SUPPORT TO DROUGHT AFFECTED VULNERABLE COMMUNITIES IN ADADELE AND GODE WOREDAS OF SHEBELLE ZONE AND HARGELLE WOREDA OF AFDER ZONE AT SOMALI REGION IN ETHIOPIA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROVISION OF GBV RESPONSE AND PREVENTION FOR CONFLICT AFFECTED COMMUNITIES IN BENISHANGUL-GUMUZ REGION: METEKEL, ASOSA & KAMASHI ZONES

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TERRACING, AGROFORESTRY AND FARM OPTIMIZATION IN WAGHIMRA - TAF PROJECT

**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.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: KARAMOJA LIVELIHOOD AND INCOME OPPORTUNITIES PROJECTS (KLIO-PROJECT)

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: INTEGRATED EMERGENCY LIFESAVING HEALTH, NUTRITION, WASH AND PROTECTION SUPPORT FOR VULNERABLE POPULATIONS AFFECTED BY ADVERSE EFFECTS OF EL NINO IN SOUTH CENTRAL SOMALIA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: GENERATE EVIDENCE ON AND SCALED SIMPLIFIED APPROACHES IN THE MANAGEMENT OF WASTING THROUGH OPERATIONAL RESEARCH.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROVISION OF MULTI-SECTOR LIFE-SAVING RESPONSE FOR VULNERABLE POPULATIONS AFFECTED AT OROMIA REGION BORENA ZONE, MOYALE AND DUBULUK WOREDAS

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: INTEGRATED EMERGENCY NUTRITION IYCF AND FOOD SECURITY SUPPORT TO SOUTH SUDANESE REFUGEES AND HOST COMMUNITIES IN GAMBELLA REGION, ETHIOPIA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: INTEGRATED EMERGENCY NUTRITION, IYCF, FSL AND PSYCHOSOCIAL SUPPORT TO SOUTH SUDANESE REFUGEES AND HOST COMMUNITY IN GAMBELLA REGION, ETHIOPIA

**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.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: INTEGRATED EMERGENCY LIFESAVING HEALTH, NUTRITION, WASH AND PROTECTION SUPPORT FOR VULNERABLE POPULATIONS AFFECTED BY ADVERSE EFFECTS OF EL NINO IN SOUTH CENTRAL SOMALIA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: MULTI SECTORAL, HUMANITARIAN RESPONSE TO THE DETERIORATING GLOBAL NUTRITION SITUATION FOCUSING ON SEVERELY AFFECTED CRISIS CONTEXTS IN SUB-SAHARAN AFRICA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: INTEGRATED EMERGENCY LIFE SAVING HEALTH, NUTRITION& WASH SUPPORT FOR MOST VULNERABLE POPULATION AFFECTED BY CONFLICT, DISPLACEMENT AND NATURAL DISASTERS ( FLOODS, DROUGHT) AND DISEASE OUTBREAKS IN SOUTH CENTRAL SOMALIA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: INTEGRATED EMERGENCY LIFESAVING HEALTH, NUTRITION, WASH AND PROTECTION SUPPORT FOR VULNERABLE POPULATIONS AFFECTED BY ADVERSE EFFECTS OF EL NINO IN SOUTH CENTRAL SOMALIA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: MULTI SECTORAL, HUMANITARIAN RESPONSE TO THE DETERIORATING GLOBAL NUTRITION SITUATION FOCUSING ON SEVERELY AFFECTED CRISIS CONTEXTS IN SUB-SAHARAN AFRICA

**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.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: MULTI SECTORAL, HUMANITARIAN RESPONSE TO THE DETERIORATING GLOBAL NUTRITION SITUATION FOCUSING ON SEVERELY AFFECTED CRISIS CONTEXTS IN SUB-SAHARAN AFRICA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: MULTI SECTORAL, HUMANITARIAN RESPONSE TO THE DETERIORATING GLOBAL NUTRITION SITUATION FOCUSING ON SEVERELY AFFECTED CRISIS CONTEXTS IN SUB-SAHARAN AFRICA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: MULTISECTORAL HUMANITARIAN RESPONSE TO THE DETERIORATING NUTRITION SITUATION, FOCUSING ON SEVERELY AFFECTED CRISIS IN SUB-SAHARAN AFRICA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: MULTISECTORAL HUMANITARIAN RESPONSE TO THE DETORAIATING NUTRITION SITUATION, FOCUSING ON SEVERELY AFFECTED CRISIS CONTEXTS IN SUB-SAHARAN AFRICA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: IMPROVING NUTRITIONAL STATUS OF CHILDREN U5 AND PLWS THROUGH GENDER TRANSFORMATIVE/SENSITIVE NUTRITION-SPECIFIC AND NUTRITION-SENSITIVE INTERVENTIONS, WITH A SPECIAL FOCUS ON CHILDREN U2, IN FLOOD AFFECTED COMMUNITIES OF JONGLEI STATE, SOUTH SUDAN

REGION: SUB-SAHARAN AFRICA

**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.

(D) PURPOSE OF GRANT: PROVISION OF INTEGRATED QUALITY NUTRITION SERVICES FOR CHILDREN AND WOMEN AND ENSURING FAMILIES HAVE THE KNOWLEDGE AND SKILLS TO APPLY QUALITY INFANT AND YOUNG CHILD FEEDING PRACTICES

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: INTEGRATED EMERGENCY LIFESAVING HEALTH, NUTRITION, WASH AND PROTECTION SUPPORT FOR VULNERABLE POPULATIONS AFFECTED BY ADVERSE EFFECTS OF EL NINO IN SOUTH CENTRAL SOMALIA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: INTEGRATED EMERGENCY LIFESAVING HEALTH, NUTRITION, WASH AND PROTECTION SUPPORT FOR VULNERABLE POPULATIONS AFFECTED BY ADVERSE EFFECTS OF EL NINO IN SOUTH CENTRAL SOMALIA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ENABLING ANTICIPATORY ACTION FOR ACUTE MALNUTRITION IN PRACTICE THROUGH STRENGTHENING EARLY WARNING SYSTEMS

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ENABLING ANTICIPATORY ACTION FOR ACUTE MALNUTRITION IN PRACTICE THROUGH STRENGTHENING EARLY WARNING SYSTEMS

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SURVEILLANCE AND EVALUATION TEAM (SET) AND MULTI-SECTORAL EMERGENCY TEAM (MET & SURGE): AN INTEGRATED EMERGENCY

REGION: SUB-SAHARAN AFRICA

**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.

(D) PURPOSE OF GRANT: EMERGENCY RESPONSE TO FLOODS CAUSED BY HEAVY RAINFALL IN BELEDWEYNE DISTRICT, SOMALIA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: IMPROVING ACCESS TO QUALITY ESSENTIAL PACKAGE OF HEALTH SERVICES DELIVERY THROUGH STATIC, OUTREACH AND MOBILE SERVICES IN DAYNIILE, HODAN AND SHINGANI DISTRICTS, BANADIR REGION.



