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PUBLIC DISCLOSURE COPY

# TAX RETURN FILING INSTRUCTIONS

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

FOR THE YEAR ENDING  
DECEMBER 31, 2020

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

Form **990**

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

OMB No. 1545-0047

**2020**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A For the 2020 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ACTION AGAINST HUNGER - USA</b>		<b>D</b> Employer identification number <b>13-3327220</b>
	Doing business as		<b>E</b> Telephone number <b>(212)967-7800</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>ONE WHITEHALL STREET, 2ND FL</b>		<b>G</b> Gross receipts \$ <b>78,316,471.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10004</b>		
<b>F</b> Name and address of principal officer: <b>CHARLES OWUBAH</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶	

**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**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE PART III, LINE 1.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>84</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>14</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 114,076,206.	<b>Current Year</b> 77,034,862.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	131.	74.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-55,510.	1,281,535.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	114,020,827.	78,316,471.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	28,654,041.	29,039,586.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	432,679.	683,023.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,232,499.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	61,035,065.	56,584,747.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	90,121,785.	86,307,356.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	23,899,042.	-7,990,885.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 101,996,853.	<b>End of Year</b> 86,167,681.
	<b>21</b> Total liabilities (Part X, line 26)	30,311,255.	23,744,563.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	71,685,598.	62,423,118.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>GARY CAMUS, CFO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>RICHARD J. LOCASTRO, CPA</b>	<i>Richard J. Locastro</i>	11/10/2021		<b>P00288314</b>
	Firm's name ▶ <b>GELMAN, ROSENBERG &amp; FREEDMAN</b>	Firm's EIN ▶ <b>52-1392008</b>		Phone no. (301) 951-9090	
Firm's address ▶ <b>4550 MONTGOMERY AVE SUITE 800N</b> <b>BETHESDA, MD 20814-2930</b>					

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 17,818,205. including grants of \$ ) (Revenue \$ 13,757. )

ETHIOPIA:
2020 WAS MANIFESTED BY OVERLAPPING HUMANITARIAN CRISES: THE EFFECTS OF COVID-19 ON THE PROVISION OF HEALTH AND NUTRITION SERVICES, THE WORST DESERT LOCUST INFESTATION EVER RECORDED IN THE HORN OF AFRICA, FLASH FLOODS ALONG MAJOR RIVERS, POCKETS OF DROUGHT-AFFECTED AREAS, PERSISTENT HIGH LEVELS OF FOOD AND NUTRITION INSECURITY, AND ESCALATED CONFLICT IN WESTERN OROMIA, TIGRAY AND BORDERING AREAS. TOGETHER THESE HAVE INCREASED THE NUMBER OF PEOPLE IN NEED OF HUMANITARIAN ASSISTANCE IN ETHIOPIA TO 19.2 MILLION. THROUGHOUT THE YEAR, MUCH OF THE COUNTRY REMAINED IN A PHASE 3/CRISIS STATUS OF FOOD INSECURITY. THE COVID-19 PANDEMIC HAS EXACERBATED PRE-EXISTING INEQUALITIES, AS ALREADY SOCIALLY AND ECONOMICALLY MARGINALIZED POPULATION GROUPS HAVE BEEN HARDEST HIT

4b (Code: ) (Expenses \$ 15,982,184. including grants of \$ ) (Revenue \$ )

SOMALIA:
SOMALIA FACES ONE OF THE WORLD'S MOST COMPLEX AND LONGSTANDING HUMANITARIAN CRISES, CHARACTERIZED BY ONGOING CONFLICTS, CLIMATE SHOCKS, INCLUDING FLOODS AND DROUGHT, COMMUNICABLE DISEASE OUTBREAKS AND WEAK SOCIAL PROTECTION. IN 2020, ADDITIONAL SHOCKS, INCLUDING THE DESERT LOCUST UPSURGE AND COVID-19 CONTRIBUTED TO A DETERIORATION OF HUMANITARIAN CONDITIONS LEAVING 5.2 MILLION PEOPLE IN NEED. 893,000 PEOPLE WERE DISPLACED BETWEEN JANUARY AND AUGUST 2020 DUE TO FLOODS AND INSECURITY/CONFLICT. BY THE END OF 2020, IT WAS ESTIMATED THAT CRISIS AND EMERGENCY LEVELS OF FOOD INSECURITY ROSE BY 40%, WITH THE TOTAL NUMBER OF ACUTELY MALNOURISHED CHILDREN UNDER FIVE ESTIMATED TO REACH ALMOST 1 MILLION BY THE END OF 2020. POOR HOUSEHOLD HYGIENE IS A

4c (Code: ) (Expenses \$ 13,413,484. including grants of \$ ) (Revenue \$ )

SOUTH SUDAN:
DUE TO CUMULATIVE EFFECTS OF PROLONGED CONFLICT, THE COVID-19 PANDEMIC, CHRONIC VULNERABILITIES AND WEAK ESSENTIAL SERVICES, SOUTH SUDAN REMAINS IN CRISIS, WITH 7.24 MILLION PEOPLE EXPECTED TO FACE SEVERE ACUTE FOOD INSECURITY IN EARLY 2021 AND AROUND 2.5 MILLION PEOPLE ONE STEP AWAY FROM FAMINE. AROUND 1.4 MILLION CHILDREN UNDER FIVE ARE LIKELY TO BE ACUTELY MALNOURISHED IN 2021, INCLUDING 313,000 CHILDREN SUFFERING FROM SEVERE ACUTE MALNUTRITION. ADDITIONALLY, 483,000 PREGNANT AND BREASTFEEDING WOMEN ARE PROJECTED TO EXPERIENCE MODERATE MALNUTRITION. FOOD INSECURITY IS A KEY DRIVER FOR THE HIGH NUMBER OF PEOPLE IN NEED IN SOUTH SUDAN. CLIMATIC EXTREMES HAVE LED TO SEVERE FLOODING, DISPLACEMENT, LOSS OF CROPS AND LIVESTOCK, INCREASED HUMAN

4d Other program services (Describe on Schedule O.)
(Expenses \$ 32,018,523. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 79,232,396.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

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 [X]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business 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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 14		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 14		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

