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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning **and ending**

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
ACTION AGAINST HUNGER - USA

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
247 WEST 37TH STREET 10TH F

City or town, state or country, and ZIP + 4
NEW YORK, NY 10018-5706

D Employer identification number
13-3327220

E Telephone number
(212)967-7800

G Gross receipts $ 40,789,258.

F Name and address of principal officer NANCY DALE
SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c)(3)◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.AAH-USA.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

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

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.	
	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	12
	5	Total number of employees (Part V, line 2a)	64
	6	Total number of volunteers (estimate if necessary)	22
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	0.

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			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	34,166,830.	40,222,419.
	9	Program service revenue (Part VIII, line 2g)	80,416.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	89,737.	10,888.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	43,536.	378,014.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	34,380,519.	40,611,321.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14,540,538.	16,375,795.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	274,086.	60,666.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 938,790.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	18,063,744.	18,814,364.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	32,878,368.	35,250,825.
	19	Revenue less expenses. Subtract line 18 from line 12	1,502,151.	5,360,496.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	16,838,888.	22,912,269.
	21	Total liabilities (Part X, line 26)	1,072,582.	1,785,467.
	22	Net assets or fund balances. Subtract line 21 from line 20	15,766,306.	21,126,802.

SCANNED NOV 08 2010

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 10/13/10

▶ NANCY DALE, EXEC. DIR.
Type or print name and title

Paid Preparer's Use Only

Preparer's signature		Date 10/12/10	Check if self-employed ▶ ☐
Firm's name (or yours if self-employed), address, and ZIP + 4	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE., SUITE 650 NORTH BETHESDA, MARYLAND 20814-2930		Preparer's identifying number (see instructions) EIN ▶ Phone no ▶ (301) 951-9090

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

9-16

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
THE MISSION OF ACTION AGAINST HUNGER IS TO SAVE LIVES BY ELIMINATING HUNGER THROUGH THE PREVENTION, DETECTION AND TREATMENT OF MALNUTRITION, ESPECIALLY DURING AND AFTER EMERGENCY SITUATIONS OF CONFLICT, WAR AND NATURAL DISASTER. FROM CRISIS TO SUSTAINABILITY, WE

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 ☒ No
If "Yes," describe these new services on Schedule O

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code) (Expenses $ 14506520. including grants of $) (Revenue $)
THE DEMOCRATIC REPUBLIC OF THE CONGO (DRC) HAS FACED MANY YEARS OF CONFLICTS WITH DRAMATIC CONSEQUENCES FOR THE CIVILIAN POPULATION. THE 2002 PEACE AGREEMENT MARKED THE BEGINNING OF THE WILL TO REBUILD THE COUNTRY. THOUSANDS OF INTERNALLY DISPLACED PERSONS (IDPS) RETURNED HOME, AND THE RESTORATION OF NEW POLITICAL INSTITUTIONS BROUGHT BACK SOME STABILITY. WHILE THE SOUTHERN AND WESTERN PARTS OF THE COUNTRY WERE BROUGHT BACK TO A KIND OF NORMALCY, THE HOSTILITIES RESUMED IN THE KIVU AREA AND SPREAD TO THE NORTH OF THE COUNTRY WITH THE LRA INCURSION. SINCE 2007, MASSIVE HUMANITARIAN INTERVENTIONS WERE DIRECTED TO THE EASTERN PARTS OF THE CONGO, WHILE THE WESTERN PARTS REMAINED MAINLY UNDER SERVED BY THE HUMANITARIAN COMMUNITY, DESPITE A LACK OF PROGRESS IN THE ACCESS OF THE POPULATION TO BASIC SERVICES AND

4b (Code) (Expenses $ 5,281,095. including grants of $) (Revenue $)
ACF-USA HAS BEEN PRESENT IN KENYA SINCE 2004 INITIALLY IN NORTH EASTERN PROVINCE (MANDERA) TO RESPOND TO SPECIFIC NUTRITION EMERGENCIES. SINCE THEN ACF HAS GROWN AND DEVELOPED IN A LARGER OPERATIONAL AREA, WITH MORE PROGRAMS AND ADJUSTED ITS RESPONSE TO CHRONIC EMERGENCY CRISES. THE SITUATION IN THE AREA IS CHARACTERIZED BY MALNUTRITION REMAINING ALMOST CONSTANTLY ABOVE WHO CRISIS STANDARD, RECURRENT SHOCKS COUPLED WITH CONSTANT PRICE RISE, THUS DECREASING RESILIENCE OF THE POPULATION WHILE ITS VULNERABILITY INCREASES.

