

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)

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

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

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ACTION AGAINST HUNGER - USA		D Employer identification number 13-3327220
	Doing business as		E Telephone number (212)967-7800
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	ONE WHITEHALL STREET, 2ND FL		G Gross receipts \$ 130,585,672.
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10004		
F Name and address of principal officer: CHARLES OWUBAH SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.ACTIONAGAINSTHUNGER.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1985** **M** State of legal domicile: **NY**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	85
	6 Total number of volunteers (estimate if necessary)	6	19
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	117,123,788.	129,898,593.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	139.	7,410.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	613,343.	679,669.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	117,737,270.	130,585,672.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	34,819,750.	42,549,237.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	776,061.	606,480.
	b Total fundraising expenses (Part IX, column (D), line 25)	4,372,021.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	55,008,150.	86,806,225.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	90,603,961.	129,961,942.	
19 Revenue less expenses. Subtract line 18 from line 12	27,133,309.	623,730.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 114,998,583.	End of Year 116,191,771.
	21 Total liabilities (Part X, line 26)	28,271,830.	29,556,880.
	22 Net assets or fund balances. Subtract line 21 from line 20	86,726,753.	86,634,891.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	GARY CAMUS, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	RICHARD J. LOCASTRO, CPA	<i>Richard J. Locastro</i>	10/24/2023		P00288314
Preparer Use Only	Firm's name	Firm's EIN	Phone no.		
	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930	52-1392008	301-951-9090		

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 \$ 27,945,722. including grants of \$) (Revenue \$ 55,987.)
ETHIOPIA:
ETHIOPIA FACES A COMPLEX HUMANITARIAN SITUATION TRIGGERED BY PROLONGED DROUGHT IN THE SOUTHERN AND SOUTH EASTERN LOWLANDS, WIDESPREAD CONFLICT, NATURAL DISASTERS INCLUDING DROUGHT AND FLOODS, AND PUBLIC HEALTH EMERGENCIES AND DRIVING HUNGER AND ACUTE MALNUTRITION AMONG CHILDREN UNDER FIVE YEARS OLD, PREGNANT WOMEN, AND BREASTFEEDING MOTHERS.ACROSS THE COUNTRY, HUMANITARIAN NEEDS ARE GROWING, BUT REMAIN UNDERFUNDED AND UNMET, PARTICULARLY IN AMHARA AND TIGRAY IN NORTHERN ETHIOPIA, WHERE CONFLICT CONTINUES.

IN 2022, ACTION AGAINST HUNGER PROVIDED LIFESAVING HEALTH AND NUTRITION SERVICES TO COMMUNITIES IN OROMIA, AMHARA, BENISHANGUL-GUMUZ, SOMALI,
4b (Code:) (Expenses \$ 24,252,519. including grants of \$) (Revenue \$)
SOUTH SUDAN:
PREVALENCE OF MALNUTRITION IN COUNTRY OR DRIVERS OF HUNGER; HUMANITARIAN CONTEXT (NATURE OF CRISIS, WHAT IS DRIVING IT, MOST URGENT NEEDS, HOW IS THIS CRISIS AFFECTING HUNGER/MALNUTRITION).

THE HUMANITARIAN CRISIS IN SOUTH SUDAN IS DRIVEN BY CONFLICT, WIDESPREAD FLOODING, DEEPENING FOOD INSECURITY, INFLATION, HIGH FOOD PRICES AND LACK OF ACCESS TO BASIC SERVICES. DESPITE INCREASED NEEDS, HUMANITARIAN FUNDING CONTINUES TO DWINDLE, LEAVING IMMENSE GAPS. IN 2022, 9.4 MILLION PEOPLE NEEDED HUMANITARIAN ASSISTANCE IN SOUTH SUDAN A STAGGERING 76 PER CENT OF THE POPULATION. MORE THAN HALF OF THE COUNTRY WAS ACUTELY FOOD INSECURE, AND 1.4 MILLION BOYS AND GIRLS UNDER

4c (Code:) (Expenses \$ 20,806,593. including grants of \$) (Revenue \$)
SOMALIA:
SOMALIA IS EXTREMELY VULNERABLE TO CLIMATE CHANGE, EXACERBATED BY THE COUNTRY'S LACK OF PREPAREDNESS AND ABILITY TO ADAPT TO CHANGING WEATHER PATTERNS. THE POVERTY LEVELS, LACK OF EFFICIENT INSTITUTIONS AND ONGOING CONFLICT HAVE FURTHER CONTRIBUTED TO VULNERABILITY OF AFFECTED POPULATIONS. FLOODS, DROUGHT, EPIDEMIC OUTBREAKS OCCUR ON ONGOING BASIS. IN RECENT YEARS, CLIMATE-RELATED SHOCKS, MAINLY DROUGHT, FLOODING, HAVE INCREASED IN FREQUENCY AND INTENSITY, EXACERBATING HUMANITARIAN NEEDS AND UNDERMINING RESILIENCE AT BOTH HOUSEHOLD AND COMMUNITY LEVELS.

