

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING
DECEMBER 31, 2018

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

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 private foundations)

OMB No. 1545-0047

2018

Open to Public Inspection

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

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

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: **ONE WHITEHALL STREET, 2ND FL**
 City or town, state or province, country, and ZIP or foreign postal code: **NEW YORK, NY 10004**

D Employer identification number: **13-3327220**

E Telephone number: **(212) 967-7800**

G Gross receipts \$: **146,233,766.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

F Name and address of principal officer: **CHARLES OWUBAH**
SAME AS C ABOVE

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

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

K Form of organization: Corporation Trust Association Other

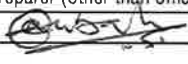
L Year of formation: **1985** **M** State of legal domicile: **NY**

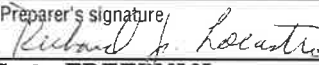
Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	SEE PART III, LINE 1.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	84
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 182,874,387.	Current Year 146,142,597.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	44,942.	-135,669.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,848,352.	-2,869.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	184,767,681.	146,004,059.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	30,635,206.	32,668,740.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	427,155.	20,480.
	b	Total fundraising expenses (Part IX, column (D), line 25)	2,209,336.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	127,284,651.	94,635,175.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	158,347,012.	127,324,395.	
19	Revenue less expenses. Subtract line 18 from line 12	26,420,669.	18,679,664.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 104,691,364.	End of Year 119,966,761.
	21	Total liabilities (Part X, line 26)	25,811,871.	24,875,547.
	22	Net assets or fund balances. Subtract line 21 from line 20	78,879,493.	95,091,214.

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: **11/15/2019**
CHARLES OWUBAH, CHIEF EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **RICHARD J. LOCASTRO, CPA** Preparer's signature:  Date: **11/15/2019** Check if self-employed PTIN: **P00288314**
 Firm's name: **GELMAN, ROSENBERG & FREEDMAN** Firm's EIN: **52-1392008**
 Firm's address: **4550 MONTGOMERY AVE SUITE 800N**
BETHESDA, MD 20814-2930 Phone no. (301) 951-9090

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 53,325,961. including grants of \$) (Revenue \$)

NIGERIA:

DRIVEN BY CONFLICT, THE HUMANITARIAN CRISIS IN NIGERIA'S NORTH EAST ZONE IS ONE OF THE WORLD'S TEN MOST SEVERE CRISES. IN NIGERIA, 7.1 MILLION PEOPLE ARE IN NEED OF HUMANITARIAN ASSISTANCE, WHILE 1.8 MILLION PEOPLE IN THE CONFLICT-AFFECTED STATES ARE INTERNALLY DISPLACED. IT IS ESTIMATED THAT 823,000 PEOPLE LIVE IN AREAS INACCESSIBLE TO INTERNATIONAL HUMANITARIAN ORGANISATIONS. MORE THAN ONE MILLION CHILDREN BETWEEN THE AGES OF SIX MONTHS AND FIVE YEARS ARE ACUTELY MALNOURISHED ACROSS THE AFFECTED AREAS. ONE IN FIVE CHILDREN WITH SEVERE ACUTE MALNUTRITION AND ONE IN 15 CHILDREN WITH MODERATE ACUTE MALNUTRITION ARE AT RISK OF DEATH IF UNTREATED. AMID AN INCREASINGLY INTENSE CONFLICT AND NEW WAVES OF DISPLACEMENTS IN THE

4b (Code:) (Expenses \$ 14,161,914. including grants of \$) (Revenue \$)

SOMALIA:

SOMALIA IS EXPERIENCING A PROLONGED AND COMPLEX CRISIS CHARACTERIZED BY CONFLICT, DISPLACEMENT, DROUGHT AND DISEASE. MALNUTRITION RATES ARE HIGH: NEARLY ONE MILLION CHILDREN UNDER THE AGE OF FIVE ARE ESTIMATED TO BE ACUTELY MALNOURISHED IN 2019, OF WHOM 138,200 SEVERELY MALNOURISHED. KEY DRIVERS OF MALNUTRITION ARE FOOD INSECURITY, LACK OF DIVERSE DIETS, LIMITED HEALTH SERVICES AND INADEQUATE ACCESS TO WATER AND SANITATION. THE INFLUX OF PEOPLE TO URBAN AREAS PUTS A STRAIN ON ALREADY LIMITED RESOURCES, WHILE DISPLACED POPULATIONS FACE CONSIDERABLE CHALLENGES. MOTHERS SEARCHING FOR WORK MAY BE FORCED TO LEAVE CHILDREN WITHOUT PROPER CARE. MANY PEOPLE LACK ACCESS TO APPROPRIATE SHELTER AND SANITATION AND HYGIENE FACILITIES. IN SOMALIA

4c (Code:) (Expenses \$ 12,574,538. including grants of \$) (Revenue \$)

SOUTH SUDAN:

IN SOUTH SUDAN, THE REVITALIZED PEACE PROCESS HAS PRESENTED NEW OPPORTUNITIES. HOWEVER, GREAT CHALLENGES PERSIST: YEARS OF CONFLICT HAVE LEFT MORE THAN 7 MILLION PEOPLE IN NEED OF ASSISTANCE AND PROTECTION. BUREAUCRATIC OBSTACLES AND VIOLENCE AGAINST AID WORKERS LIMIT ACCESS AND DISRUPT LIFESAVING PROGRAMS. CONFLICT PUSHED MORE PEOPLE INTO HUNGER IN 2018, AND MALNUTRITION RATES REMAINED HIGH. 2 MILLION PEOPLE WERE INTERNALLY DISPLACED, AND 2.2 MILLION PEOPLE HAVE BECOME REFUGEES. THE COUNTRY IS MARKED BY EXCESSIVE GENDER-BASED VIOLENCE, DECLINING ECONOMIC OPPORTUNITIES AND STRAINED HEALTH CENTERS. HALF OF ALL CHILDREN ARE NOT ATTENDING SCHOOL, AND TWO-THIRDS OF THE POPULATION HAS NO ACCESS TO SAFE WATER. IN 2018, WE PROVIDED NUTRITION

4d Other program services (Describe in Schedule O.)
(Expenses \$ 28,069,881. including grants of \$) (Revenue \$)

4e Total program service expenses 108,132,294.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 15		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

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

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

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

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

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

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

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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RAYMOND DEBBANE CHAIR & CHAIR EXEC COMM.	3.00	X		X				0.	0.	0.
(2) JEAN-LOUIS GALLIOT FIN./INV. COMM. CHAIR/TREAS.	2.00	X		X				0.	0.	0.
(3) BURTON K. HAIMES CHAIR EMERITUS	1.00	X						0.	0.	0.
(4) THILO SEMMELBAUER DIRECTOR	0.30	X						0.	0.	0.
(5) KARIM TABET DIRECTOR	0.30	X						0.	0.	0.
(6) CHRISTOPHE DUTHOIT DIRECTOR	0.30	X						0.	0.	0.
(7) SYLVAIN DESJONQUERES DIRECTOR	0.30	X						0.	0.	0.
(8) KARA YOUNG DIRECTOR	2.00	X						0.	0.	0.
(9) SANDRA TAMER DIRECTOR	3.00	X						0.	0.	0.
(10) SHABRINA JIVA DIRECTOR	0.30	X						0.	0.	0.
(11) SABINA FILA DIRECTOR	0.30	X						0.	0.	0.
(12) PAUL OFMAN DIRECTOR	0.30	X						0.	0.	0.
(13) YVES-ANDRE ISTELE DIRECTOR	0.50	X						0.	0.	0.
(14) DAVID VAN ZANDT DIRECTOR	0.30	X						0.	0.	0.
(15) KETTY PUCCI SISTI MAISONROUGE DIRECTOR	0.30	X						0.	0.	0.
(16) ANDREA TAMBURINI CEO AND SECRETARY	40.00			X				208,639.	0.	41,290.
(17) SHAVKY K. RAJABOV DIRECTOR OF FINANCE (UNTIL 8/18)	40.00			X				92,449.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CRAIG LOVE CFO (FROM 8/18)	40.00			X				61,193.	0.	0.
(19) KIM K. PUCCI DIRECTOR OF EXTERNAL RELATIONS	40.00				X			164,482.	0.	29,733.
(20) EVELINE TAVARES DIRECTOR OF HUMAN RESOURCE	40.00					X		118,687.	0.	22,078.
(21) SAUL IGNACIO GUERRERO OTEYZA TECHNICAL DIRECTOR (UNTIL 12/18)	40.00					X		148,405.	0.	29,307.
(22) RICHARD HASELWOOD DIRECTOR OF OPERATIONS	40.00					X		153,597.	0.	29,492.
1b Sub-total								947,452.	0.	151,900.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								947,452.	0.	151,900.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GRF, CPAS AND ADVISORS, 4550 MONTGOMERY AVE, SUITE 800N, BETHSEDA, MD 20814	ACCOUNTING	250,000.
MAL WARWICK 2550 9TH STREET, BERKELY, CA 10001	DEVELOPMENT	241,476.
CAROL CONE ON PURPOSE LLC 110 WALL STREET, NEW YORK, NY 10005	CONSULTING	161,850.
GRAINEY PICTURES INC, 4220 GLENCOE AVE, SUITE 100, MARINA DEL RAY, CA 90292	DIGITAL CONSULTING	123,219.
ONE & ALL, 3500 LENOX ROAD NE, SUITE 1900, ATLANTA, GA 30326	CONSULTING	114,692.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **6**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,306,900.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	130,348,715.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	14,486,982.				
	g Noncash contributions included in lines 1a-1f: \$		7,941,905.				
	h Total. Add lines 1a-1f		146,142,597.				
	Program Service Revenue	2 a _____	Business Code				
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		275.			275.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	18,000.				
		(ii) Personal					
		b Less: rental expenses		0.			
	c Rental income or (loss)		18,000.				
	d Net rental income or (loss)		18,000.			18,000.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses			135,944.		
		c Gain or (loss)			-135,944.		
	d Net gain or (loss)			-135,944.		-135,944.	
	8 a Gross income from fundraising events (not including \$ 1,306,900. of contributions reported on line 1c). See Part IV, line 18	a	72,660.				
		b Less: direct expenses	b	93,763.			
c Net income or (loss) from fundraising events			-21,103.			-21,103.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a 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					
11 a MISCELLANEOUS		900099	234.			234.	
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			234.				
12 Total revenue. See instructions			146,004,059.	0.	0.	-138,538.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	597,786.	15,114.	387,631.	195,041.
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	27,008,580.	25,249,288.	984,159.	775,133.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	130,898.	123,759.	5,423.	1,716.
9 Other employee benefits	4,423,857.	4,072,304.	153,770.	197,783.
10 Payroll taxes	507,619.	462,122.	20,251.	25,246.
11 Fees for services (non-employees):				
a Management				
b Legal	42,095.	51,558.	-13,188.	3,725.
c Accounting	208,418.	255,271.	-65,294.	18,441.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	20,480.			20,480.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	8,558,845.	7,223,966.	933,718.	401,161.
12 Advertising and promotion				
13 Office expenses	2,509,096.	2,244,093.	212,910.	52,093.
14 Information technology	58,153.	71,226.	-18,218.	5,145.
15 Royalties				
16 Occupancy	2,898,375.	2,226,224.	672,151.	
17 Travel	1,570,981.	1,388,833.	151,786.	30,362.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	149,972.	100,594.	24,860.	24,518.
20 Interest	88,672.	69,240.	17,052.	2,380.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	322,903.	149,603.	173,300.	
23 Insurance	69,865.	-218.	70,083.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD SECURITY	20,838,277.	20,854,498.	-16,221.	
b FOOD	9,465,562.	9,577,978.	-112,416.	
c DONATED GOODS	7,941,905.	7,941,905.		
d PROV. FOR UNANTIC. LOSS	6,467,446.		6,467,446.	
e All other expenses SEE SCH O	33,444,610.	26,054,936.	6,933,562.	456,112.
25 Total functional expenses. Add lines 1 through 24e	127,324,395.	108,132,294.	16,982,765.	2,209,336.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	10,294,482.	1	8,076,730.
	2 Savings and temporary cash investments	6,167,128.	2	5,716,661.
	3 Pledges and grants receivable, net	73,644,893.	3	91,269,514.
	4 Accounts receivable, net	2,244,639.	4	2,596,221.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	167,240.	9	195,810.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,786,407.		
	b Less: accumulated depreciation	10b 2,592,657.	1,388,051.	10c 1,193,750.
	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	10,784,931.	15	10,918,075.
16 Total assets. Add lines 1 through 15 (must equal line 34)	104,691,364.	16	119,966,761.	
Liabilities	17 Accounts payable and accrued expenses	4,619,575.	17	3,602,081.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	21,192,296.	25	21,273,466.
	26 Total liabilities. Add lines 17 through 25	25,811,871.	26	24,875,547.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	10,111,139.	27	4,067,074.
	28 Temporarily restricted net assets	68,768,354.	28	91,024,140.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	78,879,493.	33	95,091,214.	
34 Total liabilities and net assets/fund balances	104,691,364.	34	119,966,761.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	146,004,059.
2	Total expenses (must equal Part IX, column (A), line 25)	2	127,324,395.
3	Revenue less expenses. Subtract line 2 from line 1	3	18,679,664.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	78,879,493.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,467,943.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	95,091,214.