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



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

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

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

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

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

Check this box if neither the organization 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			265,812.	0.	18,248.	
(2) RICHARD HASELWOOD SENIOR DIR. OF OPERATIONS	40.00				X		190,173.	0.	33,246.	
(3) GARY CAMUS CFO	40.00			X			197,984.	0.	8,409.	
(4) AINE DODDY ASSOC. DIR. OF MARKETING	40.00					X	128,948.	0.	29,839.	
(5) EMILY KRUEGER ASSOC. DIR. FOR BUSINESS DEV.	40.00					X	115,017.	0.	29,730.	
(6) LAUREN GARRITANO CONTROLLER	40.00					X	128,211.	0.	8,409.	
(7) BRIDGET AIDAM DIR. OF TECHNICAL & INNOV. SRVCS.	40.00					X	115,808.	0.	17,611.	
(8) EMILY BELL TYRE ASSOC. DIR. OF COMMUNICATIONS	40.00					X	125,316.	0.	4,653.	
(9) RAYMOND DEBBANE CHAIR & CHAIR EXEC COMM.	3.00	X		X			0.	0.	0.	
(10) JEAN-LOUIS GALLIOT FIN./INV. COMM. CHAIR/TREASURER	2.00	X		X			0.	0.	0.	
(11) BURTON HAIMES CHAIR EMERITUS	0.30	X					0.	0.	0.	
(12) THILO SEMMELBAUER DIRECTOR	0.30	X					0.	0.	0.	
(13) KARIM TABET DIRECTOR	0.30	X					0.	0.	0.	
(14) CHRISTOPHE DUTHOIT DIRECTOR	0.30	X					0.	0.	0.	
(15) SYLVAIN DESJONQUERES DIRECTOR	0.30	X					0.	0.	0.	
(16) SANDRA TAMER DIRECTOR	0.30	X					0.	0.	0.	
(17) SHABRINA JIVA 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) PAUL OFMAN DIRECTOR	0.30	X						0.	0.	0.
(19) YVES-ANDRE ISTELE DIRECTOR	0.30	X						0.	0.	0.
(20) DAVID VAN ZANDT DIRECTOR	0.30	X						0.	0.	0.
(21) KETTY PUCCI SISTI MAISONROUGE DIRECTOR	0.30	X						0.	0.	0.
(22) JEAN-PIERRE CHESSE DIRECTOR	0.30	X						0.	0.	0.
<b>1b Subtotal</b>							1,267,269.	0.	150,145.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							1,267,269.	0.	150,145.	

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
GLOBAL IMPACT, 1199 N. FAIRFAX ST. SUITE 300, ALEXANDRIA, VA 22314	FUNDRAISING	332,428.
PLUSMEDIA LLC, 100 MILL PLAIN ROAD, 4TH FL, DANBURY, CT 06811	FUNDRAISING	236,735.
FORWARDPMX LLC, ONE WORLD TRADE CENTER, 63RD FL, NEW YORK, NY 10007	FUNDRAISING & BRAND PROGRAM SERVICES	179,279.
CAROL CONE ON PURPOSE LLC 2911 WINDING OAK LANE, WELLINGTON, FL 33414	STRATEGY & MEDIA RELATIONS	110,000.

**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 **4**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	49,689,291.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	27,345,571.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 10,322,765.				
	<b>h Total.</b> Add lines 1a-1f			77,034,862.			
<b>Program Service Revenue</b>	<b>2 a</b>	<b>Business Code</b>					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			74.		74.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	4,500.			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>		0.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		4,500.			
	<b>d</b> Net rental income or (loss)			4,500.		4,500.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
<b>d</b> Net gain or (loss)							
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		13,757.				
<b>b</b> Less: cost of goods sold	<b>10b</b>		0.				
<b>c</b> Net income or (loss) from sales of inventory			13,757.	13,757.			
<b>Miscellaneous Revenue</b>	<b>11 a</b> EXCHANGE GAIN	<b>Business Code</b>	900099	795,668.		795,668.	
	<b>b</b> MISCELLANEOUS		900099	467,610.		467,610.	
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			1,263,278.			
<b>12 Total revenue.</b> See instructions			78,316,471.	13,757.	0.	1,267,852.	

**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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	713,872.	217,527.	341,167.	155,178.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	25,619,441.	23,762,741.	1,307,222.	549,478.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	134,835.	95,483.	36,620.	2,732.
<b>9</b> Other employee benefits	2,415,740.	1,720,441.	624,273.	71,026.
<b>10</b> Payroll taxes	155,698.	110,172.	40,482.	5,044.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	85,733.	46,211.	38,785.	737.
<b>c</b> Accounting	223,720.	120,588.	101,210.	1,922.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	683,023.			683,023.
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	10,060,524.	8,939,881.	909,374.	211,269.
<b>12</b> Advertising and promotion	3,730.	2,011.	1,687.	32.
<b>13</b> Office expenses	2,117,137.	1,812,203.	232,988.	71,946.
<b>14</b> Information technology	48,765.	26,285.	22,061.	419.
<b>15</b> Royalties				
<b>16</b> Occupancy	2,857,413.	2,221,487.	635,926.	
<b>17</b> Travel	65,060.	25,556.	36,575.	2,929.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	103,369.	52,910.	47,286.	3,173.
<b>20</b> Interest	52,655.	31,858.	15,449.	5,348.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	153,625.	42,871.	110,754.	
<b>23</b> Insurance	100,979.	25,810.	75,169.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>NUTRITION</b>	8,831,024.	8,831,024.		
<b>b</b> <b>FOOD</b>	6,950,982.	6,950,982.		
<b>c</b> <b>VEHICLES</b>	4,780,584.	4,780,584.		
<b>d</b> <b>NON CONSUMABLES</b>	4,458,457.	4,458,457.		
<b>e</b> All other expenses <b>SEE SCH O</b>	15,690,990.	14,957,314.	265,433.	468,243.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	86,307,356.	79,232,396.	4,842,461.	2,232,499.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	10,519,609.	<b>1</b>	15,347,693.
	<b>2</b> Savings and temporary cash investments .....	11,462,479.	<b>2</b>	6,462,347.
	<b>3</b> Pledges and grants receivable, net .....	71,112,558.	<b>3</b>	54,057,477.
	<b>4</b> Accounts receivable, net .....	319,307.	<b>4</b>	382,826.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	148,676.	<b>9</b>	320,482.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,569,679.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,751,021.	972,283.	<b>10c</b> 818,658.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	7,461,941.	<b>15</b>	8,778,198.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	101,996,853.	<b>16</b>	86,167,681.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	4,696,620.	<b>17</b>	6,519,855.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	6,500,000.	<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	1,050,000.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	19,114,635.	<b>25</b>	16,174,708.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	30,311,255.	<b>26</b>	23,744,563.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	6,799,803.	<b>27</b>	12,398,508.
	<b>28</b> Net assets with donor restrictions .....	64,885,795.	<b>28</b>	50,024,610.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	71,685,598.	<b>32</b>	62,423,118.
<b>33</b> Total liabilities and net assets/fund balances .....	101,996,853.	<b>33</b>	86,167,681.	