**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 (add col. (a) through col. (c))
		<b>ANNUAL GALA</b> (event type)	(event type)	<b>NONE</b> (total number)	
Revenue	1	Gross receipts	1,082,709.		1,082,709.
	2	Less: Contributions	1,014,956.		1,014,956.
	3	Gross income (line 1 minus line 2)	67,753.		67,753.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	300.		300.
	6	Rent/facility costs	33,000.		33,000.
	7	Food and beverages	42,500.		42,500.
	8	Entertainment	44,500.		44,500.
	9	Other direct expenses	82,978.		82,978.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-135,525.

**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))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	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	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	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: ANNE LEWIS STRATEGIES

(I) ADDRESS OF FUNDRAISER:

650 MASSACHUSETTS AVE NW, STE 505, WASHINGTON, DC 20001



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SAVE THE CHILDREN FEDERATION, INC. 501 KINGS HWY E SUITE 400, FAIRFIELD, CT 06825-4861	06-0726487	501(C)(3)	102,515.	0.			HOLISTIC PROVISION OF TECHNICAL EXPERTISE TO STRENGTHEN THE QUALITY AND SCALE OF NUTRITION
INTERNATIONAL MEDICAL CORPS 12400 WILSHIRE BOULEVARD, SUITE 150 LOS ANGELES, CA 90025-1030	95-3949646	501(C)(3)	66,993.	0.			HOLISTIC PROVISION OF TECHNICAL EXPERTISE TO STRENGTHEN THE QUALITY AND SCALE OF NUTRITION
PATHFINDER INTERNATIONAL INC. 9 GALEN ST STE 217, WATERTOWN, MA 02472	53-0235320	501(C)(3)	363,127.	0.			PROPEL 2022-2027 - PROMOTING RESULTS AND OUTCOME THROUGH POLICY AND ECONOMIC LEVERS
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE, SEATTLE, WA 98105	91-6001537	GOVERNMENT	85,223.	0.			GENERATE EVIDENCE ON AND SCALED SIMPLIFIED APPROACHES IN THE MANAGEMENT OF WASTING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **4.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2023

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

SUB-AWARD MONITORING AT ACF USA INVOLVES A COMPREHENSIVE PROCESS TO ENSURE COMPLIANCE WITH FEDERAL REQUIREMENTS AND TO MITIGATE RISK. PRIOR TO ISSUING A SUB-AWARD, AND ANNUALLY THEREAFTER, ACF USA UTILIZES FEDERALLY MANDATED ELIGIBILITY CHECKLISTS TO DETERMINE WHETHER AN ORGANIZATION QUALIFIES FOR FEDERALLY FUNDED PROJECTS. THE AWARD MANAGEMENT (AM) TEAM IS RESPONSIBLE FOR CONDUCTING DUE DILIGENCE, WHICH INCLUDES CHECKING POTENTIAL SUB-RECIPIENTS AGAINST REQUIRED FEDERAL DATABASES AND REQUESTING NECESSARY DOCUMENTATION, SUCH AS SINGLE AUDIT OR OTHER STATUTORY AUDIT REPORTS, AS

**Part IV** Supplemental Information

APPLICABLE. THE AM TEAM REVIEWS THESE AUDIT REPORTS AND MAY ALSO PERFORM INFORMAL CHECKS WITH PEER ORGANIZATIONS TO FURTHER ASSESS POTENTIAL SUB-RECIPIENTS. ACF USA USES STANDARDIZED SUBRECIPIENT AGREEMENTS THAT INCORPORATE U.S. GOVERNMENT (USG) PRIME AWARD REQUIREMENTS. IN CASES WHERE SUB-RECIPIENTS PRESENT ELEVATED RISK PROFILES, ACF USA IMPOSES ADDITIONAL, MORE STRINGENT TERMS AND CONDITIONS, AND GENERALLY AVOIDS ENTERING INTO CONTRACTUAL RELATIONSHIPS WITH THOSE DEEMED HIGH RISK. TO ENSURE THE INTEGRITY AND QUALITY OF PROJECT IMPLEMENTATION, TECHNICAL ADVISORS CARRY OUT SITE VISITS TO ASSESS COMPLIANCE WITH TECHNICAL STANDARDS. ADDITIONALLY, THE AM TEAM MONITORS THE SUBMISSION OF SUBRECIPIENT PROGRESS REPORTS, CONDUCTS FINANCIAL REVIEWS, AND CONSISTENTLY ENSURES TIMELY SUBMISSION OF REQUIRED REPORTS, INCLUDING SUBRECIPIENT INPUTS, TO THE RELEVANT FEDERAL ENTITIES.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: SAVE THE CHILDREN FEDERATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: HOLISTIC PROVISION OF TECHNICAL EXPERTISE TO STRENGTHEN THE QUALITY AND SCALE OF NUTRITION HUMANITARIAN SYSTEMS

NAME OF ORGANIZATION OR GOVERNMENT: INTERNATIONAL MEDICAL CORPS

(H) PURPOSE OF GRANT OR ASSISTANCE: HOLISTIC PROVISION OF TECHNICAL EXPERTISE TO STRENGTHEN THE QUALITY AND SCALE OF NUTRITION HUMANITARIAN SYSTEMS

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF WASHINGTON

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERATE EVIDENCE ON AND SCALED SIMPLIFIED APPROACHES IN THE MANAGEMENT OF WASTING THROUGH OPERATIONAL