Part XII Financial Statements and Reporting

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

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

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	64,505,715.	56,561,912.	68,543,544.	182,327,737.	146,142,597.	518,081,505.
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	64,505,715.	56,561,912.	68,543,544.	182,327,737.	146,142,597.	518,081,505.
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.						518,081,505.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	64,505,715.	56,561,912.	68,543,544.	182,327,737.	146,142,597.	518,081,505.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,797.	4,704.	378.	15,245.	18,275.	43,399.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	386,279.	63,373.	15,637.	1,942,787.	234.	2,408,310.
11 Total support. Add lines 7 through 10						520,533,214.
12 Gross receipts from related activities, etc. (see instructions)					12	205,707.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.53 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	98.78 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 VI.)						
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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

ACTION AGAINST HUNGER - USA

Employer identification number

13-3327220

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>59,230,515.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>14,094,256.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>19,210,464.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>7,990,577.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>3,036,573.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>4,911,312.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ <u>9,823,736.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>4</u>	DONATED FOOD AND MEDICAL SUPPLIES _____ _____ _____	\$ <u>21,880.</u>	<u>12/31/18</u>
<u>6</u>	DONATED FOOD & MEDICAL SUPPLIES _____ _____ _____	\$ <u>1,910,128.</u>	<u>12/31/18</u>
____	_____ _____ _____	\$ _____	_____
____	_____ _____ _____	\$ _____	_____
____	_____ _____ _____	\$ _____	_____
____	_____ _____ _____	\$ _____	_____

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

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

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

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

Yes No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2018

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 XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,342,811.	360,421.	982,390.
d Equipment		740,834.	729,726.	11,108.
e Other		1,702,762.	1,502,510.	200,252.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,193,750.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ADVANCES TO NETWORK	2,014,015.
(2) ACCRUED INTEREST & REVENUE	536,616.
(3) RIGHT OF USE	8,365,194.
(4) DEPOSITS	2,250.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	10,918,075.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PROVISION FOR UNANTICIPATED LOSSES	5,865,803.
(3) DUE TO NETWORK	5,532,490.
(4) OPERATING LEASE OBLIGATION	9,057,619.
(5) DEFERRED RENT	817,554.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	21,273,466.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	146,221,370.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	217,311.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	217,311.
3	Subtract line 2e from line 1		3	146,004,059.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
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	146,004,059.

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

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

1	Total expenses and losses per audited financial statements		1	127,541,706.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	217,311.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	217,311.
3	Subtract line 2e from line 1		3	127,324,395.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
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	127,324,395.

Part XIII Supplemental Information.