IN 2022, THE PROLONGED DROUGHT IN SOMALIA CLAIMED AN ESTIMATED 43,000 LIVES, AND CONTINUED TO DRIVE EXTREME HUNGER, DISPLACEMENTS AND

4d Other program services (Describe on Schedule O.)
(Expenses \$ 41,206,618. including grants of \$) (Revenue \$)

4e Total program service expenses 114,211,452.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a 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 A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 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
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 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
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
36 Section 501(c)(3) organizations. 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
37 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
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 CEO & SECRETARY	40.00			X			302,924.	0.	11,662.	
(2) GARY CAMUS CFO	40.00			X			243,317.	0.	7,958.	
(3) MARIA FORT DIRECTOR OF PEOPLE & STRATEGY	40.00			X			191,555.	0.	9,139.	
(4) SUZANNE REXING DIRECTOR OF RESOURCE MOBILAZATION	40.00			X			182,030.	0.	6,865.	
(5) ERIC BEBERNITZ DIRECTOR OF FUNDRAISING & EXT RELATI	40.00			X			169,382.	0.	17,899.	
(6) LAUREN GARRITANO FINANCIAL CONTROLLER	40.00				X		162,889.	0.	5,933.	
(7) OSCAR CORDON DIRECTOR OF TECHNICAL SERVICES	40.00			X			155,171.	0.	1,281.	
(8) ELLYN YAKOWENKO ASSOCIATE DIRECTOR, RESEARCH & LEARN	40.00				X		145,206.	0.	10,382.	
(9) EMILY TYREE ASSOCIATE DIRECTOR COMMUNICATIONS	40.00				X		148,308.	0.	5,341.	
(10) MARIA BARRIOS ASSOCIATE DIRECTOR BUSINESS DEVELOPM	40.00				X		143,998.	0.	2,302.	
(11) TIMOTHY STAFFA CHIEF OF STAFF	40.00				X		139,969.	0.	903.	
(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) ANYA KULIGINA DIRECTOR	0.30	X					0.	0.	0.	
(16) THILO SEMMELBAUER DIRECTOR	0.30	X					0.	0.	0.	
(17) SYLVAIN DESJONQUERES 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) SANDRA TAMER DIRECTOR	0.30	X						0.	0.	0.
(19) SHABRINA JIVA DIRECTOR	0.30	X						0.	0.	0.
(20) ROB SPATT DIRECTOR	0.30	X						0.	0.	0.
(21) YVES ANDRE-ISTEL DIRECTOR	0.30	X						0.	0.	0.
(22) LESLIE GRANT-SMITH DIRECTOR	0.30	X						0.	0.	0.
(23) DAVID VAN ZANDT DIRECTOR	0.30	X						0.	0.	0.
(24) KETTY PUCCI SISTI MAISONROUGE DIRECTOR	0.30	X						0.	0.	0.
(25) JULIA SHERBAKOV DIRECTOR	0.30	X						0.	0.	0.
(26) JEAN-PIERRE CHESSE DIRECTOR	0.30	X						0.	0.	0.
1b Subtotal								1,984,749.	0.	79,665.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,984,749.	0.	79,665.

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 19

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ANNE LEWIS STRAT, LLC DBA MISSWIRED, 650 MASSACHUSETTS AVENUE, WASHINGTON, DC 20001	FUNDRAISING SUPPORT	198,850.
CAROL CONE ON PURPOSE 2911 WINDING OAK LN, WELLINGTON, FL 33414	MEDIA RELATIONS, FUNDRAISING STRATEGI	185,003.
GRF CPAS & ADVISORS, 4550 MONTGOMERY AVE., SUITE 800N, BETHESDA, MD 20814	ACCOUNTING/AUDITING	155,550.
ADO PROFESSIONAL LOCKBOX: DEPT CH 14031, PALATINE, IL 60555	TALENT SOURCES AND HIRING SERVICES	139,938.
FREYA LLC, 1629 COLUMBIA ROAD, NW, 705, WASHINGTON, DC 20009	FUNDRAISING & MARKETING	113,916.

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 6

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include AMY SCHULMAN, AISHA HAYNIE SMART, RICARDO HERNANDEZ, and KARIM TABET.

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	101,834,533.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	28,064,060.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 12,025,142.			
	h	Total. Add lines 1a-1f		129898593.			
Program Service Revenue	2 a	_____	Business Code				
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		7,410.		7,410.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a	55,987.				
b	Less: cost of goods sold	10b	0.				
c	Net income or (loss) from sales of inventory		55,987.	55,987.			
Miscellaneous Revenue	11 a	MISCELLANEOUS	900099	560,741.		560,741.	
	b	EXTRAORDINARY INCOME MISSION REVE	900099	62,941.		62,941.	
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d		623,682.			
12	Total revenue. See instructions		130585672.	55,987.	0.	631,092.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,299,182.	347,769.	587,070.	364,343.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	37,688,662.	33,508,818.	2,832,771.	1,347,073.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	309,826.	245,386.	32,875.	31,565.
9 Other employee benefits	2,740,157.	2,029,157.	389,110.	321,890.
10 Payroll taxes	511,410.	44,399.	467,011.	
11 Fees for services (nonemployees):				
a Management				
b Legal	101,328.	68,579.	30,868.	1,881.
c Accounting	287,101.	194,311.	87,460.	5,330.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	606,480.			606,480.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	13,036,842.	11,051,267.	1,118,022.	867,553.
12 Advertising and promotion	11,712.	7,927.	3,568.	217.
13 Office expenses	2,768,398.	2,400,557.	296,102.	71,739.
14 Information technology	168,112.	113,779.	51,212.	3,121.
15 Royalties				
16 Occupancy	3,896,981.	3,129,721.	767,260.	
17 Travel	959,746.	797,024.	132,522.	30,200.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	324,117.	130,392.	187,967.	5,758.
20 Interest	23,369.	18,629.	1,882.	2,858.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	99,756.		99,756.	
23 Insurance	113,832.	797.	113,035.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FOOD SECURITY	9,425,465.	9,425,465.		
b NUTRITION	9,229,984.	9,229,984.		
c NON CONSUMABLES	8,688,692.	8,688,692.		
d FOOD	8,206,221.	8,206,221.		
e All other expenses <u>SEE SCH O</u>	29,464,569.	24,572,578.	4,179,978.	712,013.
25 Total functional expenses. Add lines 1 through 24e	129,961,942.	114,211,452.	11,378,469.	4,372,021.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	25,190,448.	1	19,019,402.
	2 Savings and temporary cash investments	8,848,909.	2	10,535,492.
	3 Pledges and grants receivable, net	72,781,070.	3	77,389,133.
	4 Accounts receivable, net	891,009.	4	1,637,995.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	250,980.	9	171,010.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,096,246.		
	b Less: accumulated depreciation	10b 2,922,688.	736,792.	10c 1,173,558.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,299,375.	15	6,265,181.
16 Total assets. Add lines 1 through 15 (must equal line 33)	114,998,583.	16	116,191,771.	
Liabilities	17 Accounts payable and accrued expenses	9,350,488.	17	14,753,255.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	18,921,342.	25	14,803,625.
	26 Total liabilities. Add lines 17 through 25	28,271,830.	26	29,556,880.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	16,793,647.	27	15,422,926.
	28 Net assets with donor restrictions	69,933,106.	28	71,211,965.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	86,726,753.	32	86,634,891.
33 Total liabilities and net assets/fund balances	114,998,583.	33	116,191,771.	