**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	78,316,471.
2	Total expenses (must equal Part IX, column (A), line 25)	2	86,307,356.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,990,885.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	71,685,598.
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	-1,271,595.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	62,423,118.

**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 in 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 Single Audit Act and OMB Circular A-133?	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 (2020)

SCHEDULE A (Form 990 or 990-EZ)

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

2020

Open to Public Inspection

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

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).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
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.
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...
11 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	68,297,507.	182,535,748.	145,748,119.	113,746,864.	77,034,862.	587,363,100.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	68,297,507.	182,535,748.	145,748,119.	113,746,864.	77,034,862.	587,363,100.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						587,363,100.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	68,297,507.	182,535,748.	145,748,119.	113,746,864.	77,034,862.	587,363,100.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	378.	15,245.	18,275.	18,131.	4,574.	56,603.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	15,637.	60,317.	-15,513.	-2,640.	1,263,278.	1,321,079.
<b>11 Total support.</b> Add lines 7 through 10						588,740,782.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	67,040.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	<b>14</b>	99.77 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	99.97 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	▶ <input type="checkbox"/>	



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**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, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2020**

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 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>14,035,290.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>6,097,276.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>5,180,598.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>6,182,077.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>12,095,093.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>1,935,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>2,806,400.</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>1,706,584.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>3,606,034.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>4</u>	DONATED FOOD AND MEDICAL SUPPLIES _____ _____ _____	\$ <u>1,824,254.</u>	<u>12/28/20</u>
<u>5</u>	DONATED FOOD AND MEDICAL SUPPLIES _____ _____ _____	\$ <u>7,681,535.</u>	<u>12/25/20</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>ACTION AGAINST HUNGER - USA</b>	Employer identification number  <b>13-3327220</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

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 7/25/06, 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) 2020

**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? | 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.	524,153.	818,658.
d Equipment		677,363.	677,363.	0.
e Other		1,549,505.	1,549,505.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>818,658.</b>

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) ACCRUED INTEREST & REVENUE	2,480,713.
(2) RIGHT OF USE	6,289,700.
(3) DEPOSITS	7,785.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	8,778,198.

**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	3,090,663.
(4) OPERATING LEASE OBLIGATION	7,749,208.
(5) DUE TO DONORS	3,834,837.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	16,174,708.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	78,745,035.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	613,563.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	247,630.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	861,193.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	77,883,842.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	432,629.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	432,629.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	78,316,471.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	86,488,290.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	613,563.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	613,563.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	85,874,727.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	432,629.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	432,629.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	86,307,356.

**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, 2020 AND 2019, 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 247,630.

**Part XIII** Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

EXCEPTIONAL EXPENSES REPORTED AS AN EXPENSE ON THE FINANCIAL

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

LINE 11B. 432,629.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

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

EXCEPTIONAL EXPENSES REPORTED AS AN EXPENSE ON THE FINANCIAL

LINE 11B. 432,629.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization: **ACTION AGAINST HUNGER - USA**  
Employer identification number: **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
EAST ASIA AND THE PACIFIC	1	35	PROGRAM SERVICE ACTIVITIES	PROVIDE NUTRITION, WATER AND SANITATION, FOOD SECURITY AND PUBLIC HEALTH.	398,513.
CENTRAL AMERICA AND THE CARIBBEAN	1	233	PROGRAM SERVICE ACTIVITIES	PROVIDE NUTRITION, WATER AND SANITATION, FOOD SECURITY AND PUBLIC HEALTH.	5,262,194.
SUB-SAHARAN AFRICA	7	1663	PROGRAM SERVICE ACTIVITIES	PROVIDE NUTRITION, WATER AND SANITATION, FOOD SECURITY AND PUBLIC HEALTH.	64,546,742.
<b>3 a</b> Subtotal .....	9	1931			70,207,449.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	9	1931			70,207,449.

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

Schedule F (Form 990) 2020

**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 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

Schedule F (Form 990) 2020

**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 or 990-EZ)**

**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.

**2020**

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
GLOBAL IMPACT - 1199 N. FAIRFAX STREET, SUITE 300, PLUSMEDIA - 100 MILL PLAIN RD FL 4, DANBURY, CT 06811	CFC CAMPAIGNS, PRIVATE FUNDRAISING SOLICITATIONS		X	5,516,083.	322,428.	5,193,655.
CITIZENNET - 6300 WILSHIRE BLVD, LOS ANGELES, CA 90048	SEARCH & DISPLAY ADVERTISING		X	1,235,788.	201,260.	1,034,528.
ANNE LEWIS - 650 MASSACHUSETTS AVE NW, TRIPI CONSULTING - 255 PLUTARCH RD, HIGHLAND, NY	SOCIAL MEDIA ADVERTISING		X	465,363.	45,500.	419,863.
	EMAIL MARKETING STRATEGY		X	301,605.	60,000.	241,605.
	DIRECT MAIL PROGRAM		X	276,724.	53,835.	222,889.
<b>Total</b>				<b>7,795,563.</b>	<b>683,023.</b>	<b>7,112,540.</b>