**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

**2023**

Open to Public Inspection

Name of the organization

**ACTION AGAINST HUNGER - USA**

Employer identification number

**13-3327220**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2023

**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 CHIEF EXECUTIVE OFFICER	(i)	348,470.	0.	0.	24,750.	15,856.	389,076.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GARY CAMUS CHIEF FINANCIAL OFFICER	(i)	243,535.	0.	0.	18,425.	13,820.	275,780.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARIA FORT MEYER DIRECTOR OF PEOPLE & STRATEGY	(i)	219,701.	0.	0.	17,160.	36,695.	273,556.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHAEL PETER RODRIGUEZ PROJECT DIRECTOR, PROPEL ADAPT	(i)	197,102.	0.	0.	10,230.	36,685.	244,017.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ERIC BEBERNITZ DIRECTOR OF EXTERNAL RELATIONS	(i)	198,535.	0.	0.	15,050.	15,642.	229,227.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) TIMOTHY STAFFA CHIEF OF STAFF	(i)	163,866.	0.	0.	8,531.	36,405.	208,802.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARIA BARRIOS QUINTANA ASSOCIATE DIRECTOR, BUSINESS DEV'L	(i)	147,906.	0.	0.	7,782.	36,502.	192,190.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LAUREN GORYN FINANCIAL CONTROLLER	(i)	160,975.	0.	0.	12,355.	13,820.	187,150.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) TORI SAYANLAR ASSOCIATE DIRECTOR, MAJOR GIFTS	(i)	142,431.	0.	0.	7,674.	36,537.	186,642.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) AINE MAIREAD DODDY ASSOC. DIR., DIG. & DIRECT MARKETING	(i)	143,012.	0.	0.	11,297.	23,768.	178,077.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) EMILY TYREE ASSOCIATE DIRECTOR, COMMUNICATIONS	(i)	146,697.	0.	0.	11,002.	2,119.	159,818.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

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.

Department of the Treasury  
Internal Revenue Service

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	X	1	12,000.	FMV
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	38	373,846.	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	4	19,405,822.	CATALOGUE ACFIN/FMV
20 Drugs and medical supplies	X	3	556,071.	CATALOGUE ACFIN/FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (RELIEF SUPPLIES)	X	2	609,479.	FMV
26 Other (GALA GIFTS)	X	9	45,161.	FMV
27 Other (GIFT VOUCHERS)	X	2	15,910.	FMV
28 Other (HAND BAG)	X	1	6,500.	FMV

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2023

**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.

PART I, OTHER TYPES OF PROPERTY:

CHAIR

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 4956.

(D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

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.

AAHUSA DID NOT RECEIVE ANY DONATED VEHICLES OR CRYPTOCURRENCY DURING THE YEAR ENDED DECEMBER 31, 2023

**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

**2023**

Open to Public  
Inspection

Name of the organization

ACTION AGAINST HUNGER - USA

Employer identification number

13-3327220

FORM 990, PAGE 1, AMENDMENT:

THE RETURN WAS AMENDED TO UPDATE THE FORM 990 WITH FINAL AUDITED  
STATEMENTS. AS A RESULT OF THE FINANCIAL CHANGES PARTS I, III, IV,  
VIII, IX, X, XI, XII AND SCHEDULES A, B, D, F, G, I AND O WERE UPDATED.

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

ETHIOPIA, RESPONDING TO NUTRITION EMERGENCIES AND BUILDING  
MULTISECTORAL RESILIENCE SINCE 1985. WITH EIGHT OPERATIONAL BASES AND  
17 SUB-BASES, THE ORGANIZATION OPERATES IN SIX MAJOR REGIONS (AMHARA,  
OROMIA, TIGRAY, SOMALI, GAMBELA AND BENISHANGUL GUMUZ) AND PROVIDES  
SERVICES IN 52 DISTRICTS AND FIVE REFUGEE CAMPS.  
IN 2023, OUR PROGRAMS DIRECTLY REACHED 714,774 PEOPLE THROUGH  
INTEGRATED, MULTISECTORAL LIFESAVING AND RESILIENCE INTERVENTIONS. OUR  
NUTRITION TEAMS TREATED 25,274 SEVERELY MALNOURISHED CHILDREN ACROSS  
185 HEALTH CENTERS AND HOSPITALS, IN ADDITION TO PROVIDING  
SUPPLEMENTARY NUTRITION TO 126,113 MODERATELY MALNOURISHED CHILDREN AND  
109,546 MALNOURISHED PREGNANT WOMEN AND BREASTFEEDING MOTHERS.  
IN TIGRAY, ACTION AGAINST HUNGER DISTRIBUTED \$7.9 MILLION IN EMERGENCY  
CASH FOR FOOD TO 246,988 PEOPLE IN CONFLICT- AND DROUGHT-AFFECTED  
AREAS, SUPPORTING BOTH DISPLACED FAMILIES AND HOST COMMUNITIES. THROUGH  
OUR ADVOCACY EFFORTS, WE ACHIEVED A MAJOR MILESTONE IN ADVANCING THE  
NUTRITION-CENTRIC HUMANITARIAN, DEVELOPMENT, AND PEACE TRIPLE NEXUS  
APPROACH BY LEADING THE DEVELOPMENT AND ROLL-OUT OF NEW OPERATIONAL  
GUIDELINES WITH THE FEDERAL MINISTRY OF HEALTH AND COLLABORATING  
PARTNERS.

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

BEEN HIT HARD BY CLIMATE CRISES, WITH PARTS OF THE COUNTRY EXPERIENCING PROLONGED DRY SPELLS AND OTHERS EXPERIENCING FLOODING.