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	130,585,672.
2	Total expenses (must equal Part IX, column (A), line 25)	2	129,961,942.
3	Revenue less expenses. Subtract line 2 from line 1	3	623,730.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	86,726,753.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-715,592.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	86,634,891.

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			
b	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			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	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	
b	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 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization ACTION AGAINST HUNGER - USA	Employer identification number 13-3327220
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	145733198	113807456	76354068.	116851118	129898593	582644433
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	145733198	113807456	76354068.	116851118	129898593	582644433
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						582644433

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	145733198	113807456	76354068.	116851118	129898593	582644433
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	18,275.	18,131.	4,574.	139.	7,410.	48,529.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-15,513.	-2,640.	1263278.	587,902.	623,682.	2456709.
11 Total support. Add lines 7 through 10						585149671
12 Gross receipts from related activities, etc. (see instructions)					12	118,246.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	99.57	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.69	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

ACTION AGAINST HUNGER - USA

Employer identification number

13-3327220

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization ACTION AGAINST HUNGER - USA	Employer identification number 13-3327220
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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>29,421,864.</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>15,503,229.</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>13,892,046.</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>6,933,787.</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>5,804,892.</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>4,629,588.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ACTION AGAINST HUNGER - USA	Employer identification number 13-3327220
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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>4,016,209.</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>4,005,350.</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>2,800,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>2,707,796.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ACTION AGAINST HUNGER - USA	Employer identification number 13-3327220
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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
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization

Employer identification number

ACTION AGAINST HUNGER - USA

13-3327220

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) 2022

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,342,811.	687,884.	654,927.
d Equipment		677,363.	677,363.	0.
e Other		2,076,072.	1,557,441.	518,631.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,173,558.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ACCRUED INTEREST & REVENUE	997,429.
(2) RIGHT OF USE	5,247,341.
(3) DEPOSITS	20,411.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	6,265,181.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PROVISION FOR UNANTICIPATED LOSSES	1,500,000.
(3) DUE TO NETWORK	1,227,762.
(4) OPERATING LEASE OBLIGATION	6,706,464.
(5) DUE TO DONORS	5,369,399.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	14,803,625.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	129,074,508.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	96,985.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	26,055.
e	Add lines 2a through 2d	2e	123,040.
3	Subtract line 2e from line 1	3	128,951,468.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1,634,204.
c	Add lines 4a and 4b	4c	1,634,204.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	130,585,672.

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

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

1	Total expenses and losses per audited financial statements	1	128,424,723.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	96,985.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	96,985.
3	Subtract line 2e from line 1	3	128,327,738.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1,634,204.
c	Add lines 4a and 4b	4c	1,634,204.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	129,961,942.

Part XIII Supplemental Information.

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

PART X, LINE 2:

FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021, ACTION AGAINST HUNGER - USA HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CURRENT YEAR DE-OBLIGATED AWARDS SHOWN AS "OTHER ITEM"

ON THE FINANCIAL STATEMENTS AND NETTED AGAINST CURRENT YEAR

REVENUE ON FORM 990, PART VIII, LINE 1E. 26,055.

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

EXCEPTIONAL EXP. REPORTED AS NEGATIVE REVENUE ON THE 1,634,204.
FINANCIAL STATEMENTS AND REPORTED AS EXPENSE ON
FORM 990, PART IX LINE 24

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXCEPTIONAL EXP. REPORTED AS NEGATIVE REVENUE ON THE 1,634,204.
FINANCIAL STATEMENTS AND REPORTED AS EXPENSE ON
FORM 990, PART IX LINE 24

**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 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Employer identification number

ACTION AGAINST HUNGER - USA

13-3327220

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	156	PROGRAM SERVICE ACTIVITIES	PROVIDE NUTRITION, WATER AND SANITATION, FOOD SECURITY AND PUBLIC HEALTH.	5,728,065.
SUB-SAHARAN AFRICA	8	1705	PROGRAM SERVICE ACTIVITIES	PROVIDE NUTRITION, WATER AND SANITATION, FOOD SECURITY AND PUBLIC HEALTH.	98,039,292.
3 a Subtotal	9	1861			103,767,357.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	9	1861			103,767,357.

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

Schedule F (Form 990) 2022

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.