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

PART X, LINE 2:

FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017, ACTION AGAINST HUNGER - USA HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

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

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

ACTION AGAINST HUNGER - USA

13-3327220

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	6	1505	PROGRAM SERVICE ACTIVITIES	PROVIDE NUTRITION, WATER AND SANITATION, FOOD SECURITY AND PUBLIC HEALTH.	95,592,720.
SOUTH ASIA	1	250	PROGRAM SERVICE ACTIVITIES	PROVIDE NUTRITION, WATER AND SANITATION, FOOD SECURITY AND PUBLIC HEALTH.	1,627,486.
EAST ASIA AND THE PACIFIC	1	45	PROGRAM SERVICE ACTIVITIES	PROVIDE NUTRITION, WATER AND SANITATION, FOOD SECURITY AND PUBLIC HEALTH.	1,087,274.
CENTRAL AMERICA AND THE CARIBBEAN	1	154	PROGRAM SERVICE ACTIVITIES	PROVIDE NUTRITION, WATER AND SANITATION, FOOD SECURITY AND PUBLIC HEALTH.	4,945,626.
3 a Subtotal	9	1954			103,253,106.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	9	1954			103,253,106.

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

Schedule F (Form 990) 2018

Part IV Foreign Forms

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

Part V Supplemental Information

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

Multiple horizontal lines for supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MAL WARWICK - 2550 9TH STREET, BERKELEY, CA 94710	FUNDRAISER		X	635,702.	241,476.	394,226.
Total				635,702.	241,476.	394,226.

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

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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		ANNUAL GALA (event type)	(event type)	(total number)	
Revenue	1	Gross receipts	1,379,560.		1,379,560.
	2	Less: Contributions	1,306,900.		1,306,900.
	3	Gross income (line 1 minus line 2)	72,660.		72,660.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	93,763.		93,763.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			93,763.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-21,103.

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

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

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

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ACTION AGAINST HUNGER - USA

Employer identification number

13-3327220

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANDREA TAMBURINI CEO AND SECRETARY	(i)	208,639.	0.	0.	16,602.	24,688.	249,929.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KIM K. PUCCI DIRECTOR OF EXTERNAL RELATIONS	(i)	164,482.	0.	0.	5,045.	24,688.	194,215.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SAUL IGNACIO GUERRERO OTEYZA TECHNICAL DIRECTOR (UNTIL 12/18)	(i)	148,405.	0.	0.	4,619.	24,688.	177,712.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RICHARD HASELWOOD DIRECTOR OF OPERATIONS	(i)	153,597.	0.	0.	4,804.	24,688.	183,089.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	4	73,827.	CATALOGUE ACFIN/FMV
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	1,246	6,647,456.	CATALOGUE ACFIN/FMV
20 Drugs and medical supplies	X	277	1,010,622.	CATALOGUE ACFIN/FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (FLYERS)	X	5	210,000.	CATALOGUE ACFIN/FMV
26 Other ()				
27 Other ()				
28 Other ()				

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

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

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

Schedule M (Form 990) 2018

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

SCHEDULE M, PART I, COLUMN (B):

SCHEDULE M, PART 1, COLUMN B REPRESENTS THE TOTAL NUMBER OF CONTRIBUTIONS THE ORGANIZATION RECEIVED FROM THE CONTRIBUTORS.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

ACTION AGAINST HUNGER - USA

Employer identification number

13-3327220

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

DURING THE YEAR THE ORGANIZATION CEASED CONDUCTING THE DEMOCRATIC
REPUBLIC OF THE CONGO PROGRAMS.

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

NORTH EAST, ACTION AGAINST HUNGER HAS BEEN THE FIRST RESPONDER IN MANY
AREAS AFFECTED BY CONFLICT, STRIVING TO EMPLOY A MULTI-SECTORAL
APPROACH AND TO CONNECT WITH EARLY RECOVERY INTERVENTIONS WHERE
POSSIBLE. OUR FOOD SECURITY PROGRAMS HAVE REACHED APPROXIMATELY ONE
MILLION PEOPLE, INCREASING THEIR SOCIAL PROTECTION, PROVIDING FOOD
ASSISTANCE THROUGH CASH AND VOUCHERS, PROMOTING INCOME-GENERATING
ACTIVITIES, AND CULTIVATING VEGETABLE GARDENS. IN YOBE, BORNO, AND
JIGAWA STATES, OUR NUTRITION AND HEALTH SERVICES SUPPORTED
APPROXIMATELY 2.7 MILLION PEOPLE. WE HAVE TREATED SEVERELY MALNOURISHED
CHILDREN, AND OUR MOTHER-TO-MOTHER AND FATHER-TO-FATHER CARE GROUPS
HAVE PROVIDED SERVICES, TRAINING, AND SUPPORT TO DISPLACED PARENTS. WE
WORKED TO ENSURE ACCESS TO CLEAN WATER, SAFE SANITATION, AND HYGIENE
SERVICES FOR APPROXIMATELY 650,000 PEOPLE. WE DO THIS BY SUPPORTING
LATRINE CONSTRUCTION, DRILLING AND REHABILITATION OF BOREHOLES, AND
PROVIDING EMERGENCY WATER, SANITATION, AND HYGIENE SERVICES, INCLUDING
CHOLERA PREVENTION.