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

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

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

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

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

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

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

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

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

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

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

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

16 Gaming manager information:

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

17 Mandatory distributions:

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

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

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

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

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



**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: TRIPI CONSULTING

(I) ADDRESS OF FUNDRAISER: 255 PLUTARCH RD, HIGHLAND, NY 12528

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2020**

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

**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 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)	265,812.	0.	0.	8,515.	9,733.	284,060.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RICHARD HASELWOOD SENIOR DIR. OF OPERATIONS	(i)	190,173.	0.	0.	9,765.	23,481.	223,419.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GARY CAMUS CFO	(i)	197,984.	0.	0.	0.	8,409.	206,393.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AINE DODDY ASSOC. DIR. OF MARKETING	(i)	128,948.	0.	0.	6,408.	23,431.	158,787.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	7	551,455.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	5	5,828,255.	CATALOGUE ACFIN/FMV
20 Drugs and medical supplies	X	6	3,942,555.	CATALOGUE ACFIN/FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( GIFTCARD )	X	1	500.	COST
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

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

SCHEDULE M, PART I, COLUMN (B):

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

Multiple horizontal lines for supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

ACTION AGAINST HUNGER - USA

Employer identification number

13-3327220

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

DURING THE YEAR, THE ORGANIZATION CEASED THE NIGERIA PROGRAM.

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

INDIVIDUALS' LIVELIHOODS, EDUCATION, PROTECTION AND GENERAL WELLBEING  
HAVE BEEN AFFECTED, WITH SPECIFIC IMPACTS ON THE WELLBEING OF CHILDREN  
AND PLW.

IN 2020, ACTION AGAINST HUNGER IN ETHIOPIA CONTINUED TO PROVIDE  
HUMANITARIAN AND DEVELOPMENT ASSISTANCE TO ABOUT 1 MILLION PEOPLE. OF  
THESE, 668,956 PEOPLE, INCLUDING 22,591 SAM CHILDREN UNDER THE AGE OF  
FIVE, WERE REACHED THROUGH CURATIVE AND PREVENTIVE NUTRITION AND HEALTH  
ACTIVITIES. A FURTHER 762,813 INDIVIDUALS BENEFITTED FROM THE  
CONSTRUCTION AND MAINTENANCE OF 82 WATER SYSTEMS AND THE IMPLEMENTATION  
OF VARIOUS SANITATION AND HYGIENE ACTIVITIES. MHPSS SERVICES WERE  
PROVIDED FOR 261,425 INDIVIDUALS, AND THE TEAM ALSO DISTRIBUTED 1.36M  
TO 141,550 OF THE MOST VULNERABLE COMMUNITY MEMBERS. THE COUNTRY OFFICE  
RAPIDLY ADAPTED TO THE NEW REALITY OF COVID-19, PRODUCING AN ADAPTIVE  
PROGRAMMING GUIDELINE, BASED ON GOVERNMENTAL RESTRICTIONS, WHICH  
ALLOWED THE MAJORITY OF CRITICAL LIFESAVING ACTIVITIES TO CONTINUE. THE  
IMPLEMENTED ADAPTATIONS INCLUDE THE INTRODUCTION AND INTENSIFICATION OF  
THE FAMILY MUAC APPROACH, AVOIDANCE AND MINIMISATION OF ASSESSMENTS AND  
DIRECT CONTACTS WITH BENEFICIARIES, REDUCTION OF FOOD DISTRIBUTION  
FREQUENCIES, AND THE INSTALLATION OF HANDWASHING STATIONS IN ALL  
FACILITIES AND PUBLIC PLACES.

Name of the organization

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

MAJOR RISK FACTOR FOR MALNUTRITION, BUT AVAILABILITY OF WATER AND SOAP IS LOW. THE PANDEMIC FURTHER STRAINED THE ALREADY WEAK HEALTH SYSTEM'S CAPACITY TO PROVIDE HEALTHCARE. COVID-19-RELATED GOVERNMENT DIRECTIVES AND DISRUPTIONS TO IMPORTS AND DOMESTIC SUPPLY CHAINS AFFECTED THE AVAILABILITY OF BASIC COMMODITIES, AS WELL INCREASING PRICES. THE COUNTRY ALSO EXPERIENCED LOSS OF LIVELIHOOD-OPPORTUNITIES DUE TO A STAGNANT LABOUR MARKET. THESE IMPACTS ADDED TO THE PSYCHOLOGICAL DISTRESS BROUGHT ABOUT BY THE IMMEDIATE IMPACT OF THE PANDEMIC.

ACTION AGAINST HUNGER IN SOMALIA IMPROVED NUTRITION-SECURITY OUTCOMES BY ADDRESSING IMMEDIATE AND UNDERLYING CAUSES OF MALNUTRITION, REACHING 546,519 AFFECTED PEOPLE IN 2020. THE COUNTRY OFFICE REACHED 76,959 INDIVIDUALS THROUGH IMPROVED NUTRITIONAL KNOWLEDGE AND STATUS, AND IMPROVED ACCESS TO PREVENTIVE AND CURATIVE NUTRITION. THE PROGRAM ALSO PROVIDED ACCESS TO PRIMARY HEALTHCARE SERVICES TO 175,525 BENEFICIARIES, 195,870 PEOPLE RECEIVED ENHANCED WASH SERVICES AND 98,165 PEOPLE WERE SUPPORTED THROUGH FSL INTERVENTIONS. ACTION AGAINST HUNGER FOSTERED PARTNERSHIPS WITH LOCAL COMMUNITY ACTORS AND GOVERNMENT MINISTRIES IN ORDER TO SUCCESSFULLY IMPLEMENT THESE INTERVENTIONS. THE COUNTRY OFFICE ADAPTED AND REPRIORITIZED EXISTING ACTIVITIES AND ROLLED OUT FOUR NEW PROGRAMS TO RESPOND TO THE COVID-19 PANDEMIC. COMMUNITY SENSITIZATION AND AWARENESS-RAISING, INCLUDING MESSAGING ON PHONES AND RADIO, INTEGRATED COVID-19 MITIGATION INTO HEALTH PROMOTION ACTIVITIES. TRAINING WAS EXPANDED FOR HEALTH STAFF AND HELD VIRTUALLY OR IN SMALLER GROUPS, WHILE FREQUENCY OF NUTRITION-SERVICE PROVISION WAS DECREASED TO REDUCE INTERACTIONS.