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Part V Supplemental Information

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

Multiple horizontal lines for supplemental information.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
GLOBAL IMPACT - 1199 N. FAIRFAX ST. SUITE 300,	CORPORATE & FOUNDATION SUPPORT; MANAGES CFC	X		5,516,083.	265,036.	5,251,047.
APERIO - THREE HARBOR DRIVE SUITE 204, SAUSALITO, CA	CONSULTANTS: PLANNED GIVING, MIDDLELEVEL GIVING,		X	4,213,360.	78,000.	4,135,360.
ANNE LEWIS STRATEGIES - 650 MASSACHUSETTS AVE NW, STE	EMAIL MARKETING		X	301,605.	213,000.	88,605.
INDEPENDENCE DIRECT - UNIT 7J BLENHEIM PARK ROAD,	DIRECT MAIL CONSULTING		X	209,430.	19,000.	190,430.
AVALON CONSULTING - 47 PARK,13B107, 13TH FLOOR, LAL	DIRECT MAIL AGENCY		X	0.	31,444.	-31,444.
Total				10,240,478.	606,480.	9,633,998.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

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

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	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: GLOBAL IMPACT

(I) ADDRESS OF FUNDRAISER:

1199 N. FAIRFAX ST. SUITE 300, ALEXANDRIA, VA 22314

(II) ACTIVITY: CORPORATE & FOUNDATION SUPPORT; MANAGES CFC CAMPAIGNS

(I) NAME OF FUNDRAISER: APERIO

(I) ADDRESS OF FUNDRAISER:

Part IV Supplemental Information (continued)

THREE HARBOR DRIVE@SUITE 204, SAUSALITO, CA 94965

(II) ACTIVITY: CONSULTANTS: PLANNED GIVING, MIDLEVEL GIVING, DONOR RESEARCH

(I) NAME OF FUNDRAISER: ANNE LEWIS STRATEGIES

(I) ADDRESS OF FUNDRAISER:

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

(I) NAME OF FUNDRAISER: INDEPENDENCE DIRECT

(I) ADDRESS OF FUNDRAISER:

UNIT 7J BLENHEIM PARK ROAD, NOTTINGHAM, UNITED KINGDOM

(I) NAME OF FUNDRAISER: AVALON CONSULTING

(I) ADDRESS OF FUNDRAISER:

47 PARK,13B107, 13TH FLOOR, LAL BAHADUR SHASTRI RD, GANDHI NAGAR, VIKHROLI

**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 for instructions and the latest information.

OMB No. 1545-0047

2022

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
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHARLES OWUBAH CEO & SECRETARY	(i)	302,924.	0.	9,024.	2,638.	314,586.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(2) GARY CAMUS CFO	(i)	243,317.	0.	6,312.	1,646.	251,275.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(3) MARIA FORT DIRECTOR OF PEOPLE & STRATEGY	(i)	191,555.	0.	6,304.	2,835.	200,694.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(4) SUZANNE REXING DIRECTOR OF RESOURCE MOBILIZATION	(i)	182,030.	0.	5,674.	1,191.	188,895.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(5) ERIC BEBERNITZ DIRECTOR OF FUNDRAISING & EXT RELATI	(i)	169,382.	0.	4,802.	13,097.	187,281.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(6) LAUREN GARRITANO FINANCIAL CONTROLLER	(i)	162,889.	0.	4,629.	1,304.	168,822.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(7) OSCAR CORDON DIRECTOR OF TECHNICAL SERVICES	(i)	155,171.	0.	0.	1,281.	156,452.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(8) ELLYN YAKOWENKO ASSOCIATE DIRECTOR, RESEARCH & LEARN	(i)	145,206.	0.	8,757.	1,625.	155,588.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(9) EMILY TYREE ASSOCIATE DIRECTOR COMMUNICATIONS	(i)	148,308.	0.	3,965.	1,376.	153,649.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

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 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				
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	35	375,061.	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	8	10,216,816.	CATALOGUE ACFIN/FMV
20 Drugs and medical supplies	X	3	1,087,099.	CATALOGUE ACFIN/FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (NON-CONSUMABLE)	X	6	345,917.	CATALOGUE ACFIN/FMV
26 Other (GIFTCARD)	X	1	250.	COST
27 Other ()				
28 Other ()				

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

	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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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

SCHEDULE M, PART I, COLUMN (B):

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.

**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 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

ACTION AGAINST HUNGER - USA

Employer identification number

13-3327220

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

TIGRAY, AND GAMBELLA REACHING 2,236,934 PEOPLE IN ADDITION, OUR TEAMS

PROVIDED TECHNICAL AND LOGISTICAL SUPPORT TO FRONTLINE HEALTH WORKERS

AND COMMUNITY VOLUNTEERS TO HELP IMPROVE THE EARLY DETECTION AND

TREATMENT OF MALNUTRITION AS A RESULT, IN 2022, 497,401 BOYS AND GIRLS

UNDER FIVE YEARS OF AGE AND 164,358 PREGNANT WOMEN AND BREASTFEEDING

MOTHERS WERE SCREENED FOR ACUTE MALNUTRITION.

TRAINING OF CAREGIVERS ON THE USE OF SIMPLE COLOR-CODED MEASURING BANDS

WAS UNDERTAKEN TO 24,068 CARETAKERS WHO HAVE BEEN ABLE TO UTILISE THE

TAPES (43,536 TAPES DISTRIBUTED) WITH 85% PRECISION AND ACCURACY.

WOKRINGIN 19 PRIMARY HOSPITALS, 733 HEALTH POSTS AND 168 HEALTH

CENTRES, WE HELPED TO PROVIDE SUPPLIES AND TECHNICAL EXPERTISE TO

IMPROVE ACCESS TO QUALITY OF MALNUTRITION TREATMENT SERVICES. IN TOTAL,

34,139 SEVERELY AND 340,391 MODERATELY MALNOURISHED BOYS AND GIRLS

WERE TREATED ACROSS OUR AREAS OF OPERATIONS, INCLUDING TIGRAY; WITH

HIGH CURE RATES (ABOVE 94%) OUR TEAMS ALSO HELPED TO BUILD CAPACITY

AMONG HEALTH CARE PROVIDERS AND MOTHERS, TEACHING A VARIETY OF TOPICS

RELATED TO NUTRITION, SUCH AS BREASTFEEDING, BABY-FRIENDLY SPACES, AND

COUNSELING.