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

WE CONTRIBUTED TO THE REDUCTION OF UNDERNUTRITION AND COMMON ILLNESSES
AMONG CHILDREN IN BAKOOL, BANADIR AND NUGAAL, BY PROVIDING INTEGRATED
NUTRITION, HEALTH AND FOOD SECURITY SERVICES, AS WELL AS WATER,

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization

ACTION AGAINST HUNGER - USA

Employer identification number

13-3327220

SANITATION, AND HYGIENE SERVICES. IN 2018, 41,502 CHILDREN UNDER THE AGE OF FIVE WERE ADMITTED AND TREATED FOR MALNUTRITION, WHILE 103,407 CHILDREN WERE TREATED FOR MINOR ILLNESSES. FURTHERMORE, 45,734 PREGNANT AND LACTATING WOMEN BENEFITTED FROM TRAINING SESSIONS. WE REACHED 194,008 PEOPLE WITH OUR WATER, SANITATION, AND HYGIENE PROGRAMS, INCLUDING THE REHABILITATION AND CONSTRUCTION OF 29 COMMUNAL WATER SOURCES, THE CONSTRUCTION OF 324 EMERGENCY LATRINES, AND HYGIENE PROMOTION ACTIVITIES. OUR FOOD SECURITY AND LIVELIHOODS PROGRAMS BENEFITTED 68,974 INDIVIDUALS, HELPING THEM TO BUILD RESILIENCE. WE PROVIDED CASH TO HELP FAMILIES PURCHASE FOOD AND OTHER ITEMS, IMPROVED THE ANIMAL HEALTH NETWORK SYSTEM TO HELP HERDING FAMILIES MAINTAIN THEIR LIVELIHOODS, MODERNIZED AGRICULTURAL PRACTICES, AND PROVIDED OPPORTUNITIES FOR COMMUNITY GROUPS TO INCREASE THEIR SAVINGS.

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

AND HEALTH SERVICES TO MORE THAN 178,000 PEOPLE, INCLUDING TREATMENT OF MORE THAN 46,000 CHILDREN UNDER FIVE. WE EMPOWERED MOTHERS TO SCREEN THEIR CHILDREN, IMPROVE CARE AND FEEDING PRACTICES FOR INFANTS, AND PREVENT MALNUTRITION. OUR CASH-FOR-ASSETS PROGRAM PROVIDED ASSISTANCE TO MORE THAN 5,000 FAMILIES. WE IMPROVED ACCESS TO WATER AND SANITATION FOR 110,854 PEOPLE AND REHABILITATED 115 WATER POINTS. WE DEPLOYED OUR MULTI-SECTOR EMERGENCY TEAMS TO HARD-TO-REACH AREAS SIX TIMES, SCREENING 46,670 AND TREATING 3,250 ACUTELY MALNOURISHED CHILDREN. WE CONDUCTED TEN SURVEYS TO MEASURE MALNUTRITION. THE PRELIMINARY RESULTS OF RESEARCH COMBINING ACUTE MALNUTRITION TREATMENT PROTOCOLS PROVIDED PRACTICAL EVIDENCE OF BETTER WAYS TO FIGHT UNDERNUTRITION. IN PARTNERSHIP WITH THE WORLD FOOD PROGRAM, WE PILOTTED A DIGITAL SYSTEM TO MANAGE MALNUTRITION TREATMENT AND COMMUNITY OUTREACH. WE CONDUCTED

Name of the organization

ACTION AGAINST HUNGER - USA

Employer identification number

13-3327220

GENDER ANALYSES AND SAFETY AUDITS TO ACCOUNT FOR THE IMPACT OF
GENDER-BASED VIOLENCE ON NUTRITION, AND TO IMPROVE SERVICE DELIVERY.

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

KENYA:

NOW A MIDDLE-INCOME COUNTRY, KENYA HAS EXPERIENCED UNEVEN GROWTH. REGIONS WITH MODERATELY AND SEVERELY DRY CLIMATES FACE IMMENSE CHALLENGES, INCLUDING DROUGHT, HUNGER, MALNUTRITION AND POVERTY. LAST YEAR, ACUTE MALNUTRITION REACHED CRITICAL LEVELS IN SAMBURU, AND SERIOUS LEVELS IN WEST POKOT, TANA RIVER, AND ISIOLO COUNTIES. LESS THAN HALF OF CHILDREN SUFFERING FROM SEVERE AND MODERATE ACUTE MALNUTRITION ARE ADMITTED FOR TREATMENT IN KENYA, WITH LARGE DIFFERENCES ACROSS DISTRICTS. AMONG THE DRIVERS OF MALNUTRITION ARE POOR CARE AND FEEDING PRACTICES FOR INFANTS AND YOUNG CHILDREN. WORKING AT COMMUNITY, DISTRICT, AND NATIONAL LEVELS, WE AIM TO INCREASE ACCESS TO LIFESAVING MALNUTRITION TREATMENT. IN 2018, OUR NUTRITION AND HEALTH TEAMS IN KENYA REACHED 72,533 CHILDREN THROUGH LIFESAVING PROGRAMS, PROVIDING TREATMENT FOR ACUTE MALNUTRITION, MICRONUTRIENT SUPPLEMENTS, AND TRAINING IN PROPER INFANT AND CHILD CARE AND FEEDING PRACTICES. AMONG OTHER PARTNERS, WE WORKED WITH THE MINISTRY OF HEALTH TO INTEGRATE NUTRITION TREATMENT INTO TRAINING AND PROTOCOLS FOR COMMUNITY HEALTH VOLUNTEERS, HELPING TO IMPROVE HEALTH AND NUTRITION THROUGH LOCAL OUTREACH. OUR WATER, SANITATION, AND HYGIENE INTERVENTIONS REACHED 119,239 PEOPLE. OUR FOOD SECURITY AND LIVELIHOODS PROGRAMS, WHICH INCLUDE CASH TRANSFERS AND SUPPORT FOR DISASTER RISK REDUCTION FOR COMMUNITIES AFFECTED BY DROUGHT, BENEFITTED 189,186 PEOPLE. TO SUPPORT COMMUNITIES IMPACTED BY THE DEADLY FLOODING IN TANA RIVER