IN 2023, ACTION AGAINST HUNGER STRENGTHENED OUR APPROACH TO REINFORCE CONNECTIONS BETWEEN OUR HUMANITARIAN, DEVELOPMENT, AND PEACE-BUILDING INTERVENTIONS. WE STRENGTHENED OUR RESEARCH AND MONITORING SYSTEMS AND PRACTICES TO ENHANCE KNOWLEDGE AND EVIDENCE GENERATION. OUR TEAMS WORKED WITH LAWMAKERS, YOUTH CHAMPIONS, MINISTRIES, NATIONAL AND STATE AUTHORITIES, AND GRASSROOTS LEADERS TO ADVOCATE FOR POLICY CHANGE AND ADDRESS HUNGER AND CLIMATE CHANGE. IN 2023, OUR PROGRAMS DIRECTLY REACHED 1,437,365 PEOPLE THROUGH INTEGRATED, MULTISECTORAL LIFESAVING AND RESILIENCE INTERVENTIONS. OUR NUTRITION TEAMS TREATED 259,998 SEVERELY MALNOURISHED CHILDREN ACROSS 578 HEALTH CENTERS AND HOSPITALS, IN ADDITION TO PROVIDING SUPPLEMENTARY NUTRITION TO 525840 MODERATELY MALNOURISHED CHILDREN AND 603,414 MALNOURISHED PREGNANT WOMEN AND BREASTFEEDING MOTHERS. WASH SERVICE BENEFITED 7550 COMMUNITY MEMBERS AND 284,415 FROM FSL SERVICE.

ACTION AGAINST HUNGER'S NUTRITION TEAMS CONDUCTED 10 SURVEYS TO DEEPEN UNDERSTANDING OF THE HUNGER SITUATION IN SOUTH SUDAN. WE ALSO SCALED UP OUR WORK WITH CARE GROUPS TO IMPROVE CHILD NUTRITION AND HEALTH, WHICH INCLUDED WORKING WITH MEN TO INCREASE THEIR INVOLVEMENT IN CHILDCARE. OUR TEAMS INTEGRATED PRIMARY HEALTH CARE SERVICES WITHIN NUTRITION THROUGH OUR MOBILE HEALTH TEAMS. WE WORKED TO IMPROVE WATER, SANITATION, AND HYGIENE SERVICES AND INFRASTRUCTURE MANAGEMENT. TO ADDRESS CLIMATE-DRIVEN HUNGER, WE SCALED UP PROGRAMS SUCH AS OUR RICE GROWING PROJECT IN FANGAK, TO ENHANCE COMMUNITY RESILIENCE.

ADDITIONALLY, OUR TEAM COMPLETED GENDER-BASED VIOLENCE RISK MITIGATION RESEARCH AND CONDUCTED TWO GENDER ANALYSES. THESE STUDIES WILL HELP TO

Name of the organization <b>ACTION AGAINST HUNGER - USA</b>	Employer identification number <b>13-3327220</b>
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DESIGN AND DELIVER SAFE PROGRAMS ACROSS ALL SECTORS.

OUR PROGRAM HAS ALSO FOCUSED ON THE INTERSECTION OF GENDER-BASED VIOLENCE AND HUNGER. FOR EXAMPLE, AFTER CONDUCTING RISK MITIGATION RESEARCH, WE HAVE RECRUITED ADDITIONAL FEMALE STAFF AT NUTRITION SITES SO THAT WOMEN FEEL COMFORTABLE COMING IN FOR MALNUTRITION TREATMENT. WE'VE ALSO PILOTED REFERRAL SERVICES FOR WOMEN SUFFERING FROM GENDER-BASED VIOLENCE, OFFERING PSYCHOLOGICAL AND MEDICAL FIRST AID. THE WOMEN ARE ALSO ELIGIBLE FOR CASH AND FOOD ASSISTANCE FOR THEIR FAMILIES DURING MEDICAL OR PSYCHOLOGICAL TREATMENT SINCE WOMEN ARE ALSO RESPONSIBLE FOR FEEDING OTHER MEMBERS OF THEIR HOUSEHOLDS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:  
INCREASED FROM 23.7 PER CENT IN EARLY 2023 TO 26.2 PER CENT IN EARLY 2024.

ACTION AGAINST HUNGER WORKED IN 28 DISTRICTS ACROSS SOMALIA DELIVERING HEALTH, NUTRITION, WATER, SANITATION, HYGIENE, AND FOOD SECURITY AND LIVELIHOODS INTERVENTIONS. IN 2023, WE DIRECTLY REACHED 1.3 MILLION PEOPLE WITH LIFESAVING ASSISTANCE, INCLUDING 1.2 MILLION REACHED THROUGH HEALTH INTERVENTIONS AND 722,000 THROUGH NUTRITION SERVICES. OUR TEAMS ALSO REPAIRED 51 WATER POINTS AND OUR WATER, SANITATION, AND HYGIENE PROGRAM BENEFITED 219,000 PEOPLE. ADDITIONALLY, WE PROVIDED FOOD SECURITY AND LIVELIHOODS SUPPORT TO 137,000 PEOPLE.

IN 2023, THE WORLD BANK FUNDED OUR IMPROVING HEALTHCARE SERVICES IN SOMALIA PROGRAM, ENABLING ACTION AGAINST HUNGER AND OUR PARTNERS TO WORK WITH THE MINISTRY OF HEALTH TO DELIVER ESSENTIAL HEALTH SERVICES IN SOUTH CENTRAL SOMALIA. WE ARE NOW THE SECOND LARGEST MINISTRY OF HEALTH PARTNER IN SOMALIA, DIRECTLY SUPPORTING SERVICE DELIVERY IN 112 HEALTH UNITS, WORKING WITH 1,133 HEALTH STAFF AND 361 COMMUNITY HEALTH

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**WORKERS ACROSS THE COUNTRY.**

**ACTION AGAINST HUNGER ALSO LED THE BUILDING RESILIENT COMMUNITIES IN SOMALIA CONSORTIUM, A FIVE-YEAR PROJECT THAT WORKS TO ENSURE THAT COMMUNITIES IN DISASTER-PRONE RURAL SOMALIA HAVE SUFFICIENT SOCIAL, FINANCIAL, AND ENVIRONMENTAL ASSETS TO COPE WITH SHOCKS AND STRESSORS AND ADAPT TO THE EFFECTS OF CLIMATE CHANGE.**