ACF HAS RESPONDED TO THE CONDITIONS IN NEP WITH AN EVOLVING STRATEGY. ACF-KENYA HAS BEEN OPERATIONAL IN MANDERA SINCE 2004. AT THAT TIME THEIR PROGRAMMING FOCUSED ON REDUCING VULNERABILITY TO ACUTE

4c (Code) (Expenses $ 4,723,512. including grants of $) (Revenue $)
THE ACF MISSION IN UGANDA HAS BEEN PRESENT SINCE 1981. IT BEGUN WITH ASSISTANCE TO THE KARAMOJONG, CONTINUED WITH SUPPORT TO THE SOUTHERN SUDAN CIVIL WAR, AND FOUND ITS OWN INTERNAL UGANDAN EMERGENCIES TO ASSIST WITH IN 1995, WHEN THE CONFLICT IN THE NORTH BROKE OUT AND WHEN CROSS-BORDER EMERGENCIES LIKE REFUGEES AND IDPS BEGAN TO INCREASE IN UGANDA. THE CONTINUOUS RESPONSE IN THE LRA-AFFECTED NORTHERN UGANDA AREAS HAS BEEN COMPLEMENTED IN 2008 BY THE OPENING OF NUTRITION-LED ACTIONS IN KARAMOJA. CURRENTLY, THE MISSION IS ACTIVE IN GULU (ACHOLILAND), LIRA (LANGO) AND MOROTO / KAABONG (KARAMOJA).

NORTHERN UGANDA PAST AND PRESENT:
NORTHERN UGANDA'S RECENT HISTORY CAN BE SUMMARIZED AS A STORY PRONE TO

4d Other program services (Describe in Schedule O.)
(Expenses $ 5,402,746. including grants of $) (Revenue $)

4e **Total program service expenses ▶ $** 29,913,873.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*			
	• 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? *If "Yes," complete Schedule D, Part VII*			
	• 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? *If "Yes," complete Schedule D, Part VIII*			
	• 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? *If "Yes," complete Schedule D, Part IX*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? (Yes: , No: X) *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	X	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S Information Returns. Enter -0- if not applicable	1a	9		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	64		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	X	
b	If "Yes," enter the name of the foreign country ▶ SEE SCHEDULE O See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966? N/A		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders N/A	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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 in Schedule O See instructions*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	12		
b	Enter the number of voting members that are independent	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ AL, AZ, CA, CO, CT, FL, GA, IL, KS, KY, MA, MD

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply

[X] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

PATRICK MOUTON - 212-967-7800
247 WEST 37TH STREET, NEW YORK, NY 10018

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

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. Use Schedule J-2 if additional space is needed

- 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 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.

List persons in the following order individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
RAYMOND DEBBANE CHAIR & CHAIR EXEC COMM.	3.00	X		X				0.	0.	0.
THILO SEMMELBAUER TREASURER & CHAIR OF FIN	2.00	X		X				0.	0.	0.
CHRISTOPHE DUTHOIT DIRECTOR	0.50	X						0.	0.	0.
ALEXIS AZRIA CHAIR OF DEVELOP. COMM.	2.00	X						0.	0.	0.
CRISTINA ENRIQUEZ-BOCOBO DIRECTOR	1.00	X						0.	0.	0.
PIERRE N. FAY DIRECTOR	1.00	X						0.	0.	0.
BURTON K. HAIMES INTL. CHAIR & EMERITUS	2.00	X						0.	0.	0.
YVES-ANDRE ISTEL CHAIR OF AUDIT COMMITTEE	0.50	X						0.	0.	0.
KETTY MAISONROUGE DIRECTOR	0.50	X						0.	0.	0.
DANIEL PY DIRECTOR	0.50	X						0.	0.	0.
WENDY C. WEILER CHAIR NOMINATING COMM.	1.00	X						0.	0.	0.
KARA YOUNG DIRECTOR	0.30	X						0.	0.	0.
NANCY DALE EXECUTIVE DIRECTOR	40.00			X				211,284.	0.	49,757.
PATRICK MOUTON DIRECTOR OF FINANCE	40.00			X				114,501.	0.	26,965.
GEOFFREY GLICK DIR., EXTERNAL RELATIONS	40.00					X		139,498.	0.	32,852.
DAVID BLANC DIRECTOR OF OPERATIONS	40.00					X		109,479.	0.	25,782.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
1b Total ▶								574,762.	0.	135,356.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 4

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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 NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	839,027.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	35,322,909.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4060483.			
	g Noncash contributions included in lines 1a-1f $ 1618249.					
	h **Total.** Add lines 1a-1f		40,222,419.			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		10,888.			10,888.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ 839,027. of contributions reported on line 1c). See Part IV, line 18	a 168708.				
	b Less direct expenses	b 177937.				
	c Net income or (loss) from fundraising events		<9,229.>			<9,229.>
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less. direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a EXCHANGE GAIN	900099	172,114.			172,114.
	b MISCELLANEOUS	900099	163,159.			163,159.
	c MISSION SALES	900099	51,970.			51,970.
	d All other revenue					
	e **Total.** Add lines 11a-11d		387,243.			
	12 **Total revenue.** See instructions		40,611,321.	0.	0.	388,902.