Name of the organization

ACTION AGAINST HUNGER - USA

Employer identification number

13-3327220

COUNTY, WE LAUNCHED AN EMERGENCY RESPONSE THAT INCLUDED THE DISTRIBUTION OF EMERGENCY KITS AND BASIC SUPPLIES, NUTRITION SCREENING AND TREATMENT, CONSTRUCTION OF LATRINES, AND HYGIENE PROMOTION TO PREVENT DISEASE OUTBREAKS.

EXPENSES \$ 4,243,543. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

UGANDA:

UGANDA IS HOME TO MORE THAN 1.2 MILLION REFUGEES, PRIMARILY FROM SOUTH SUDAN AND THE DEMOCRATIC REPUBLIC OF CONGO. THANKS TO A UNIQUELY WELCOMING POLICY, REFUGEES IN UGANDA ARE FREE TO MOVE AND WORK, AND ARE ALSO GIVEN A PLOT OF LAND. DUE TO A LACK OF FOOD DIVERSITY, POOR HYGIENE AND SANITATION, AND A LACK OF AWARENESS ON PROPER INFANT CARE AND FEEDING PRACTICES, UGANDA SUFFERS FROM HIGH RATES OF MALNUTRITION. ON AVERAGE, ANEMIA AFFECTS HALF THE POPULATION, AND IN SOME AREAS STUNTING RATES ARE APPROACHING 30.8%. UGANDA'S REFUGEE POLICY GIVES ACTION AGAINST HUNGER AND OTHERS A DISTINCT OPPORTUNITY TO IMPLEMENT SUSTAINABLE INTERVENTIONS FOR POPULATIONS AFFECTED BY A LARGE-SCALE HUMANITARIAN CRISIS. OUR INTEGRATED AND INNOVATIVE PROGRAMS ADDRESS THE CAUSES AND EFFECTS OF MALNUTRITION IN THE LONG TERM. OUR STAFF TRAIN COMMUNITY HEALTH VOLUNTEERS TO EDUCATE FELLOW COMMUNITY MEMBERS ON IMPROVING NUTRITION AMONG CHILDREN UNDER TWO YEARS OLD AND PREGNANT AND LACTATING WOMEN. IN SOME AREAS WHERE WE WORK, THE POPULATION SIZE HAS DOUBLED DUE TO THE INFLUX OF REFUGEES, STRAINING INFRASTRUCTURE. TO SUPPORT OVERWHELMED SCHOOLS AND HEALTH CENTERS, WE BUILD ADDITIONAL LATRINES AND HAND WASHING FACILITIES AND PROMOTE HEALTHY HYGIENE PRACTICES. IN THE AREAS WHERE WE WORK HOUSEHOLD FOOD PRODUCTION HAS INCREASED, DIETS ARE MORE DIVERSE, AND PEOPLE CONSUME MORE FRUITS AND VEGETABLES COMPARED TO REFUGEE AND HOST COMMUNITIES IN OTHER DISTRICTS,

Name of the organization

ACTION AGAINST HUNGER - USA

Employer identification number

13-3327220

ACCORDING TO QUANTITATIVE AND QUALITATIVE DATA.

EXPENSES \$ 6,894,398. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PAKISTAN:

IN 2017, WE FOCUSED ON ENSURING TREATMENT WITH SEVERE ACUTE MALNUTRITION IN CLOSE PARTNERSHIP WITH THE RELEVANT LOCAL HEALTH DEPARTMENTS. WE COMPLETED THE MULTI-YEAR EUROPEAN UNION FUNDED PROGRAM WOMEN AND INFANT/CHILD IMPROVED NUTRITION IN SINDH, WHICH INCLUDED EXTENSIVE NUTRITION COVERAGE ACROSS DADU DISTRICT THROUGH OUTPATIENT THERAPEUTIC PROGRAM SITES. FOLLOWING THE CLOSURE OF THIS PROGRAM, WE ESTABLISHED AND OPERATED OUTPATIENT THERAPEUTIC PROGRAM SITES IN DAUD, MATIARI, KHAIRPIR, AND GHOTKI DISTRICT. IN THE SAME DISTRICTS, WE ALSO SUPPORTED OPERATIONS OF FOUR STABILIZATION CENTERS, WHICH ARE HOSTED WITHIN THE GOVERNMENT'S DISTRICT HEADQUARTER HOSPITAL. WE ADDRESSED THE CAUSES OF HUNGER BY FOCUSING ON PREVENTING DISEASE SUCH AS WORMS AND DIARRHEA, FOOD SECURITY INTERVENTIONS AND PROMOTING SAFE HYGIENE AND SANITATION PRACTICES. WE INCLUDED DIRECT ACTIVITIES TO ENCOURAGE BEHAVIOR CHANGE TARGETING WOMEN AS MOTHER, CHILDREN AND WIDER COMMUNITY MEMBERS. WE SUPPORTED AGRICULTURE ACTIVITIES SUCH AS VACCINATION CAMPAIGNS FOR LIVESTOCK, ESTABLISHED KITCHEN GARDENS TO PROMOTE DIVERSE HOUSEHOLD CONSUMPTION, PROVIDED FOOD VOUCHERS AND SUPPORT FOR SOCIAL SAFETY NET CASH INJECTION TO IMPROVE LIVELIHOODS SECURITY. WE SUPPORTED DISASTER PLANNING WITHIN RELEVANT GOVERNMENT LINE DEPARTMENTS OF AGRICULTURE, FISHERIES, LIVESTOCK, LOCAL GOVERNMENT AND HEALTH AT THE PROVINCE AND NATIONAL LEVEL.