IN THE WATER SANITATION AND HEALTH (WASH) SECTOR, WE REACHED 995,479

PEOPLE THROUGH LIFESAVING SAFE WATER, SANITATION AND HYGIENE SERVICES

IN 2022. IN THIS AREA, WE CONSTRUCTED AND REHABILITATED 95 WATER

FACILITIES, 165 COMMUNAL AND INSTITUTIONAL LATRINES, 178 HANDWASHING

FACILITIES DISTRIBUTED 53,594 NON-FOOD ITEMS AND DELIVERED 52.3 MILLION

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization ACTION AGAINST HUNGER - USA	Employer identification number 13-3327220
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LITERS OF WATER TO PERSONS IN NEED. IN ADDITION, 406,756 PEOPLE WERE REACHED WITH FOOD, SECURITY AND LIVELIHOOD INTERVENTIONS WITH 3.8 MILLION EUROS CASH DISTRIBUTED.

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

THE AGE OF FIVE ARE EXPECTED TO SUFFER FROM ACUTE MALNUTRITION IN 2023. ACROSS SOUTH SUDAN, 59 PER CENT OF PEOPLE HAD NO ACCESS TO CLEAN, SAFE WATER.

IN SOUTH SUDAN, ACTION AGAINST HUNGER WORKED WITH LOCAL PARTNERS TO IMPLEMENT A CARE GROUP PROJECT, HELPING CAREGIVERS TO IMPROVE THEIR FAMILIES' HEALTH. OUR MOBILE TEAMS INTEGRATED PRIMARY HEALTH SERVICES WITH OUR NUTRITION OUTREACH IN REMOTE COMMUNITIES, AND WE WORKED WITH THE MINISTRY OF HEALTH TO SUPPORT CHILD IMMUNIZATION AND MATERNAL HEALTH SERVICES AT OUR NUTRITION CENTRES. IN AREAS IMPACTED BY FLOODS, WE SCALED UP OUR CLIMATE SMART PROGRAMMES, INCLUDING INSTALLING FLOOD-RESILIENT HAND PUMPS TO PREVENT CONTAMINATION OF WATER SOURCES AND USING GREEN ENERGY TO POWER MOTORIZED WATER POINTS.

OUR TEAMS ALSO HELPED COMMUNITIES TO ADAPT BY INTRODUCING RICE AS A NEW CROP AND ESTABLISHING FLOATING VEGETABLE GARDENS. TO PROMOTE PEACE AND EMPOWER YOUNG PEOPLE, WE SUPPORTED YOUTH FOOTBALL PROGRAMS AND EMPLOYMENT PROJECTS, AND WITH OUR PARTNERS, INCLUDING UNICEF AND THE SOUTH SUDAN MINISTRY OF HEALTH, WE BEGAN A NEW RESEARCH PROJECT TO PREVENT GENDER BASED VIOLENCE.

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

POVERTY; WITH THE NUMBER OF PEOPLE IMPACTED BY DROUGHT DOUBLING, THOSE

Name of the organization ACTION AGAINST HUNGER - USA	Employer identification number 13-3327220
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DISPLACED BY DROUGHT QUADRUPLED, WITH APPROXIMATELY 1.3 MILLION PEOPLE
DISPLACED WITH ABOUT 8.25M PEOPLE TO HUMANITARIAN NEED.

WE HAVE BEEN AT THE FRONTLINE OF TREATING AND PREVENTING MALNUTRITION
FOR THE LAST THREE DECADES IN SOMALIA. WE RESPOND TO HUMANITARIAN
CRISES, MEETING URGENT HUMANITARIAN AND DEVELOPMENT NEEDS OF THE MOST
VULNERABLE SECTIONS ACROSS THE COUNTRY. IN 2022, ACTION AGAINST HUNGER
SOMALIA COUNTRY PROGRAM ADMITTED 73,613 SEVERELY MALNOURISHED CHILDREN
AND 37,068 MODERATELY MALNOURISHED CHILDREN INTO OUR TREATMENT
PROGRAMS, OF WHICH 92.3 PERCENT WERE CURED. TO COMPLEMENT OUR NUTRITION
TREATMENT WORK, WE ALSO PROVIDED VITAMIN A SUPPLEMENTS AND DEWORMING,
HEALTH EDUCATION, CARE AND FEEDING PRACTICES TO 208,712 CAREGIVERS. OUR
TEAMS HELPED TO BUILD CAPACITY AND SUPPORT HEALTH SYSTEMS IN SOMALIA
AND PROVIDED 450,581 PEOPLE WITH PRIMARY HEALTH SERVICES, INCLUDING
VACCINATING 259,114 BOYS AND GIRLS AGAINST MEASLES IN BAIDOA,
BURHAKABA, BARDHERE AND AFGOYE. WE ALSO REACHED 154,362 PEOPLE WITH OUR
EDUCATION EFFORTS TO IMPROVE HEALTH AND
PREVENT GENDER-BASED VIOLENCE. ADDITIONALLY, ACTION AGAINST HUNGER
HELPED TO IMPROVE ACCESS TO CLEAN WATER AND SAFE SANITATION AMONG
320,515 PEOPLE, AND PROVIDED LIVELIHOODS SUPPORT, CASH, AND VOUCHERS TO
IMPROVE FOOD SECURITY FOR 102,466 PEOPLE.