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	402,507.		402,507.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	12,770,832.	10,351,383.	2,071,773.	347,676.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	2,966,123.	2,465,701.	427,003.	73,419.
10 Payroll taxes	236,333.	191,507.	39,124.	5,702.
11 Fees for services (non-employees):				
a Management				
b Legal	24,354.		24,354.	
c Accounting	61,107.		61,107.	
d Lobbying				
e Professional fundraising services See Part IV, line 17	60,666.			60,666.
f Investment management fees				
g Other	12,956.	10,122.	2,778.	56.
12 Advertising and promotion				
13 Office expenses	1,672,421.	1,385,010.	248,443.	38,968.
14 Information technology				
15 Royalties				
16 Occupancy	1,204,723.	957,310.	247,413.	
17 Travel	817,427.	556,518.	256,362.	4,547.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	41,412.	269.	41,083.	60.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	255,595.	218,002.	37,593.	
23 Insurance	19,728.	5,609.	14,119.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a NUTRITION	3,325,748.	3,325,748.		
b VEHICLES	2,807,600.	2,801,738.	5,862.	
c FOOD SECURITY	1,643,714.	1,643,714.		
d WATSAN	1,484,301.	1,484,301.		
e FREIGHT	1,446,277.	1,444,690.	1,587.	
f All other expenses	3,997,001.	3,072,251.	517,054.	407,696.
25 Total functional expenses. Add lines 1 through 24f	35,250,825.	29,913,873.	4,398,162.	938,790.
26 Joint costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	2,266,381.	1	953,684.
	2	Savings and temporary cash investments	5,644,645.	2	4,094,253.
	3	Pledges and grants receivable, net	7,526,878.	3	16,162,575.
	4	Accounts receivable, net	779,580.	4	818,787.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	23,902.	9	28,114.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,319,847.			
	b	Less accumulated depreciation — 10b: 1,066,224.	280,926.	10c	253,623.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	316,576.	15	601,233.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	16,838,888.	16	22,912,269.
Liabilities	17	Accounts payable and accrued expenses	589,227.	17	904,492.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	483,355.	25	880,975.
	26	**Total liabilities.** Add lines 17 through 25	1,072,582.	26	1,785,467.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	4,947,154.	27	4,077,037.
	28	Temporarily restricted net assets	10,819,152.	28	17,049,765.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	15,766,306.	33	21,126,802.
	34	Total liabilities and net assets/fund balances	16,838,888.	34	22,912,269.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ 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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	3a	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 in Schedule O and describe any steps taken to undergo such audits	3b	X	

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	**Employer identification number**
ACTION AGAINST HUNGER - USA	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 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii)	A family member of a person described in (i) above?		
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	21,718,863.	25,891,482.	29,530,615.	34,166,830.	40,222,419.	151,530,209.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	21,718,863.	25,891,482.	29,530,615.	34,166,830.	40,222,419.	151,530,209.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						151,530,209.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	21,718,863.	25,891,482.	29,530,615.	34,166,830.	40,222,419.	151,530,209.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	24,621.	39,127.	82,566.	89,737.	10,888.	246,939.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	474.	34,211.	83,336.	141,964.	335,273.	595,258.
11 **Total support.** Add lines 7 through 10						152,372,406.

12 Gross receipts from related activities, etc (see instructions)	12	436,921.

13 **First five 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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.45 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.57 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** 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 - 2008.** 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 ▶ ☐

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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? ☐ Yes ☐ 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? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 (e g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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 8/17/06	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? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, 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)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____
b Assets included in Form 990, Part X ▶ $ _____

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 are a 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 programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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 organization answered "Yes" to 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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 year end balance held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

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" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(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		49,617.	24,099.	25,518.
d Equipment		417,243.	345,762.	71,481.
e Other		852,987.	696,363.	156,624.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*			▶	253,623.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total (Col (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total (Col (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Amount
Federal income taxes	
PROVISION FOR UNANTICIPATED LOSSES	350,000.
DUE TO NETWORK AFFILIATE	530,975.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	880,975.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	40,611,321.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	35,250,825.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,360,496.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	5,360,496.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	40,789,258.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	177,937.		
e	Add lines **2a** through **2d**			2e	177,937.
3	Subtract line **2e** from line **1**			3	40,611,321.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	40,611,321.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	35,428,762.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	177,937.		
e	Add lines **2a** through **2d**			2e	177,937.
3	Subtract line **2e** from line **1**			3	35,250,825.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1.**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	35,250,825.