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

**HAITI:**

**SINCE MARCH 2023, HAITI HAS WITNESSED A NOTABLE SURGE IN VIOLENCE AND ORGANIZED CRIME, PARTICULARLY IN THE PORT-AU-PRINCE REGION, WHERE CRIMINAL GROUPS ENGAGE IN MURDERS, KIDNAPPINGS, AND SEXUAL ASSAULTS. THE HUMANITARIAN SITUATION IN HAITI IS DETERIORATING, WITH AID ORGANIZATIONS STRUGGLING TO MATCH THE ESCALATING NEEDS.**

**HALF OF HAITI'S POPULATION IS REPORTED TO NEED HUMANITARIAN ASSISTANCE, WITH 45 PER CENT LIVING IN AREAS FACING SEVERE FOOD CRISES, A SITUATION EXACERBATED BY ECONOMIC PARALYSIS DUE TO VIOLENCE. A QUARTER OF CHILDREN ARE SUFFERING CHRONIC MALNUTRITION. ACTION AGAINST HUNGER'S PROGRAM FOCUSES ON THE MOST VULNERABLE AND HARD-TO-REACH POPULATIONS AND AIMS TO HELP FAMILIES AND COMMUNITIES COPE WITH SUCCESSIVE SHOCKS, INCLUDING GANG VIOLENCE, NATURAL DISASTERS, AND CLIMATE CHANGE.**

**OUR TEAM ADDRESSED MALNUTRITION AND ITS ROOT CAUSES THROUGH FOOD DISTRIBUTION TO DISADVANTAGED FAMILIES, SCREENINGS AND TREATMENT FOR MALNOURISHED CHILDREN, PSYCHOLOGICAL SUPPORT FOR TRAUMATIZED PEOPLE AND SURVIVORS OF SEXUAL VIOLENCE, AND INCOME-GENERATING ACTIVITIES.**

**WE ALSO COLLABORATED WITH LOCAL AUTHORITIES TO STRENGTHEN HEALTH SYSTEMS AND BUILD COMMUNITY-LEVEL RESILIENCE. IN RESPONSE TO CHOLERA OUTBREAKS, OUR RAPID RESPONSE TEAMS INSTALLED WATER, SANITATION, AND**

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HYGIENE INFRASTRUCTURE, AND ENHANCED COMMUNITY-LEVEL REPORTING SYSTEMS.

EXPENSES \$ 8,336,858. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

**KENYA:**

KENYA FACES RECURRING CHALLENGES INCLUDING DROUGHTS, FLOODS, AND DISEASE OUTBREAKS, WORSENING THE COUNTRY'S HUMANITARIAN CRISIS, PARTICULARLY IN THE ARID AND SEMI-ARID REGIONS. IN LATE 2023, EL NIO FLOODS CAUSED FLOODING AND DISPLACEMENT, IMPACTING NEARLY 500,000 PEOPLE.

AN ESTIMATED 2.8 MILLION PEOPLE IN KENYA FACE CRISIS (OR WORSE) LEVELS OF HUNGER. STUNTING AND WASTING RATES ARE HIGH, AND MICRONUTRIENT DEFICIENCIES ARE PARTICULARLY PREVALENT AMONG CHILDREN, PREGNANT WOMEN, AND BREASTFEEDING MOTHERS. POOR NUTRITION IS COMPOUNDED BY FACTORS SUCH AS INADEQUATE HEALTHCARE ACCESS, REGRESSIVE CULTURAL PRACTICES, GENDER DISPARITIES, CONFLICTS, POOR INFRASTRUCTURE, AND LIMITED ACCESS TO CLEAN WATER, SANITATION, AND HYGIENE.

IN 2023, OUR PROGRAMS DIRECTLY REACHED 198,1791 PEOPLE THROUGH INTEGRATED, MULTISECTORAL LIFESAVING AND RESILIENCE INTERVENTIONS. OUR NUTRITION TEAMS TREATED 58,980 SEVERELY MALNOURISHED CHILDREN, IN ADDITION TO PROVIDING SUPPLEMENTARY NUTRITION TO 70,559 MODERATELY MALNOURISHED CHILDREN AND 55,271 MALNOURISHED PREGNANT WOMEN AND BREASTFEEDING MOTHERS. WASH SERVICES BENEFITED 180,544 COMMUNITY MEMBERS AND 44,279 FROM FSL SERVICE.

ACTION AGAINST HUNGER OPERATED IN 14 COUNTIES PRONE TO CLIMATE-INDUCED DISASTERS AND WHERE HOUSEHOLDS WERE VULNERABLE TO ECONOMIC AND OTHER SHOCKS, PROVIDING DIRECT SERVICES, DELIVERING VITAL SUPPLIES, AND RESPONDING TO EMERGENCIES, PARTICULARLY FLOODS AND DROUGHTS.

WE SUPPORTED HEALTH CENTERS IN ORDER TO INCREASE ACCESS TO PRIMARY

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**HEALTH CARE AND NUTRITION SERVICES, AND TRAINED AND BUILT CAPACITY AMONG COMMUNITY HEALTH WORKERS, HEALTH STAFF, AND VOLUNTEERS. OUR TEAMS IMPROVED ACCESS TO CLEAN WATER BY PROVIDING WATER TREATMENT AND REHABILITATING WATER SYSTEMS, AND PROMOTED HEALTHY HYGIENE PRACTICES THROUGH HOUSEHOLD VISITS, COMMUNITY FORUMS, AND IN HEALTH FACILITIES. TO REDUCE FOOD INSECURITY, WE PROMOTED LIVESTOCK AND CLIMATE-SMART FARMING INITIATIVES, RESULTING IN INCREASED ADOPTION OF INNOVATIVE TECHNOLOGIES, DIVERSIFIED FOOD PRODUCTION, AND IMPROVED HARVESTS AND ACCESS TO FOOD. WE PRIORITIZED GENDER INTERVENTIONS AND INTEGRATED GENDER EQUALITY AND PROTECTION ACROSS ALL PROJECTS. OUR TEAMS ALSO CONDUCTED RESEARCH TO BETTER ANTICIPATE AND PREDICT ACUTE MALNUTRITION.**