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

KENYA:

PROLONGED DROUGHT IN KENYA HAS DRIVEN AN INCREASINGLY SEVERE FOOD AND
NUTRITION CRISIS. FIVE CONSECUTIVE FAILED RAINY SEASONS HAVE DEPLETED
PASTURE, REDUCED WATER AND FOOD AVAILABILITY, AND INCREASED
RESOURCE-BASED CONFLICTS. THE NUMBER OF PEOPLE FACING HUNGER AND IN
NEED OF HUMANITARIAN ASSISTANCE GREW FROM 3.5 MILLION TO 4.4 MILLION

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PEOPLE IN 2022 - 800,000 OF WHOM WERE ON THE BRINK OF FAMINE. A FURTHER 495,362 FOOD-INSECURE PEOPLE WERE IDENTIFIED IN 9 TRADITIONALLY NON-ARID AND SEMI-ARID LAND COUNTIES. OUT OF THE 4.4 MILLION PEOPLE, APPROXIMATELY 3.6 MILLION ARE IN CRISIS (IPC PHASE 3) WHILE THE REMAINING 800,000 ARE IN EMERGENCY (IPC PHASE 4). MANDERA COUNTY IS AMONGST THE COUNTIES WITH THE HIGHEST PROPORTIONS (55%) OF THEIR POPULATIONS IN CRISIS (IPC PHASE 3) AND ABOVE. THE POPULATION IN CRISIS AND ABOVE IS EXPECTED TO INCREASE FROM 4.4 MILLION PEOPLE TO ABOUT 5.4 MILLION PEOPLE BY JUNE 2023. DUE TO PROLONGED DROUGHT, THE NUTRITION STATUS OF CHILDREN AND WOMEN WORSENE WITH 970,214 UNDER-FIVES AND 142,179 PLWS ARE CURRENTLY MALNOURISHED AND IN URGENT NEED OF LIFE-SAVING TREATMENT FOR MALNUTRITION.

IN 2022, ACTION AGAINST HUNGER HELPED INCREASE ACCESS TO LIFE-SAVING HEALTH AND NUTRITION SERVICES FOR 74,070 PEOPLE. WE PARTNERED WITH THE MINISTRY OF HEALTH AND OTHER ORGANIZATIONS TO STRENGTHEN THE HEALTH SYSTEM, SUPPORT COMMUNITY HEALTH VOLUNTEERS, PROVIDE ESSENTIAL NUTRITION TREATMENT SUPPLIES AND IMPROVE ACCESS TO CLEAN, SAFE WATER IN DROUGHT-AFFECTED COMMUNITIES BY REPAIRING AND UPGRADING WATER SOURCES. OUR TEAMS ALSO PROVIDED HYGIENE SUPPLIES AND EDUCATED COMMUNITIES ON HEALTHY HYGIENE AND SAFE SANITATION.

TO PREVENT HUNGER IN AREAS HIT HARD BY THE DROUGHT, WE PROVIDED FOOD ASSISTANCE, CASH VOUCHERS, AND PROTECTED LIVELIHOODS BY SUPPORTING LIVESTOCK HEALTH AND TREATING SICK ANIMALS. OUR TEAMS ALSO TRAINED MORE THAN 5,200 WOMEN IN CLIMATE-SMART AGRICULTURAL TECHNIQUES SO THAT THEY COULD PRODUCE NUTRITIOUS CROPS AT HOME TO FEED THEIR FAMILIES AND EARN MORE INCOME.

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EXPENSES \$ 12,347,307. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

UGANDA:

UGANDA CONTINUED TO HOST MORE THAN 1.5 MILLION REFUGEES AND ASYLUM-SEEKERS IN 2022, MANY OF WHOM HAD FLED PERSECUTION, CONFLICT, POLITICAL INSTABILITY AND HUMAN RIGHTS VIOLATIONS IN BURUNDI, THE DRC, AND SOUTH SUDAN. THE RISING NUMBER OF REFUGEES HAS PUT PRESSURE ON FOOD AVAILABILITY, INCOME OPPORTUNITIES AND HEALTH SERVICES. NEARLY 30 PERCENT OF CHILDREN UNDER FIVE ARE STUNTED, AND MORE THAN HALF OF THE POPULATION IS ANEMIC. HUNGER AND MALNUTRITION IN UGANDA ARE CAUSED BY SEVERAL FACTORS, INCLUDING POVERTY, LANDLESSNESS, HIGH FERTILITY, NATURAL DISASTERS, AND HIGH FOOD PRICES.

IN 2022, ACTION AGAINST HUNGER CREATED 340 VILLAGE SAVINGS AND LOAN ASSOCIATIONS (VSLA) IN UGANDA, AND WITH OUR SUPPORT, THESE GROUPS COLLECTIVELY SAVED 511,480. OUR TEAMS ALSO PROVIDED CLIMATE-SMART AGRICULTURAL SUPPLIES TO 459 FARMER GROUPS, INCLUDING SEEDS, IRRIGATION SYSTEMS, WELLS, OXEN, AND PLOUGHS, AND WE CONNECTED FARMERS WITH THE GLOBAL SUPPLY CHAIN, HELPING THEM TO SELL SUNFLOWER GRAIN, CASSAVA, AND CHILLIS AND GENERATE MORE THAN 20,000 IN INCOME.

OUR TEAMS HELPED TO TREAT AND PREVENT MALNUTRITION THROUGH 50 HEALTH FACILITIES AND 298 CARE GROUPS, REACHING 33,576 YOUNG CHILDREN AND 45,987 PREGNANT AND BREASTFEEDING WOMEN. WE PROMOTED HEALTH CARE AND FEEDING PRACTICES AND PROVIDED FOOD VOUCHERS, IMMUNIZATIONS, AND MATERNAL HEALTH SERVICES TO IMPROVE HEALTH AND NUTRITION AMONG REFUGEES AND HOST COMMUNITIES. ACTION AGAINST HUNGER ALSO INCREASED ACCESS TO SAFE WATER, BUILT SANITATION INFRASTRUCTURE SUCH AS LATRINES, AND

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IMPROVED HYGIENE PRACTICES AMONG INDIVIDUALS AND IN HEALTH FACILITIES

EXPENSES \$ 11,746,921. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

TANZANIA:

TANZANIA IS A STABLE COUNTRY, HOWEVER CHILDHOOD UNDER NUTRITION REMAINS A MAJOR PUBLIC HEALTH AND DEVELOPMENTAL ISSUE IN TANZANIA. IN 2022, AN ESTIMATED THAT 30% OF CHILDREN UNDER FIVE YEARS OF AGE SUFFER FROM CHRONIC MALNUTRITION-STUNTING. WE FOCUSED ON STRENGTHENING NUTRITION SENSITIVE AND NUTRITION SPECIFIC INTERVENTIONS THROUGH LIFE-CYCLE APPROACH.