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

PART X: IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) RELEASED FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES. FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008, ACTION AGAINST HUNGER USA HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10 AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Part XIV Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPOTED AS EXPENSE IN FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE IN 990, PT VIII, LINE 8B.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPOTED AS EXPENSE IN FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE IN 990, PT VIII, LINE 8B.

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	7	1000	PROGRAM SERVICES WITH ONE SUPPORT CENTER	PROVIDE NUTRITION, WATER AND SANITATION, AND EDUCATE PEOPLE ABOUT FOOD SECURITY AND PUBLIC	29527610.
SOUTH ASIA	1	4	PROGRAM SERVICES	PROVIDE WATER AND SANITATION.	383,713.
RUSSIA AND THE NEW IND STATES	1	0	PROGRAM SERVICES	PROVIDE WATER AND SANITATION.	2,550.
Totals ▶	9	1004			29,913,873.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule F (Form 990) 2009**

SEE PART IV FOR COLUMN (E) DESCRIPTIONS

932071
02-01-10

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000 Check this box if no one recipient received more than $5,000 ▶ ☐

Use Schedule F-1 (Form 990) 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 non-cash assistance	(h) Description of non-cash 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 tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

3 Enter total number of other organizations or entities ▶

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

Use Schedule F-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information

PART I, LINE 3, COLUMN (E):

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDE NUTRITION, WATER AND SANITATION, AND EDUCATE PEOPLE ABOUT FOOD SECURITY AND PUBLIC HEALTH.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization: ACTION AGAINST HUNGER - USA

Employer identification number: 13-3327220

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to 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 [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [X] Solicitation of government grants
g [X] 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? [X] Yes [ ] No

b If "Yes," list the ten 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 of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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
EURO AMERICAN COMMUNICATION	DIRECT MAIL		X	326,095.	30,000.	296,095.
Total ▶				326,095.	30,000.	296,095.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.
AK,AL,AR,AZ,CA,CO,CT,FL,GA,IL,KS,KY,MA,MD,ME,MI,MN,MS,MO,NC,ND,NH,NJ,NM,NY
OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV,HI

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a List events with gross receipts greater than $5,000.

		(a) Event #1 ANNUAL GALA (event type)	(b) Event #2 LE FOODING (event type)	(c) Other events 4 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	860,526.	57,226.	89,983.	1,007,735.
	2 Less: Charitable contributions	805,130.	33,897.	0.	839,027.
	3 Gross income (line 1 minus line 2)	55,396.	23,329.	89,983.	168,708.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	22,329.	23,329.	23,812.	69,470.
	7 Food and beverages	42,157.			42,157.
	8 Entertainment			900.	900.
	9 Other direct expenses	59,463.	293.	5,654.	65,410.
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	(177,937.)
	11 Net income summary Combine line 3, column (d), and line 10			▶	<9,229.>

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)			▶	( )
	8 Net gaming income summary Combine line 1, column (d), and line 7			▶	

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," explain			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

			Yes	No
13 Indicate the percentage of gaming activity operated 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?			**15a**	
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?			**17a**	
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 ▶ $				

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" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

ACTION AGAINST HUNGER - USA

Employer identification number

13-3327220

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , 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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply			
	☒ Compensation committee	☒ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in 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?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in 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?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
NANCY DALE	(i)	211,284.	0.	0.	0.	49,757.	261,041.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
GEOFFREY GLICK	(i)	139,498.	0.	0.	0.	32,852.	172,350.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(i)							
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	(ii)							

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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				
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	135,961.	CATALOGUE ACFIN/FMV
20	Drugs and medical supplies	X	5	366,560.	CATALOGUE ACFIN/FMV
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (THERAPEUTIC F)	X	5	979,289.	
26	Other ▶ (NON FOOD ITEM)	X	4	68,564.	CATALOGUE ACFIN/FMV
27	Other ▶ (TOOLS & EQUIP)	X	4	67,875.	CATALOGUE ACFIN/FMV
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 IV, Donee Acknowledgment — 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		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 non-standard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ACTION AGAINST HUNGER - USA

Employer identification number
13-3327220

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TACKLE THE UNDERLYING CAUSES OF MALNUTRITION AND ITS EFFECTS BY USING OUR EXPERTISE IN NUTRITION, FOOD SECURITY, WATER AND SANITATION, HEALTH AND ADVOCACY. BY INTEGRATING OUR PROGRAMS WITH LOCAL AND NATIONAL SYSTEMS WE FURTHER ENSURE THAT SHORT-TERM INTERVENTIONS BECOME LONG-TERM SOLUTIONS.