**WE ALSO SIGNIFICANTLY ADVANCED OUR PARTNERSHIP EFFORTS TO SYNERGIZE PROGRAMMING AND MOBILIZE RESOURCES. TO DEEPEN COLLABORATIONS WITH GOVERNMENTS, WE SIGNED MEMORANDUMS OF UNDERSTANDING WITH MANDERA, WEST POKOT, AND ISIOLO COUNTIES TO FACILITATE JOINT EFFORTS, ESTABLISH COMMUNICATION CHANNELS FOR INFORMATION EXCHANGE, AND ENABLE TECHNICAL, FINANCIAL, AND INSTITUTIONAL COLLABORATION TO END HUNGER.**

**EXPENSES \$ 10,427,329. INCLUDING GRANTS OF \$ 254,307. REVENUE \$ 0.**

**TANZANIA:**

**IN TANZANIA, AGRICULTURE IS THE NATION'S ECONOMIC BACKBONE, EMPLOYING 70 PER CENT OF THE POPULATION IN AROUND EIGHT MILLION HOUSEHOLDS, MOST IN RURAL AREAS. AN ESTIMATED 27 PER CENT OF TANZANIA'S POPULATION LIVES BELOW THE POVERTY LINE, AND 8 PER CENT LIVE IN EXTREME POVERTY.**

**ACCORDING TO THE 2023 GLOBAL HUNGER INDEX, HUNGER LEVELS IN TANZANIA ARE SERIOUS, THOUGH THERE HAVE BEEN IMPROVEMENTS IN THE LAST 20 YEARS.**

**AN ESTIMATED 20 PER CENT OF FAMILIES ARE UNABLE TO AFFORD ENOUGH FOOD,**

Name of the organization ACTION AGAINST HUNGER - USA	Employer identification number 13-3327220
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AND 59 PER CENT CANNOT AFFORD A NUTRITIOUS DIET. ABOUT 30 PER CENT OF CHILDREN IN TANZANIA ARE STUNTED, AND 3.3 PER CENT ARE ACUTELY MALNOURISHED.

IN 2023, ACTION AGAINST HUNGER'S WATER, SANITATION, AND HYGIENE INTERVENTIONS HELPED TO BRING ABOUT SIGNIFICANT IMPROVEMENT IN SCHOOL HYGIENE FOR STUDENTS IN THE MPWAPWA DISTRICT. WE CONSTRUCTED IMPROVED TOILETS AND TRAINED PUPILS AND TEACHERS ON HOW TO MAKE SANITARY PADS SKILLS THAT HAVE SINCE BEEN PASSED ON TO OTHER CHILDREN. IN 2023, OUR PROGRAM DIRECTLY REACHED 23,465 PEOPLE THROUGH INTEGRATED, MULTISECTORAL LIFESAVING AND RESILIENCE INTERVENTIONS. OUR NUTRITION TEAMS TREATED 23 SEVERELY MALNOURISHED CHILDREN ACROSS 30 HEALTH CENTERS AND HOSPITALS, IN ADDITION TO PROVIDING SUPPLEMENTARY NUTRITION TO 58 MODERATELY MALNOURISHED CHILDREN AND MANY MALNOURISHED PREGNANT WOMEN AND BREASTFEEDING MOTHERS. WASH SERVICE BENEFITED 690 COMMUNITY MEMBERS AND 3,948 FROM FSL SERVICE.

WE EDUCATED PEOPLE ON HEALTHY NUTRITION, SCREENED CHILDREN FOR MALNUTRITION, AND PROVIDED NUTRITION AND HEALTH EDUCATION AND COUNSELLING IN SINGIDA AND DODOMA REGIONS. THROUGH OUR THERAPEUTIC FEEDING UNITS IN IRAMBA AND MPWAPWA, MORE THAN 200 CHILDREN WITH SEVERE ACUTE MALNUTRITION WERE SUCCESSFULLY TREATED. WE ALSO TRAINED MORE THAN 500 COMMUNITY HEALTH WORKERS ACROSS SINGIDA AND DODOMA TO PROVIDE HEALTH AND NUTRITION SERVICES TO THEIR COMMUNITIES.

ACTION AGAINST HUNGER CONTINUED TO PARTNER WITH GLOBAL AFFAIRS OF CANADA TO IMPLEMENT THE GENDER EQUITABLE NUTRITION PROJECT TO IMPROVE NUTRITION FOR THE POOREST AND MOST MARGINALIZED PEOPLE, FOCUSING ON WOMEN, ADOLESCENT GIRLS, AND CHILDREN. WE ALSO PARTNERED WITH BUDDHIST GLOBAL RELIEF TO PROMOTE COMMUNITY-BASED RESPONSES TO FOOD AND NUTRITION NEEDS AND WITH THE ELEANOR CROOK FOUNDATION TO ACCELERATE

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**NATIONAL RESPONSES TO WASTING.**

**EXPENSES \$ 723,238. INCLUDING GRANTS OF \$ 20,721. REVENUE \$ 0.**

**UGANDA:**

**UGANDA IS HOME TO 1.6 MILLION REFUGEES AND ASYLUM-SEEKERS - AFRICA'S LARGEST SUCH POPULATION. BUT IT IS ALSO THE THIRD MOST NUTRITIONALLY VULNERABLE REGION IN EAST AFRICA, WITH A GLOBAL ACUTE MALNUTRITION RATE OF 20.2 PER CENT AND SIGNIFICANTLY HIGH ANEMIA RATES. CHILDREN UNDER FIVE ARE PARTICULARLY VULNERABLE. ACUTE FOOD INSECURITY IS ALSO A PRESSING CONCERN, IMPACTING 5.4 MILLION PEOPLE.**