Name of the organization ACTION AGAINST HUNGER - USA	Employer identification number 13-3327220
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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

AND LIVESTOCK DISEASES, CATTLE RAIDING, HIGH FOOD PRICES, AND INTER-COMMUNAL CONFLICT RESULTING IN LIMITED HUMANITARIAN ACCESS. IN ADDITION, COVID-19 HAS CAUSED DISRUPTION TO SUPPLY CHAINS AND LED TO RESTRICTIONS ON MOVEMENT AND MARKETS, AFFECTING HUMANITARIAN AID DELIVERY AND REDUCING BOTH MARKET FUNCTIONALITY AND THE ABILITY TO PURCHASE FOOD, DUE TO HIGH PRICES.

ACTION AGAINST HUNGER PREVENTS HUNGER AND TREATS MALNOURISHED CHILDREN UNDER FIVE, AS WELL AS PREGNANT AND BREASTFEEDING WOMEN, AND IS OFTEN THE ONLY ORGANIZATION PROVIDING LIFESAVING HEALTH AND NUTRITION SERVICES IN SOME REMOTE AREAS OF SOUTH SUDAN. TO IMPROVE FOOD SECURITY AND PREVENT MALNUTRITION, THE COUNTRY OFFICE SUPPORTED MORE THAN 5,000 FARMERS WITH TRAINING AND TOOLS TO GROW NUTRITIOUS CROPS, HELPED VULNERABLE PEOPLE GAIN ACCESS TO WORK AND AN INCOME, AND PROVIDED FOOD BASKETS TO FAMILIES AFFECTED BY FLOODING AND THE COVID-19 PANDEMIC. IN 2020, THE COUNTRY TEAM REHABILITATED 15 WATER POINTS, BUILT 792 LATRINES, DISTRIBUTED 1,523 HYGIENE KITS AND HELD 1,152 HYGIENE-PROMOTION SESSIONS. IT QUICKLY ADAPTED PROGRAMS TO ADHERE TO COUNTRY-WIDE COVID-19 PROTOCOLS, AND WORKED TO RAISE AWARENESS OF THE VIRUS AND HOW TO PREVENT ITS SPREAD. EMERGENCY TEAMS SUPPORTED 43 MOBILE NUTRITION POSTS AND THREE NUTRITION TREATMENT CENTERS, REHABILITATED 33 WATER POINTS, CONSTRUCTED 28 LATRINES IN PUBLIC SPACES, DISTRIBUTED KEY WASH SUPPLIES, TRAINED PEOPLE ON VEGETABLE FARMING AND FISHING, AND PROVIDED PSYCHOSOCIAL SUPPORT TO VULNERABLE PEOPLE. THEY ALSO CARRIED OUT FOUR NUTRITION SURVEYS, HELPING TO PROVIDE KEY DATA ON THE STATE OF HUNGER IN SOUTH SUDAN.

Name of the organization

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

KENYA:

PREVALENCE OF MALNUTRITION REMAINS A CRITICAL ISSUE ACROSS KENYA, WITH 26.6% OF CHILDREN UNDER FIVE YEARS OLD AFFECTED BY STUNTING AND 4.2% BY WASTING. INDICATORS ON COPING STRATEGIES REVEAL THAT FOOD INSECURITY HAS INCREASED IN THE COUNTRY. NATIONAL WASH INDICATORS ALSO SHOW THAT NEARBY ACCESS TO WATER FROM PROTECTED SOURCES IS AT 60% AND ACCESS TO LATRINES/ TOILETS IS AT 54.6%. HANDWASHING AT THE FOUR CRITICAL TIMES IS AT 7.5%. KENYA'S RESPONSE TO COVID-19 WAS FOCUSED ON MITIGATION AND CONTROL MEASURES, TRIGGERING A DIVERSION OF FUNDS THAT COULD HAVE BEEN MADE AVAILABLE FOR MALNUTRITION TREATMENT. HOWEVER, THE COUNTRY'S INTENSIFIED CAMPAIGNS ON HANDWASHING HAVE LED TO A REDUCTION OF WASH-RELATED DISEASES.

ACTION AGAINST HUNGER IN KENYA TOOK THE LEAD IN RESPONDING TO THE READY-TO-USE THERAPEUTIC FOOD SHORTAGE GAP AND SUPPORTED 100,431 PEOPLE WITH NUTRITION TREATMENT, INCLUDING 69,744 CHILDREN. A TOTAL OF 156,370 PEOPLE RECEIVED HEALTH SERVICES, AND THE TEAM LED THE MATERNITY OPEN DAY INITIATIVE TO INCREASE THE DEMAND FOR SKILLED BIRTH ATTENDANCE. THE COUNTRY OFFICE REACHED 155,861 PEOPLE WITH WASH INTERVENTIONS, INCLUDING THE DISTRIBUTION OF 106,544 NFIS AND THE REHABILITATION OF 24 WATER POINTS THAT INCLUDED CLIMATE-SENSITIVE UPGRADES TO SOLAR-POWERED PUMPS AND 268 LATRINES IN COMMUNITY-LED INITIATIVES USING ENVIRONMENTALLY FRIENDLY LOCAL MATERIALS. INTERVENTIONS ON FSL BENEFITTED 14,786 PEOPLE. THE COUNTRY OFFICE SUPPORTED MASS VACCINATION OF LIVESTOCK TO SECURE HIGH PRICING IN MARKETS, AND DISTRIBUTED CASH TO EIGHT MOTHER-TO-MOTHER SUPPORT GROUPS TO CUSHION HOUSEHOLDS FROM IMMEDIATE INCOME SHOCKS AND PREVENT DETERIORATION OF THEIR NUTRITIONAL

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

EXPENSES \$ 10,462,052. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

UGANDA:

UGANDA IS THE LARGEST REFUGEE-HOSTING COUNTRY IN AFRICA, WITH OVER 1.4 MILLION REFUGEES AT THE END OF 2020. THE SITUATION FOR REFUGEES IN UGANDA WAS DOMINATED BY THE EFFECTS OF THE COVID-19 PANDEMIC. WITH TRADE, MOVEMENT AND LIVELIHOODS ACTIVITIES CURTAILED, DIETARY DIVERSITY AND MALNUTRITION RATES SLIGHTLY WORSENERD OVER THE YEAR. HOWEVER, FOOD PRICES REMAINED RELATIVELY STATIC DUE TO GOOD HARVESTS. ACROSS UGANDA, CLIMATE CHANGE IS AFFECTING RAINFALL PATTERNS AND LEADING TO MORE UNPREDICTABLE AGRICULTURAL PRODUCTION. THE KARAMOJA REGION IN THE EAST OF THE COUNTRY CONTINUED TO SHOW TO THE WORST RATES OF MALNUTRITION AND FOOD INSECURITY NATIONWIDE. MEANWHILE, FUNDING FOR REFUGEES CONTINUED TO DROP IN 2020 DUE TO DONOR FATIGUE AND OTHER CRISES AROUND THE WORLD, WHICH LED TO A 40% RATION CUT FOR THE GENERAL FOOD DISTRIBUTION PROVIDED TO REGISTERED REFUGEES, CONSEQUENTLY INCREASING THE LEVEL OF FOOD INSECURITY.

ACTION AGAINST HUNGER UGANDA'S NUTRITION PROGRAM REACHED 81,958 CHILDREN AND PREGNANT WOMEN, IN FIVE REFUGEE SETTLEMENTS, PROVIDING SUPPLEMENTARY FEEDING FOR 59,750 YOUNG CHILDREN AND NEW MOTHERS TO PREVENT MALNUTRITION, AND TREATING 13,768 ACUTELY MALNOURISHED CHILDREN, PREGNANT WOMEN AND MOTHERS. THESE SERVICES WERE COMPLEMENTED BY SENSITIZATION ON A VARIETY OF TOPICS INCLUDING HYGIENE, SANITATION, FOOD PREPARATION, HOME GARDENING, HEALTHY DIET, HEALTH SERVICE REFERRAL PATHWAYS, AND GENDER-BASED VIOLENCE. OUR FOOD SECURITY AND LIVELIHOODS INTERVENTIONS WERE ABLE TO SUPPORT 53,984 BENEFICIARIES WITH FOOD

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VOUCHERS, AGRICULTURAL INPUTS, TRAININGS, MARKET LINKAGES, SAVINGS AND LOAN ASSOCIATION ESTABLISHMENT, INCOME GENERATING ACTIVITIES, SKILLS TRAINING AND SMALL BUSINESS START-UP SUPPORT, IN ORDER TO INCREASE THEIR SELF-RELIANCE AND RESILIENCE. WHILE OUR WASH PROGRAM ASSISTED 5,000 PEOPLE WITH HOUSEHOLD LATRINE CONSTRUCTION, HANDWASHING STATIONS, AND COMMUNITY SANITATION CAMPAIGNS.

EXPENSES \$ 6,466,465. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

TANZANIA:

CHILDHOOD UNDERNUTRITION IS A PUBLIC HEALTH CONCERN IN TANZANIA, WITH 40% OF CHILDREN AFFECTED BY CHRONIC MALNUTRITION AND MORE THAN 440,000 CHILDREN SUFFERING FROM WASTING. DESPITE NATIONAL EFFORTS, THE BURDEN REMAINS HIGH AND UNEQUALLY DISTRIBUTED ACROSS THE COUNTRY. TANZANIA IS LARGELY FOOD SECURE, HOWEVER AGRICULTURE, WHICH ACCOUNTS FOR OVER 80% OF THE COUNTRY'S EMPLOYMENT PRODUCTIVITY, IS HIGHLY DEPENDENT ON RAIN AS THE MAIN SOURCE OF WATER. FOOD SECURITY ASSESSMENTS CONDUCTED BY THE WORLD FOOD PROGRAM AND TANZANIA RED CROSS SOCIETY ESTIMATED THAT UP TO 2.1 MILLION PEOPLE WOULD NEED FOOD ASSISTANCE BECAUSE OF THE SOCIO-ECONOMIC IMPACTS OF COVID-19. AFTER INITIALLY CLOSING DOWN, FOLLOWING THE FIRST REPORTED CASE OF COVID-19, TANZANIA RESUMED ALMOST ALL SOCIAL AND ECONOMIC ACTIVITIES IN JUNE 2020 AND LOOSENED RESTRICTIONS ON MASS GATHERING.

ACTION AGAINST HUNGER EXPANDED ITS GEOGRAPHICAL COVERAGE INTO THE SINGIDA REGION AND ADDED THREE NEW DISTRICTS TO ITS IMPROVING MATERNAL, CHILD AND ADOLESCENT HEALTH AND NUTRITION (LISHE IMARA) PROJECT. THE COUNTRY OFFICE DONATED ANTHROPOMETRIC EQUIPMENT THAT INCLUDED 120 HEIGHT BOARDS, 60 BABY-WEIGHING SCALES AND 60 MOTHER-CHILD WEIGHING

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SCALES, IN 101 HEALTH FACILITIES. TREATMENT FOR ACUTE MALNUTRITION WAS GIVEN TO 263 CHILDREN. COMMUNITY ACTIVATION SESSIONS REACHED 5,566 ADOLESCENT PREGNANT WOMEN AND CAREGIVERS OF CHILDREN UNDER THE AGE OF FIVE, WITH MESSAGES AROUND NUTRITION, HEALTH AND HYGIENE. IN ADDITION, ACTION AGAINST HUNGER INVESTED IN THE CAPACITY BUILDING OF HEALTH PROVIDERS, EQUIPPING 60 HEALTH WORKERS AND 120 COMMUNITY HEALTH WORKERS WITH SKILLS TO PROVIDE NUTRITION EDUCATION, COUNSELLING AND TREATMENT AMONG SEVERELY MALNOURISHED CHILDREN.