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

DEVELOPMENT, LEADING TO MASSIVE NUTRITIONAL CRISIS.

ACF'S STRATEGY IN DRC AIMS TO RESPOND TO EMERGENCIES AS WELL AS NUTRITIONAL AND FOOD DIFFICULTIES FACED BY VULNERABLE PEOPLE. THE MAIN STRATEGIC GOAL IS TO REDUCE MORTALITY AND MORBIDITY RELATED TO ACUTE MALNUTRITION. SEVERAL KINDS OF ACTIVITIES ARE IMPLEMENTED NOT ONLY TO PREVENT AND CURE ACUTE MALNUTRITION, BUT ALSO TO TACKLE ITS UNDERLYING CAUSES. TRANSVERSAL APPROACHES IN FOOD SECURITY, WATER AND SANITATION AND NUTRITION ALLOW ENLARGING THE SCOPE OF THE INTERVENTIONS AND THEIR IMPACT ON PEOPLE'S NUTRITIONAL STATUS. IN PARALLEL TO TRADITIONAL EMERGENCY INTERVENTIONS, ACF ALSO FACILITATES THE RETURN OF DISPLACED PEOPLE BY PROVIDING THEM WITH THE MEANS TO REGAIN FOOD AND ECONOMIC SELF-SUFFICIENCY IN AN ADEQUATE HEALTHY ENVIRONMENT AS SOON AS POSSIBLE. ACF ALSO CONTRIBUTES TO THE DEVELOPMENT OF THE LOCAL CAPACITIES OF COMMUNITIES, LOCAL ASSOCIATIONS AND HEALTH AUTHORITIES AT LOCAL AND CENTRAL LEVELS. THE COLLABORATION WITH THE MINISTRY OF HEALTH AND THE PRONANUT WITH THE REINFORCEMENT OF THE NATIONAL NUTRITION PROGRAM (RPN) PERMITS TO PROMOTE THE NUTRITION NATIONAL POLICY AND TO

REINFORCE THE NUTRITION SURVEILLANCE OF THE COUNTRY.

DURING THE YEAR 2009, ACF CONTINUED ITS ACTIVITIES IN NUTRITION, FOOD SECURITY, WATER AND SANITATION IN KATANGA, BANDUNDU, SOUTH KIVU, NORTH KIVU, KASAI ORIENTAL AND IN ORIENTALE AND BEGAN PROGRAMS IN KINSHASA. A NATIONAL NUTRITION PROGRAM ALSO ALLOWS ACF TO WORK IN OTHER PROVINCES IN SUPPORT TO HEALTH AUTHORITIES, NOTABLY IN BAS CONGO AND IN KASAI OCCIDENTAL. THE CONTEXT OF ACF'S INTERVENTION IN 2009 WAS MAINLY DEFINED IN KATANGA BY A DECREASE IN CHOLERA OUTBREAKS ALONG THE CONGO RIVER AND IN CITIES, AND IN BANDUNDU, KATANGA AND BOTH ORIENTAL AND OCCIDENTAL KASAI BY THE EMERGENCE OF IMPORTANT NUTRITION CRISES, AND BY A HIGH NUMBER OF DISPLACED POPULATIONS (AND RETURNEES IN NORTH KIVU) IN SOUTH AND NORTH KIVU AND ORIENTALE. THE PROGRAMS HAVE BENEFITED 500,000 PEOPLE, INCLUDING 218 000 IN FOOD SECURITY, 242 000 IN WATER AND SANITATION, 40 000 IN NUTRITION.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
MALNUTRITION AND TREATING CASES OF ACUTE MALNUTRITION. ACTIVITIES WERE LIMITED TO TEMPORARY, RELIEF OPERATIONS. IN 2007, ACF EXPANDED OPERATIONS INTO GARISSA IN RESPONSE TO A CRISIS DUE TO FLOODING AND A CONCURRENT NUTRITION EMERGENCY IN THE DADAAB REFUGEE CAMP. AFTER 2007, ACF DECIDED TO BROADEN THEIR INTERVENTIONS TO INCLUDE THOSE WHICH SOUGHT TO PROMOTE RESILIENCE IN COMMUNITIES IN ORDER TO PREVENT FURTHER DETERIORATION. IN 2007-08, ACF IDENTIFIED AN INTEGRATED MULTI-SECTORAL APPROACH AS THE MOST APPROPRIATE TO MEET IMMEDIATE NEEDS AND TO BUILD RESILIENCE TO FUTURE SHOCKS IN NEP. EXISTING PROGRAMS IN NUTRITION AND

WATER EXPANDED TO INCLUDE FOOD SECURITY/LIVELIHOODS, SUPPORT TO GOVERNMENT HEALTH SERVICES AND COMMUNITY-FOCUSED HEALTH EDUCATION. THE APPROACH FOCUSES ON BOTH THE MALNOURISHED AND THEIR COMMUNITIES.