EXPENSES \$ 1,634,869. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

TANZANIA:

Name of the organization

ACTION AGAINST HUNGER - USA

Employer identification number

13-3327220

UNDERNUTRITION REMAINS A MAJOR PUBLIC HEALTH ISSUE IN TANZANIA. NATIONALLY, 3.3 MILLION BOYS AND GIRLS ARE STUNTED, AND 58% OF CHILDREN AND 45% OF WOMEN ARE ANAEMIC. 450,000 CHILDREN IN TANZANIA ARE ACUTELY MALNOURISHED, AND 0.9% OF THESE CASES ARE SEVERE. THE MAIN DRIVERS OF MALNUTRITION INCLUDE INADEQUATE CARE AND FEEDING PRACTICES, AS WELL AS POOR WATER AND SANITATION SERVICES AND FACILITIES. FURTHERMORE, THERE IS A SHORTAGE OF HEALTHCARE WORKERS WHO ARE SKILLED IN NUTRITION. SUPPLIES NEEDED TO DETECT AND TREAT MALNUTRITION RUN OUT FREQUENTLY, AND HEALTH SERVICES ARE OFTEN INACCESSIBLE TO COMMUNITIES IN NEED. IN 2018, WE BEGAN IMPLEMENTING PROJECTS IN DODOMA REGION TO SUPPORT THE SCALE-UP OF INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION IN MPWAPWA DISTRICT. TO IMPROVE MANAGEMENT OF ACUTE MALNUTRITION IN COMMUNITIES AND HEALTH CENTERS, WE TRAINED 49 HEALTH CARE PROVIDERS AND 180 COMMUNITY HEALTH WORKERS. WE PROVIDED TECHNICAL SUPPORT TO 41 HEALTH FACILITIES ON MANAGEMENT OF ACUTE MALNUTRITION, SCREENED MORE THAN 10,000 CHILDREN FOR MALNUTRITION, AND TREATED 593 BOYS AND GIRLS WITH SEVERE ACUTE MALNUTRITION. ACTION AGAINST HUNGER IS ACTIVELY ENGAGED IN RELEVANT COORDINATION AND ADVOCACY FORUMS. OUR ADVOCACY EFFORTS HELPED TO IMPROVE THE AVAILABILITY OF LIFESAVING THERAPEUTIC PRODUCTS IN MPWAPWA DISTRICT. TO MEET DISTRICT NEEDS, WE HAVE ALSO BEGUN CONSTRUCTION OF A NEW THERAPEUTIC FEEDING FACILITY THAT WILL STRENGTHEN CASE MANAGEMENT FOR MALNOURISHED CHILDREN WITH MEDICAL COMPLICATIONS. EXPENSES \$ 170,629. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CAMBODIA:

IN CAMBODIA, THE IMPRESSIVE ECONOMIC GROWTH OF THE LAST DECADE HAS HAD LITTLE IMPACT ON THE MOST VULNERABLE PEOPLE, WHO FACE SIGNIFICANT DETERIORATION OF THEIR LIVELIHOODS DUE TO DEFORESTATION AND CLIMATE

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

CHANGE. NUTRITION REMAINS A MAJOR CONCERN AND REPRESENTS A LOST ECONOMIC OPPORTUNITY: ESTIMATES SHOW THE COUNTRY MAY BE LOSING AS MUCH AS \$420 MILLION OF GROSS NATIONAL INCOME ANNUALLY DUE TO MALNUTRITION. MALNUTRITION RATES ARE HIGH: 32% OF CHILDREN UNDER FIVE ARE CHRONICALLY MALNOURISHED AND 10% ARE SEVERELY MALNOURISHED. WITHOUT ADEQUATE, SUSTAINED INVESTMENTS IN NUTRITION, THE SUSTAINABLE DEVELOPMENT GOALS WILL NOT BE REALIZED IN CAMBODIA. IN CAMBODIA, WE AIM TO IMPROVE HYGIENE, NUTRITION, AND HEALTH PRACTICES AT THE COMMUNITY, HOUSEHOLD, AND INDIVIDUAL LEVELS, FOCUSING ON PREGNANT AND BREASTFEEDING WOMEN, AND CHILDREN UNDER TWO YEARS OLD. AS PART OF OUR INTEGRATED APPROACH, OUR TEAM HAS DEVELOPED A MULTI-SECTORAL INTERVENTION MODEL. BY BUILDING THE CAPACITY OF LOCAL STAKEHOLDERS AND COMMUNITIES, WE WORK TO REDUCE UNDERNUTRITION IN A COMPREHENSIVE AND SUSTAINABLE WAY, AND TO REDUCE THE IMPACTS OF CLIMATE CHANGE.