EXPENSES \$ 772,194. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

## CAMBODIA:

DESPITE ECONOMIC GROWTH, A SIGNIFICANT PORTION OF THE CAMBODIAN POPULATION LIVES CLOSE TO THE POVERTY LINE. UNDERNUTRITION REMAINS A MAJOR PUBLIC HEALTH CONCERN; 32% OF CHILDREN UNDER 5 SUFFER FROM STUNTING, 24% ARE UNDERWEIGHT, 10% ARE ACUTELY MALNOURISHED, AND MICRONUTRIENT DEFICIENCIES ARE WIDESPREAD.

CAMBODIA IS ALSO HIGHLY VULNERABLE TO NATURAL DISASTERS, WITH REGULAR MONSOON FLOODING AND LOCALIZED DROUGHTS. LIMITED AND UNEQUAL ACCESS TO EDUCATION AND HEALTH SERVICES AND LOW INVESTMENT IN PUBLIC INFRASTRUCTURE FURTHER PERPETUATE FOOD INSECURITY AND UNDERNUTRITION.

ACTION AGAINST HUNGER AIMS TO IMPROVE HYGIENE, NUTRITION, AND HEALTH PRACTICES AT THE COMMUNITY, HOUSEHOLD, AND INDIVIDUAL LEVEL, FOCUSING ON PREGNANT WOMEN, BREASTFEEDING MOTHERS, AND CHILDREN UNDER 2. BY BUILDING THE CAPACITY OF LOCAL STAKEHOLDERS AND COMMUNITIES, ACTION AGAINST HUNGER WORKS TO REDUCE UNDERNUTRITION, AND TO LESSEN THE IMPACTS OF CLIMATE CHANGE. IN 2019, WE CREATED 1,422 LOCAL WATER

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COMMITTEES, PROVIDED 1,548 PEOPLE WITH ACCESS TO LATRINES AND WATER FILTERS, FOSTERED 1,747 MOTHER-TO-MOTHER CARE GROUPS, HOSTED 915 MOTHERS AND FATHERS IN GENDER AND NUTRITION SESSIONS, AND CULTIVATED 5,310 COMMUNITY GROUPS FOCUSED ON INCREASING FOOD SECURITY THROUGH RICE BANKS, FARMING, AND HOME GARDENS. WE ENGAGED HOUSEHOLDS IN COOKING DEMONSTRATIONS, VISITED HOMES, AND PROVIDED SUPPORT TO INCREASE FOOD SECURITY.

EXPENSES \$ 398,513. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

HAITI:

DUE TO ITS GEOGRAPHICAL POSITION, HAITI IS HIGHLY VULNERABLE TO NATURAL DISASTERS. HOWEVER, DISASTER RESPONSE CAPACITIES AND PREVENTION ARE INSUFFICIENT AND COMPOUNDED BY A SOCIO-POLITICAL CRISIS THAT HAS RAGED IN HAITI SINCE 2018. TO DATE, ABOUT 42% OF THE POPULATION IS IN A SITUATION OF ACUTE FOOD INSECURITY. MOREOVER, AFTER JUST BARELY RECOVERING FROM 10-YEAR-LONG CHOLERA EPIDEMICS, HAITI'S ACCESS TO DRINKING WATER, SANITATION AND HYGIENE REMAINS A MAJOR CONCERN. THE COVID-19 PANDEMIC HAS STRAINED THE ALREADY LIMITED HEALTH SYSTEM IN TERMS OF SERVICES, LOGISTICS, HUMAN RESOURCES AND STRUCTURES. ADDITIONALLY, GOVERNMENT COVID-19 RELATED MEASURES, INCLUDING THE CLOSING OF BORDERS, CONTRIBUTED TO A NOTABLE SLOWDOWN IN THE ECONOMY OF HAITI, WHICH IS HIGHLY DEPENDENT ON IMPORTS. PRICES HAVE SURGED AND HOUSEHOLDS HAVE EXPERIENCED SIGNIFICANT PRESSURE WITH MANY LOSING THEIR INCOME AND LIVELIHOODS, IN PARTICULAR WOMEN.

ACTION AGAINST HUNGER HAITI CONTINUED TO IMPLEMENT PREVENTATIVE AND CURATIVE HEALTH AND NUTRITION ACTIVITIES AS WELL AS FSL AND WASH INTERVENTIONS. IN 2020, THE COUNTRY TEAM SCREENED 53,955 CHILDREN,

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REFERRING MALNOURISHED CHILDREN TO SUPPORTED HEALTH FACILITIES. A TOTAL OF 1,320 HOUSEHOLDS RECEIVED CASH TRANSFERS, 51 WATER POINTS HAVE BEEN BUILT OR REHABILITATED, AND A SOCIAL MARKETING STRATEGY WAS DEVELOPED TO INCREASE SUPPLY AND DEMAND OF HOME WATER-TREATMENT PRODUCTS. IN PREPARATION FOR NATURAL DISASTERS, THE TEAM ALSO BUILT AND REHABILITATED 62 LATRINES IN NINE STRUCTURES AND DEVELOPED A COMMUNAL EMERGENCY PLAN FOR PORT- DE-PAIX. ACTION AGAINST HUNGER SUPPORTED THE GOVERNMENT'S RESPONSE PLAN TO COVID-19, BY WORKING WITH FACILITY STAFF ON COVID-19 PREVENTION AND CONTROL ACTIVITIES AS WELL AS PROVIDING EDUCATION ON COVID-19 PREVENTION IN COMMUNITIES.

EXPENSES \$ 6,207,964. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PROGRAM SUPPORT

EXPENSES \$ 4,163,558. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER COUNTRY AND STRATEGY PROGRAMS

EXPENSES \$ 3,547,777. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

KENYA, SOUTH SUDAN, CAMBODIA, HAITI,  
SOMALIA, TANZANIA, ETHIOPIA, PAKISTAN,  
UGANDA, NIGERIA, CONGO, DEM REP

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

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CONDUCT A THOROUGH REVIEW OF THE 990 WITH MANAGEMENT (TO INCLUDE INFORMING ANY BOARD MEMBER OF THEIR BEING REFERENCED IN ANY SECTION OTHER THAN THE LIST OF MEMBERS OF THE BOARD) AND, ACTING BETWEEN BOARD MEETINGS, TO AUTHORIZE RELEASE OF THE 990. IN THIS EVENT, A COPY OF THE FORM 990 WOULD BE E-MAILED TO ALL MEMBERS PRIOR TO FILING WITH THE IRS.