FOLLOWING THE POST-ELECTION VIOLENCE THAT ENGULFED KENYA LATE 2007, ACF KENYA INTERVENED IN WATER AND SANITATION AND PROVISION OF NON FOOD ITEMS (NFI'S) TO INTERNALLY DISPLACED PERSONS (IDPS) IN JAMUHURI AND NAKURU AGRICULTURAL SHOWGROUND CAMPS. ESTABLISHED AN EMERGENCY NUTRITION RESPONSE TO TREAT EXISTING CASES AND PREVENT MALNUTRITION RELATED TO THE CRISES THE INTERVENTION HAS BEEN COMPLETED BY A FOOD SECURITY PROGRAM TO SUPPORT LIVELIHOOD REBUILDING BASED CASH TRANSFER APPROACH. THE EMERGENCY RESPONSE ENDED IN JANUARY 2008 A YEAR FOLLOWING THE EVENT.

IN 2009 ACF-KENYA HAS CONSOLIDATED ITS MULTI-SECTOR, INTEGRATED APPROACH AROUND THE MALNUTRITION FRAMEWORK, CONTINUING WITH EXISTING PROGRAMS IN NUTRITION AND WASH, AND EXPANDING FOOD SECURITY AND LIVELIHOODS, AND PUBLIC HEALTH PROMOTION IN ASAL. ADDITIONALLY, ACF HAS TAKEN POSITION AS TO LEAD THE NUTRITION SECTOR IN SURVEILLANCE BY MID-JULY 2009, ACF KENYA FACED A MAJOR SECURITY CRISIS WITH THE ABDUCTION OF THREE OF ITS EXPATRIATES IN MANDERA BY SOMALIA GUNMEN. AT THE TIME OF WRITING THIS DRAFT STRATEGY, THE THREE ABDUCTED STAFFS HAVE BEEN RELEASED AFTER 2,5 MONTHS ORDEAL AND ALL THE PROJECTS IMPLEMENTED IN THE NORTH EASTERN PROVINCE HAVE SCALED DOWN TO THE STRICT MINIMUM LIFE SAVING ACTIVITIES ON REMOTE CONTROL SUPPORT FROM NAIROBI.

THE TOTAL NUMBER OF BENEFICIARIES IN 2009 IN KENYA IS 193,781 PEOPLE.

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

OUTBREAKS OF WAR AND DISEASE. THE LORD'S RESISTANCE ARMY CONFLICT DISPLACED MILLIONS OF PEOPLE IN ACHOLI, LANGO AND TESO SUB REGIONS, DURING THEIR 20 YEAR ARMED CONFLICT AGAINST THE UGANDAN GOVERNMENT. AS PEACE RETURNS, THE RETURNEES' MIGRATIONS AND LACK OF RURAL INFRASTRUCTURE HAVE RESULTED IN SEVERAL CASES OF DISEASE OUTBREAKS, COMPOUNDED BY REPEATED REFUGEE MOVEMENTS FROM THE DRC AND SOUTHERN SUDAN. POLIO, MENINGITIS, HEPATITIS-E, CHOLERA AND OTHER DISEASES REMAIN A THREAT TO NORTHERN UGANDANS.

NORTHERN UGANDA'S RECOVERY AND DEVELOPMENT ARE ONGOING, AND IT IS OF PARAMOUNT CONCERN TO ACF THAT THE INFRASTRUCTURE, KNOW-HOW AND CAPACITY OF THE DISTRICTS TO ENABLE THEM TO PROVIDE THE NECESSARY SERVICES TO THEIR POPULATIONS EXISTS IN RURAL COMMUNITIES. THE BUILDING OF COMMUNITY HEALTH WORKERS' CAPACITY TO DETECT AND REFER MALNUTRITION, THE INCREASE OF ACCESS TO POTABLE WATER BY COMMUNITIES, AS WELL AS ACCESS TO MARKETS BY HOUSEHOLDS IS THE AIM OF ACF'S INTERVENTION IN NORTHERN UGANDA. ACF ENSURES THAT THESE ACTIVITIES ARE CARRIED OUT IN A SUSTAINABLE MANNER, AND ANY INTERVENTION IS CARRIED OUT WITH AN EYE TOWARDS THE ENVIRONMENT, ESPECIALLY AS THIS RELATES TO THE COMMUNITIES' RELATIONSHIP WITH THEIR IMMEDIATE ECOLOGY.