**THIS YEAR ACTION AGAINST HUNGER CONTINUED TO PROVIDE LIFESAVING INTERVENTIONS TO STRENGTHEN NUTRITION, FOOD SECURITY, LIVELIHOODS, RESILIENCE, AND WATER, SANITATION, AND HYGIENE IN SEVERAL REFUGEE-HOSTING DISTRICTS. WE TACKLED MALNUTRITION THROUGH COMPREHENSIVE PROGRAMS, OFFERING TREATMENT FOR MODERATE AND SEVERE ACUTE MALNUTRITION AND PROMOTING BREASTFEEDING AND PROPER CHILD FEEDING PRACTICES. OUR TEAMS ALSO TRAINED HEALTH STAFF AND PARENTS TO DETECT AND PREVENT MALNUTRITION. IN 2023, WE SUPPLIED 58 HEALTH FACILITIES WITH NUTRITION STAFF, ESSENTIAL MEDICINES, AND SUPPLIES TO IDENTIFY AND TREAT MALNUTRITION. IN 2023, OUR PROGRAMS DIRECTLY REACHED 376,306 PEOPLE THROUGH INTEGRATED, MULTISECTORAL LIFESAVING AND RESILIENCE INTERVENTIONS. OUR NUTRITION TEAMS SUPPORTED IN 43 HEALTH FACILITIES, IN ADDITION TO PROVIDING SUPPLEMENTARY NUTRITION TO 1,006 MODERATELY MALNOURISHED CHILDREN AND 1972 MALNOURISHED PREGNANT WOMEN AND BREASTFEEDING MOTHERS. WASH SERVICES BENEFITED 6,452 COMMUNITY MEMBERS AND 16,957 FROM FSL SERVICE.**

**WE ALSO WORKED WITH COMMUNITIES TO INCREASE THEIR SELF-RELIANCE AND BUILD RESILIENCE TO FUTURE SHOCKS, SCALE UP MODERN AGRICULTURAL**

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PRACTICES AND SYSTEMS TO MITIGATE CLIMATE CHANGE, AND TO IMPROVE FOOD PRODUCTION THROUGH INNOVATIVE TECHNOLOGIES, CLIMATE-SMART AGROECOLOGICAL APPROACHES, AND SUPPORT FOR FARMERS. WE ALSO BUILT CAPACITY, HELPED PEOPLE BUILD THEIR SKILLS IN FARMING AND OTHER INCOME-GENERATING ACTIVITIES, DEVELOPED VALUE CHAINS, AND STRENGTHENED MARKETS FOR HIGH-VALUE CROPS. ACTION AGAINST HUNGER ALSO ESTABLISHED AND SUPPORTED VILLAGE SAVINGS AND LOANS PROGRAMS AND ESTABLISHED SOLAR IRRIGATION SYSTEMS TO BENEFIT 65,000 FAMILIES.

IN ADDITION, WE PROMOTED IRRIGATION AND INNOVATIVE HANDWASHING SOLUTIONS, CONSTRUCTED LATRINES TO REDUCE OPEN DEFECATION, AND PROVIDED SANITATION AND HYGIENE KITS. AND OUR ADVOCACY TEAM WORKED TO INFLUENCE THE DEVELOPMENT OF POLICIES ON NUTRITION, WATER AND SANITATION, AND FOOD SECURITY AND LIVELIHOODS TO REDUCE HUNGER AND VULNERABILITY FOR REFUGEES AND UGANDANS.

EXPENSES \$ 7,635,667. INCLUDING GRANTS OF \$ 626,013. REVENUE \$ 0.

ZAMBIA:

IN 2023, ZAMBIA FACED A COMPLEX HUMANITARIAN SITUATION MARKED BY CHALLENGES SUCH AS MALNUTRITION, FOOD INSECURITY, AND INADEQUATE ACCESS TO WATER, SANITATION, AND HYGIENE SERVICES. CLIMATE CHANGE HAS CAUSED THE COUNTRY TO EXPERIENCE MORE EXTREME WEATHER EVENTS INCLUDING INTENSE RAINFALL, FLOODS, AND DROUGHTS, COUPLED WITH ELEVATED TEMPERATURES, WHICH HAVE MAJOR IMPACTS ON AGRICULTURE, WATER RESOURCES, HUMAN HEALTH, BIODIVERSITY, ENERGY, AND INFRASTRUCTURE.

TWO MILLION PEOPLE IN ZAMBIA ARE EXPECTED TO FACE CRISIS OR WORSE LEVELS OF HUNGER IN 2024. FOOD INSECURITY IS PRIMARILY DRIVEN BY HIGH POVERTY RATES, ECONOMIC INSTABILITY, AND SHOCKS AND HAZARDS SUCH AS PROLONGED DRY SPELLS, PESTS, AND DISEASES.

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AMIDST THESE CHALLENGES, ACTION AGAINST HUNGER SUCCESSFULLY LAUNCHED NEW PROGRAMS IN 2023 TO ADDRESS THE ROOT CAUSES OF POVERTY, HUNGER, AND BIODIVERSITY LOSS. OUR MULTIFACETED APPROACH REFLECTS OUR COMMITMENT TO SUSTAINABLE IMPACT AND COLLABORATION WITH LOCAL PARTNERS, INCLUDING THE MINISTRY OF AGRICULTURE AND ZAMBIA-BASED NGOS.

IN 2023, WE SUPPORTED LOCAL ORGANIZATIONS TO BUILD THEIR CAPACITY TO BETTER MANAGE WATER SOURCES AND IRRIGATIONS SYSTEMS AND PREPARE FOR DISASTERS. WE ALSO WORKED TO HELP FARMERS IMPLEMENT CLIMATE-SMART STRATEGIES TO IMPROVE THE MOISTURE AND FERTILITY OF SOIL, LEADING TO BETTER HARVESTS DESPITE REPEATED DROUGHTS.

IN THE WESTERN PROVINCE, ACTION AGAINST HUNGER IS BUILDING A CLIMATE-SMART NETWORK THAT WILL HELP FARMERS GROW DROUGHT-RESISTANT CROPS LIKE COWPEAS (ALSO KNOWN AS BLACK-EYED PEAS). IN 2023, WE PARTNERED WITH THE UNIVERSITY OF ZAMBIA AND THE ZAMBIA AGRICULTURAL RESEARCH INSTITUTE TO UNDERSTAND THE COWPEA VALUE CHAIN, THE NUTRITIONAL COMPOSITION OF COWPEAS, NITROGEN RATES IN SOIL, AND MICROBIAL BIOMASS CALCULATIONS. A NUTRIENT-DENSE LEGUME, COWPEAS ARE FULL OF ESSENTIAL VITAMINS SUCH AS IRON AND POTASSIUM, AND THEY PROVIDE NUMEROUS HEALTH BENEFITS SUCH AS REDUCING THE RISK OF HEART DISEASE. LAST YEAR, WE DISCUSSED PEER-BASED WOMEN'S SUPPORT GROUPS AS A SAFE SPACE FOR WOMEN TO DISCUSS GENDER INEQUITY AT HOME AND GENDER-BASED VIOLENCE. IN ZAMBIA, AND MANY PARTS OF THE WORLD, WOMEN TYPICALLY EAT LAST AND LEAST, AND MANY EXPERIENCE VIOLENCE OR ABUSE AT HOME. ZAMBIA HAS SOME OF THE HIGHEST LEVELS OF GENDER-BASED VIOLENCE REPORTED IN THE WORLD, WITH OVER 42 PER CENT EXPERIENCING PHYSICAL OR SEXUAL VIOLENCE FROM THEIR PARTNER IN THEIR LIFE, AND OVER 25 PER CENT EXPERIENCING THE SAME IN THE LAST YEAR ALONE.