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

PROCEDURES FOR ADDRESSING A CONFLICT OF INTEREST:

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



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ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION.

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

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

THE COMPENSATION COMMITTEE'S ROLE IS TO REVIEW AND SET THE COMPENSATION FOR THE EXECUTIVE DIRECTOR/CEO (UTILIZING INDEPENDENT BENCHMARKS AND RELATED INFORMATION). 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 2020.

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	4,027,186.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,027,186.

## CONSULTANTS:

PROGRAM SERVICE EXPENSES	4,912,695.
MANAGEMENT AND GENERAL EXPENSES	411,460.
FUNDRAISING EXPENSES	211,269.
TOTAL EXPENSES	5,535,424.

## NETWORK SUPPORT:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	497,914.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	497,914.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	10,060,524.
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## FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

## TRAINING:

PROGRAM SERVICE EXPENSES	3,686,468.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,686,468.

## HEALTH:

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PROGRAM SERVICE EXPENSES	3,178,094.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,178,094.

## FOOD SECURITY:

PROGRAM SERVICE EXPENSES	2,745,276.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,745,276.

## WATSAN:

PROGRAM SERVICE EXPENSES	2,182,280.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,182,280.

## FREIGHT:

PROGRAM SERVICE EXPENSES	1,465,030.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,465,030.

## WAREHOUSE:

PROGRAM SERVICE EXPENSES	796,240.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	796,240.

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**MISCELLANEOUS:**

PROGRAM SERVICE EXPENSES	369,787.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
<b>TOTAL EXPENSES</b>	<b>369,787.</b>

**FINANCIAL FIELD CHARGES:**

PROGRAM SERVICE EXPENSES	223,686.
MANAGEMENT AND GENERAL EXPENSES	108,474.
FUNDRAISING EXPENSES	37,552.
<b>TOTAL EXPENSES</b>	<b>369,712.</b>

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

PROGRAM SERVICE EXPENSES	4,635.
MANAGEMENT AND GENERAL EXPENSES	14,863.
FUNDRAISING EXPENSES	329,365.
<b>TOTAL EXPENSES</b>	<b>348,863.</b>

**ELECTRICAL SYSTEMS:**

PROGRAM SERVICE EXPENSES	166,218.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
<b>TOTAL EXPENSES</b>	<b>166,218.</b>

**FUNDRAISING EXPENSES:**

PROGRAM SERVICE EXPENSES	10,578.
MANAGEMENT AND GENERAL EXPENSES	33,921.

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<b>FUNDRAISING EXPENSES</b>	<b>93,242.</b>
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<b>TOTAL EXPENSES</b>	<b>137,741.</b>
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**HUMAN RESOURCES:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>16,435.</b>
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<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>56,341.</b>
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<b>FUNDRAISING EXPENSES</b>	<b>0.</b>
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<b>TOTAL EXPENSES</b>	<b>72,776.</b>
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**REGISTRATION & ADMIN. FEES:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>35,905.</b>
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<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>30,135.</b>
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<b>FUNDRAISING EXPENSES</b>	<b>572.</b>
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<b>TOTAL EXPENSES</b>	<b>66,612.</b>
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**C.C. PROCESSING FEES:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>36,567.</b>
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<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>17,733.</b>
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<b>FUNDRAISING EXPENSES</b>	<b>6,139.</b>
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<b>TOTAL EXPENSES</b>	<b>60,439.</b>
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**EQUIPMENT AND MAINTENANCE:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>17,563.</b>
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<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>0.</b>
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<b>FUNDRAISING EXPENSES</b>	<b>0.</b>
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<b>TOTAL EXPENSES</b>	<b>17,563.</b>
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**RADIOS:**

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PROGRAM SERVICE EXPENSES	13,615.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	13,615.

## PAYROLL PROCESSING FEES:

PROGRAM SERVICE EXPENSES	8,178.
MANAGEMENT AND GENERAL EXPENSES	3,966.
FUNDRAISING EXPENSES	1,373.
TOTAL EXPENSES	13,517.

## SECURITY:

PROGRAM SERVICE EXPENSES	759.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	759.

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A 15,690,990.

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

PRIOR YEAR DE-OBLIGATED FUNDS RETURNED TO DONORS (SEE NOTE BELOW)	-712,518.
CHANGE IN NET ASSETS ATTRIBUTABLE TO STRATEGIC COUNTRY EXCHANGE/REGIONALIZATION (SEE NOTE BELOW)	-559,077.
TOTAL TO FORM 990, PART XI, LINE 9	-1,271,595.

## 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

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ARE SUBSEQUENTLY RETURNED TO THE DONOR. THE TOTAL AMOUNT OF THE AWARDS DE-OBLIGATED IN 2020 WAS \$960,148. THE AMOUNT OF DE-OBLIGATED AWARDS THAT RELATED ONLY TO 2020 GRANTS WAS \$247,630. THE AMOUNT REPORTED ON PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS - FOR PRIOR YEAR DE-OBLIGATED AWARDS WAS \$712,518.

FORM 990, PART XI, LINE 9

DURING 2017, ACTION AGAINST HUNGER - USA AND THE FRENCH NETWORK MEMBER, ACTION CONTRE LA FAIM (ACF - FRANCE) BEGAN THE IMPLEMENTATION OF A PROCESS BY WHICH THE TWO ORGANIZATIONS EXCHANGED THE MANAGEMENT AND ADMINISTRATION, OVERSIGHT, AND FINANCIAL REPORTING RESPONSIBILITIES FOR SEVERAL FIELD LOCATIONS IN THE VARIOUS COUNTRIES THROUGHOUT THE WORLD WHERE ACTION AGAINST HUNGER IMPLEMENTS PROGRAMS. THESE EXCHANGES ARE A PART OF THE ACTION AGAINST HUNGER NETWORK'S GLOBAL STRATEGY DESIGNED TO ALIGN GLOBAL OPERATIONS BASED ON REGIONS. THE 2020 NET EFFECT OF THE TRANSFER WAS \$559,077.