ACF IN NORTHERN UGANDA:

ACF'S INTEGRATED INTERVENTIONS IN NORTHERN UGANDA AND KARAMOJA ARE DESIGNED TO ENABLE COMMUNITIES AND THE GOVERNMENT IN PREVENTING,

DETECTING AND TREATING MALNUTRITION. THE OVERARCHING STRATEGY OF ACF IN UGANDA IS TO ENABLE AND SUPPORT RETURNING POPULATIONS AS THEY MOVE TOWARDS HOME, AND ASSIST THEM IN SETTING UP HEALTHY, PRODUCTIVE COMMUNITIES UPON THEIR RETURN. AS A DIRECT RESULT OF ACF'S HISTORICAL IMPACT, ACF HAS NOW HANDED OVER THE DIRECT NUTRITION WORK TO THE DISTRICT HEALTH SERVICES. CURRENT ACTIVITIES FOCUS ON SUPPORTING THE DHO TO EFFECTIVELY MONITOR, TREAT AND PREVENT MALNUTRITION. CURRENTLY, COMPLIMENTARY ACTIVITIES TO NUTRITION IN WATER/SANITATION (WASH) AND FOOD SECURITY AND LIVELIHOODS (FSL) HAVE BECOME THE PREDOMINANT INTERVENTIONS OF ACF IN NORTHERN UGANDA.

NUTRITION:

THE NUMBERS OF PEOPLE ASSISTED BY THE ACF NUTRITION PROGRAM THUS FAR IN 2009 ARE:

	NUTRITION (CHILDREN)	CAPACITY BUILDING (HEALTH WORKERS/VHT)
LIRA	995	224
APAC	374	61
OYAM	848	226
TOTAL	2217	511

FROM SEPTEMBER 2008 TO MARCH 2009, ACF HAS CONDUCTED CAPACITY BUILDING TRAINING OF HEALTH WORKERS IN LIRA, APAC AND OYAM IN PREPARATION FOR THE HANDOVER OF NUTRITION WORK TO THE DHO. TO DATE, APPROXIMATELY 454 VHT MEMBERS HAVE BEEN TRAINED ON DETECTION, REFERRAL OF CASES AND COMMUNITY FOLLOW UP.

IN MARCH 2009, ACF'S WFP-ASSISTED SUPPLEMENTARY FEEDING PROGRAM ENDED WITH WFP'S GRADUAL WITHDRAWAL FROM NORTHERN UGANDA. AT PRESENT, ACF CONTINUES TO PROVIDE TECHNICAL SUPPORT TO THE HEALTH WORKERS IN OTPS AND MANAGEMENT SUPPORT TO THE CLINICAL PROGRAM. WHILE NUTRITIONAL ACTIVITIES CONTINUE, ACF IS WORKING CLOSELY WITH THE GOVERNMENT OF UGANDA IN ORDER TO EXPAND THE STREAMLINING OF HIV/AIDS IN THE NUTRITION WORK IN THE NORTH, AS WELL AS INCREASING THE NUMBER OF HEALTH WORKERS ABLE TO USE THE SMART-METHODOLOGY FOR NUTRITION SURVEYS.

WASH:

ACF HAS BEEN INTERVENING OVER THE LAST YEARS IN WASH IN THE FOLLOWING AREAS:

* COMMUNITY SANITATION AND HYGIENE IMPROVEMENT
* SAFE WATER FACILITIES IN IDPS CAMPS AND RETURN AREAS
* BOREHOLE DRILLING
* IMPROVEMENT OF TRADITIONAL WATER POINTS
* SUPPLY OF BIO-SAND AND CERAMIC FILTERS

ACF INVOLVES THE COMMUNITY AT EVERY STEP IN EACH INTERVENTION AND ENSURES THAT THEY PARTICIPATE AND CONTRIBUTE TOWARDS THE FACILITIES AS A WAY OF ENSURING OWNERSHIP AND SUSTAINABILITY. IN MANY CASES, DISEASE OUTBREAKS CAN BE PREVENTED BY HIGHLIGHTING HYGIENE PROMOTION AS THE FIRST STEP IN PREVENTING INFECTIOUS DISEASES.. ADDITIONALLY, TO ENSURE APPROPRIATE TECHNOLOGIES ARE USED, INSTITUTIONAL LATRINE CONSTRUCTION IN PRIMARY SCHOOLS ADAPTS TECHNOLOGY ACCORDING TO THE SOIL CONDITIONS OF THE AREA I.E. ECOSAN OR VENTILATED PIT LATRINES. ACF'S EMERGENCY KNOW-HOW ALLOWS IT TO RESPOND TO WATER-RELATED EMERGENCIES THROUGHOUT

UGANDA.