EXPENSES \$ 621,403. INCLUDING GRANTS OF \$ 35,634. REVENUE \$ 0.

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## PROGRAM SUPPORT

EXPENSES \$ 4,417,806. INCLUDING GRANTS OF \$ 0. REVENUE \$ 46,185.

## OTHER COUNTRY AND STRATEGIC PROGRAMS

EXPENSES \$ 8,026,232. INCLUDING GRANTS OF \$ 5,612,988. REVENUE \$ 0.

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

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

## 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

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CHAIRMAN OR PRESIDENT OF THE BOARD OR COMMITTEE OF THE BOARD, IF APPROPRIATE, APPOINTS A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE 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

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CEO LEADERSHIP. THE EXECUTIVE DIRECTOR COMPLETES PERFORMANCE REVIEWS OF THE SENIOR STAFF AND DISCLOSES THEM TO THE COMPENSATION COMMITTEE. THE 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 2022.

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:

WATER & SANITATION:

PROGRAM SERVICE EXPENSES	4,825,703.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,825,703.

NON CONSUMABLES:

PROGRAM SERVICE EXPENSES	3,769,971.
MANAGEMENT AND GENERAL EXPENSES	0.

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**FUNDRAISING EXPENSES** 0.

**TOTAL EXPENSES** 3,769,971.

**HEALTH:**

**PROGRAM SERVICE EXPENSES** 2,820,072.

**MANAGEMENT AND GENERAL EXPENSES** 0.

**FUNDRAISING EXPENSES** 0.

**TOTAL EXPENSES** 2,820,072.

**FREIGHT:**

**PROGRAM SERVICE EXPENSES** 2,259,600.

**MANAGEMENT AND GENERAL EXPENSES** 500.

**FUNDRAISING EXPENSES** 0.

**TOTAL EXPENSES** 2,260,100.

**NUTRITION:**

**PROGRAM SERVICE EXPENSES** 1,590,986.

**MANAGEMENT AND GENERAL EXPENSES** 0.

**FUNDRAISING EXPENSES** 0.

**TOTAL EXPENSES** 1,590,986.

**EQUIP. RENTAL & MAINT.:**

**PROGRAM SERVICE EXPENSES** 480,301.

**MANAGEMENT AND GENERAL EXPENSES** 35,384.

**FUNDRAISING EXPENSES** 14,124.

**TOTAL EXPENSES** 529,809.

**WAREHOUSE:**

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<b>PROGRAM SERVICE EXPENSES</b>	<b>487,654.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>4,663.</b>
<b>FUNDRAISING EXPENSES</b>	<b>0.</b>
<b>TOTAL EXPENSES</b>	<b>492,317.</b>

**LICENSES & SUBSCRIPTIONS:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>53,404.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>256,875.</b>
<b>FUNDRAISING EXPENSES</b>	<b>125,430.</b>
<b>TOTAL EXPENSES</b>	<b>435,709.</b>

**ELECTRICAL SYSTEMS:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>337,105.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>0.</b>
<b>FUNDRAISING EXPENSES</b>	<b>0.</b>
<b>TOTAL EXPENSES</b>	<b>337,105.</b>

**FOOD:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>309,646.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>0.</b>
<b>FUNDRAISING EXPENSES</b>	<b>0.</b>
<b>TOTAL EXPENSES</b>	<b>309,646.</b>

**INT'L NETWORK EXPENSES:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>283,430.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>0.</b>
<b>FUNDRAISING EXPENSES</b>	<b>0.</b>
<b>TOTAL EXPENSES</b>	<b>283,430.</b>

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**STAFF RECRUITMENT:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>9,729.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>165,683.</b>
<b>FUNDRAISING EXPENSES</b>	<b>0.</b>
<b>TOTAL EXPENSES</b>	<b>175,412.</b>

**SECURITY:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>149,815.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>2,730.</b>
<b>FUNDRAISING EXPENSES</b>	<b>0.</b>
<b>TOTAL EXPENSES</b>	<b>152,545.</b>

**PAYROLL PROCESSING FEES:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>0.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>34,204.</b>
<b>FUNDRAISING EXPENSES</b>	<b>0.</b>
<b>TOTAL EXPENSES</b>	<b>34,204.</b>

**RADIOS:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>20,747.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>0.</b>
<b>FUNDRAISING EXPENSES</b>	<b>0.</b>
<b>TOTAL EXPENSES</b>	<b>20,747.</b>

**TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A** **18,037,756.**

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

**EXCHANGE GAIN** **786,845.**

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FORM 990, PART XI, LINE 8, PRIOR PERIOD ADJUSTMENT:

DURING FISCAL YEAR 2023, ACTION AGAINST HUNGER - USA CHANGED ITS INTERPRETATION FASB ASC TOPIC 958 PERTAINING TO THE RECOGNITION OF ITS GRANT AWARDS. AS A RESULT OF THIS CHANGE IN ACCOUNTING POLICY, CERTAIN AWARDS WHICH HAD PREVIOUSLY BEEN CLASSIFIED AS UNCONDITIONAL AWARDS WERE RECLASSIFIED AS CONDITIONAL AWARDS. IN CONNECTION WITH THIS CHANGE IN ACCOUNTING POLICY NET ASSETS WERE REDUCED BY \$71,211,965.