IN 2022, ACTION AGAINST HUNGER SUPPORTED THE NATIONAL MULTI-SECTORAL ACTION PLAN AND SUPPORTED THE COORDINATION PLATFORM, BUILT LOCAL GOVERNMENT CAPACITY ON MANAGEMENT OF ACUTE MALNUTRITION AND SUPPORTED HEALTH FACILITIES. WE REACHED 534,014 PEOPLE IN 2022 WITH INTERVENTIONS TO IMPROVE FOOD SECURITY, PREVENTION AND TREATMENT OF MALNUTRITION, AND SUPPORTED MENSTRUAL HYGIENE MANAGEMENT (MHM) AND WATER/SANITATION SERVICES IN SCHOOLS WITH A PARTICULAR EMPHASIS ON ADOLESCENT GIRLS. EXPENSES \$ 630,925. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

HAITI:

THE HUMANITARIAN CRISIS IN HAITI REMAINED DIRE, WITH ONGOING CIVIL UNREST AND ARMED GANGS FIGHTING FOR TERRITORIAL CONTROL OF ROADS, LIMITING SERVICES AND TARGETING AUTHORITIES. KIDNAPPINGS, CRIME, AND HUMAN RIGHTS ABUSES NEGATIVELY IMPACT THE DAILY LIFE OF HAITIANS THROUGHOUT THE COUNTRY, ESPECIALLY IN THE CAPITAL, PORT-AU-PRINCE. PAST EARTHQUAKES, DROUGHT, HIGH INFLATION RATES, LARGE POPULATION DISPLACEMENTS, CHOLERA OUTBREAKS, FOOD INSECURITY, AND ESCALATING

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VIOLENCE HAVE EXACERBATED POVERTY AND HUNGER IN HAITI.

IN 2022, AN ESTIMATED 4.7 MILLION PEOPLE WERE IN A PROTRACTED AND SEVERE FOOD CRISIS, AND MORE THAN 19,000 PEOPLE FACED CATASTROPHIC LEVELS OF HUNGER. ACTION AGAINST HUNGER WORKED TO IMPROVE FOOD SECURITY FOR THE MOST VULNERABLE HOUSEHOLDS, PROVIDING 19,576 PEOPLE WITH FOOD ASSISTANCE. OUR TEAMS ALSO SUPPORTED HEALTHCARE PROVIDERS AND HELPED TO STRENGTHEN THE COMMUNITY'S CAPACITY TO ADDRESS AND TREAT MALNUTRITION. OUR TEAMS ALSO SCREENED CHILDREN AND PREGNANT AND BREASTFEEDING WOMEN FOR MALNUTRITION. THROUGH THESE INITIATIVES, WE IDENTIFIED MORE THAN 1,000 BOYS AND GIRLS UNDER FIVE YEARS OF AGE WHO SUFFERED FROM MODERATE AND SEVERE FORMS OF ACUTE MALNUTRITION, AND HELPED TO ENSURE THEY WERE TREATED. ADDITIONALLY, IN RESPONSE TO THE RESURGENCE OF CHOLERA IN HAITI, OUR TEAMS EDUCATED COMMUNITIES ON HOW TO STOP THE DISEASE THROUGH HEALTHY HYGIENE PRACTICES, DECONTAMINATED AND PURIFIED WATER SOURCES AND PROVIDED TREATMENT FOR THOSE INFECTED WITH THE ILLNESS. EXPENSES \$ 5,728,065. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ZAMBIA:

DESPITE YEARS OF SOCIOECONOMIC PROGRESS IN ZAMBIA, MORE THAN HALF OF THE POPULATION STILL LIVES IN POVERTY. THE COUNTRY'S MALNUTRITION RATES ARE AMONG THE HIGHEST IN THE WORLD, WITH 35 PERCENT OF ZAMBIAN CHILDREN UNDER THE AGE OF FIVE YEARS FACING CHRONIC MALNUTRITION. HUNGER IS DRIVEN BY POVERTY, INEQUALITY, GENDER DISPARITIES, POOR DIETARY DIVERSITY, CHRONIC FOOD INSECURITY, AND A LACK OF CLEAN WATER. MOST OF THE POPULATION DEPENDS ON AGRICULTURE FOR THEIR INCOME A PRECARIOUS LIVELIHOOD IN A COUNTRY THAT IS PARTICULARLY VULNERABLE TO THE EFFECTS OF CLIMATE CHANGE. ZAMBIA'S RAINY SEASON HAS BECOME

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INCREASINGLY ERRATIC, WITH SHORT, INTENSE DOWNPOURS CREATING FLOODING
BETWEEN SPELLS OF DROUGHT.