FOOD SECURITY AND LIVELIHOODS:

IN 2009, ACF FSL PROGRAM WILL ASSIST ALMOST 8,000 PEOPLE THROUGH:

* IMPLEMENT A LIVELIHOODS RECOVERY PROGRAM (LEARN) THROUGH DIRECT CASH TRANSFER TO 1,500 VULNERABLE RETURNEE HOUSEHOLDS IN OTUKE COUNTY, LIRA DISTRICT WITH FUNDING PROVIDED BY THE ROYAL NORWEGIAN EMBASSY IN KAMPALA.

* ESTABLISH SEED MULTIPLICATION GROUPS TO DEVELOP LOCAL COMMUNITY AGRICULTURAL SEED SYSTEMS INCLUDING SEED BANKS WITH FUNDING FROM ECHO IN GULU AND AMURU DISTRICTS.

THE ACF FOOD SECURITY PROGRAM SEEKS TO IMPROVE HOUSEHOLD RESILIENCE TO FOOD INSECURITY AND LIVELIHOODS OF VULNERABLE HOUSEHOLDS. ACF HAS BEEN SUPPORTING VULNERABLE HOUSEHOLDS IN INTERNALLY DISPLACED PEOPLES (IDP) CAMPS AND RETURNEE HOUSEHOLDS IN NORTHERN UGANDA SINCE 2004 THROUGH THE PROVISION OF AGRO-INPUTS, IGA KITS, RECAPITALIZATION BY CASH TRANSFERS, TECHNOLOGY TRANSFER AND SKILLS DEVELOPMENT IN AMURU, GULU, OYAM, APAC AND LIRA DISTRICTS.

LIST OF KEY PARTNERS:

ACF WORKS VERY CLOSELY WITH PARTNERS AND LOCAL AUTHORITIES TO ENSURE THAT THE PROGRAMS ARE ACCEPTED AND OWNED BY THE DISTRICT AND BY BENEFICIARY COMMUNITIES AND TO AVOID OVERLAPPING WITH OTHER INTERVENTIONS IN THE REGION. THE PROGRAMS FIT WITHIN THE NATIONAL PRDP FRAMEWORK AND MOUS ARE SIGNED WITH THE DHO AND WITH THE DISTRICT IN

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: ACTION AGAINST HUNGER - USA

Employer identification number: 13-3327220

GENERAL.

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

SOUTH SUDAN PROGRAMS

EXPENSES $ 4687396. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

PAKISTAN PROGRAMS

EXPENSES $ 383213. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

SWAZILAND PROGRAMS

EXPENSES $ 328276. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

OTHER COUNTRY PROGRAMS

EXPENSES $ 1311. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

TAJIKISTAN PROGRAMS

EXPENSES $ 2550. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

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

CONGO, DEM REP, KENYA, PAKISTAN, SUDAN,

UGANDA

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. IT IS THEN 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 HEREBY

SCHEDULE O (Form 990)

Department of the Treasury
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AUTHORIZES THE FINANCE COMMITTEE OF THE BOARD TO CONDUCT A THOROUGH REVIEW OF THE 990 WITH MANAGEMENT (TO INCLUDE INFORMING ANY BOARD MEMBER OF THEIR BEING REFERENCED IN ANY SECTION OTHER THAN THE LIST OF MEMBERS OF THE BOARD) AND ACTING BETWEEN BOARD MEETINGS TO AUTHORIZE RELEASE OF THE 990.

FORM 990, PART VI, SECTION B, LINE 12C: PROCEDURES FOR ADDRESSING A CONFLICT OF INTEREST:

- 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 CORPORATION 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 CORPORATION'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER IT IS FAIR AND REASONABLE TO THE CORPORATION, AND MAKES ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION, CONTRACT, OR

ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION.

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 WILL ALSO REVIEW THE SALARIES OF KEY STAFF AND CONSULT ON SALARY QUESTIONS REGARDING THE SENIOR STAFF TEAM SHOULD THEY ARISE.

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

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

FROM 990, PART V, LINE 4A

UGANDA, DRC, KENYA, SUDAN, PAKISTAN