IN ZAMBIA, ACTION AGAINST HUNGER PARTNERS WITH GOVERNMENT AUTHORITIES,
CIVIL SOCIETY ORGANIZATIONS, AND COMMUNITY MEMBERS TO STRENGTHEN
EFFORTS TO ADAPT TO CLIMATE CHANGE AND IMPROVE FOOD SECURITY AND
LIVELIHOODS. WE AIM TO TACKLE THE ROOT CAUSES OF HUNGER AND TO BUILD
RESILIENCE BY EQUIPPING COMMUNITIES WITH THE KNOWLEDGE, TECHNICAL
SUPPORT, AND TOOLS THEY NEED TO AVOID FOOD, WATER, AND NUTRITION
INSECURITY CRISES.

EXPENSES \$ 309,305. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PROGRAM SUPPORT

EXPENSES \$ 4,734,047. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER COUNTRY AND STRATEGIC PROGRAMS

EXPENSES \$ 5,710,048. INCLUDING GRANTS OF \$ 0. 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

Name of the organization ACTION AGAINST HUNGER - USA	Employer identification number 13-3327220
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LIST OF MEMBERS OF THE BOARD) AND, ACTING BETWEEN BOARD MEETINGS, TO AUTHORIZE RELEASE OF THE 990. IN THIS EVENT, A COPY OF THE FORM 990 WOULD BE E-MAILED TO ALL MEMBERS PRIOR TO FILING WITH THE IRS.

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

PROCEDURES FOR ADDRESSING A CONFLICT OF INTEREST:

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

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

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

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

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FORM 990, PART IX, LINE 11G, OTHER FEES:**SUBCONTRACTS TO PARTNERS:**

PROGRAM SERVICE EXPENSES	9,372,911.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	9,372,911.

CONSULTANTS:

PROGRAM SERVICE EXPENSES	1,678,356.
MANAGEMENT AND GENERAL EXPENSES	1,118,022.
FUNDRAISING EXPENSES	867,553.
TOTAL EXPENSES	3,663,931.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	13,036,842.

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

PROGRAM SERVICE EXPENSES	7,770,230.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,770,230.

TRAINING:

PROGRAM SERVICE EXPENSES	5,231,335.
MANAGEMENT AND GENERAL EXPENSES	-650.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,230,685.

WATSAN:

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PROGRAM SERVICE EXPENSES	3,921,076.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,921,076.

HEALTH:

PROGRAM SERVICE EXPENSES	3,307,114.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,307,114.

EXCHANGE LOSS:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,219,632.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,219,632.

FREIGHT:

PROGRAM SERVICE EXPENSES	1,984,125.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,984,125.

EXCEPTIONAL EXPENSES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,634,204.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,634,204.

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MISCELLANEOUS:

PROGRAM SERVICE EXPENSES	582,738.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	288,984.
TOTAL EXPENSES	871,722.

FINANCIAL FIELD CHARGES:

PROGRAM SERVICE EXPENSES	523,557.
MANAGEMENT AND GENERAL EXPENSES	52,896.
FUNDRAISING EXPENSES	80,316.
TOTAL EXPENSES	656,769.

FUNDRAISING EXPENSES:

PROGRAM SERVICE EXPENSES	59,131.
MANAGEMENT AND GENERAL EXPENSES	79,904.
FUNDRAISING EXPENSES	327,378.
TOTAL EXPENSES	466,413.

ELECTRICAL SYSTEMS:

PROGRAM SERVICE EXPENSES	422,489.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	422,489.

WAREHOUSE:

PROGRAM SERVICE EXPENSES	413,825.
MANAGEMENT AND GENERAL EXPENSES	0.

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FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 413,825.

REGISTRATION & ADMIN. FEES:

PROGRAM SERVICE EXPENSES 159,485.

MANAGEMENT AND GENERAL EXPENSES 71,785.

FUNDRAISING EXPENSES 4,375.

TOTAL EXPENSES 235,645.

HUMAN RESOURCES:

PROGRAM SERVICE EXPENSES 6,921.

MANAGEMENT AND GENERAL EXPENSES 81,520.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 88,441.

C.C. PROCESSING FEES:

PROGRAM SERVICE EXPENSES 59,938.

MANAGEMENT AND GENERAL EXPENSES 6,056.

FUNDRAISING EXPENSES 9,195.

TOTAL EXPENSES 75,189.

PUB. INFO. & MEMBER. DUES:

PROGRAM SERVICE EXPENSES 24,787.

MANAGEMENT AND GENERAL EXPENSES 33,494.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 58,281.

SECURITY:

Name of the organization ACTION AGAINST HUNGER - USA	Employer identification number 13-3327220
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PROGRAM SERVICE EXPENSES	46,152.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	46,152.

EQUIP. RENTAL & MAINT.:

PROGRAM SERVICE EXPENSES	35,403.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	39.
TOTAL EXPENSES	35,442.

PAYROLL PROCESSING FEES:

PROGRAM SERVICE EXPENSES	11,254.
MANAGEMENT AND GENERAL EXPENSES	1,137.
FUNDRAISING EXPENSES	1,726.
TOTAL EXPENSES	14,117.

RADIOS:

PROGRAM SERVICE EXPENSES	13,018.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	13,018.

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A 29,464,569.

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

PRIOR YEAR DE-OBLIGATED FUNDS RETURNED TO DONORS (SEE NOTE BELOW) -715,592.

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FORM 990, PART XI, LINE 9

IN SOME YEARS, AAH-USA RECEIVES MULTI-YEAR AWARDS FOR WHICH THE ORGANIZATION DOES NOT USE ALL OF THE FUNDS AWARDED. THE REMAINING FUNDS ARE SUBSEQUENTLY RETURNED TO THE DONOR. THE TOTAL AMOUNT OF THE AWARDS DE-OBLIGATED IN 2022 WAS \$741,647. THE AMOUNT OF DE-OBLIGATED AWARDS THAT RELATED ONLY TO 2022 GRANTS WAS \$26,055. THE AMOUNT REPORTED ON PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS - FOR PRIOR YEAR DE-OBLIGATED AWARDS WAS \$715,592.