EXPENSES \$ 1,087,274. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

HAITI:

HEAVY RAINS IN JANUARY AND A MAGNITUDE 5.9 EARTHQUAKE IN OCTOBER AFFECTED THOUSANDS OF PEOPLE IN THE NORTH-WEST AND ARTIBONITE DEPARTMENTS OF HAITI. 2018 WAS ALSO MARKED BY A TENSE SECURITY AND POLITICAL CLIMATE. DRIVERS OF HUNGER INCLUDE LOW PRECIPITATION, SOIL EROSION, AND A LACK OF AVAILABLE AND ACCESSIBLE LOCAL FOOD AND SUPPLIES. IN 2019, FOOD SECURITY IS EXPECTED TO WORSEN AND ENTER CRISIS LEVELS. AT 15% IN NORTH-WEST AND GRAND'ANSE, MALNUTRITION RATES REMAIN HIGH. CHOLERA CASES CONTINUE TO OCCUR IN ARTIBONITE, BUT THE OUTBREAK IS CONTAINED IN THE NORTH-WEST, WHERE THERE HAVE BEEN NO CONFIRMED CASES SINCE JULY 30, 2018. OUR TEAMS WORKED TO SUSTAINABLY IMPROVE FOOD AND NUTRITION SECURITY BY SUPPORTING SAVINGS AND LOANS GROUPS, CREATING

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

INCOME-GENERATING ACTIVITIES, BUILDING WATER STORAGE SYSTEMS, TRAINING MOTHERS TO SCREEN CHILDREN FOR MALNUTRITION, AND IMPROVING SANITATION. WE ALSO PROVIDED CASH-BASED FOOD ASSISTANCE TO HELP FAMILIES AFFECTED BY DROUGHT. IN RESPONSE TO THE OCTOBER 2018 EARTHQUAKE, WE SUPPORTED LOCAL AUTHORITIES WITH FIELD EVALUATIONS, NEEDS ASSESSMENTS, PARTNER COORDINATION, SHELTER MANAGEMENT, AND ADVOCACY. WE ALSO PROVIDED CASH VOUCHERS, CLEAN WATER, ACCESS TO SANITATION INFRASTRUCTURES, AND EMERGENCY SUPPLIES. THANKS TO EFFORTS BY ACTION AGAINST HUNGER AND PARTNERS, THE END OF THE CHOLERA EPIDEMIC IS NEAR. OUR WORK IN 2018 INCLUDED ACTIVE CASE FINDING AND SENSITIZATION ACTIVITIES TO PREVENT OUTBREAKS. WE PROMOTED HOUSEHOLD WATER TREATMENT BY PROVIDING SUPPLIES TO 7,500 FAMILIES AND PURSUING MARKET-BASED SOLUTIONS BY IDENTIFYING LOCAL SUPPLIERS OF TREATMENT PRODUCTS. FINALLY, WE STRENGTHENED ACCESS TO WATER AND SANITATION BY REHABILITATING AND CONSTRUCTING LATRINES AND WATER POINTS.

EXPENSES \$ 4,945,626. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER COUNTRY AND STRATEGY PROGRAMS

EXPENSES \$ 4,214,353. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PROGRAM SUPPORT

EXPENSES \$ 4,879,189. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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

Name of the organization

ACTION AGAINST HUNGER - USA

Employer identification number

13-3327220

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

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

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

PROCEDURES FOR ADDRESSING A CONFLICT OF INTEREST:

- EACH BOARD MEMBER ANNUALLY SIGNS A CONFLICT OF INTEREST POLICY.
- WHERE A MATTER HAS BEEN BROUGHT UP BEFORE THE BOARD OF DIRECTORS AND THE BOARD OF DIRECTORS HAS CONCLUDED THAT A CONFLICT OF INTEREST EXISTS, THE CHAIRMAN OR PRESIDENT OF THE BOARD OR COMMITTEE OF THE BOARD, IF APPROPRIATE, APPOINTS A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION, CONTRACT, OR ARRANGEMENT.
- AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE DETERMINES WHETHER THE ORGANIZATION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION, CONTRACT, OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.
- IF A MORE ADVANTAGEOUS TRANSACTION, CONTRACT, OR OTHER ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A

Name of the organization

ACTION AGAINST HUNGER - USA

Employer identification number

13-3327220

CONFLICT OF INTEREST, THE BOARD OR COMMITTEE DETERMINES BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION, CONTRACT, OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER IT IS FAIR AND REASONABLE TO THE ORGANIZATION, AND MAKES ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION, CONTRACT, OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION.

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

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

THE COMPENSATION COMMITTEE'S ROLE IS TO REVIEW AND SET THE COMPENSATION FOR THE EXECUTIVE DIRECTOR/CEO (UTILIZING INDEPENDENT BENCHMARKS AND RELATED INFORMATION). THE EXECUTIVE DIRECTOR COMPLETES PERFORMANCE REVIEWS OF THE SENIOR STAFF AND DISCLOSES THEM TO THE COMPENSATION COMMITTEE. THE COMMITTEE ALSO REVIEWS THE SALARIES OF KEY STAFF AND CONSULT ON SALARY QUESTIONS REGARDING THE SENIOR STAFF TEAM SHOULD THEY ARISE. THE PROCESS IS DOCUMENTED AND RECORDED IN THE ORGANIZATION BOARD NOTES. THE LAST COMPENSATION REVIEW FOR THE EXECUTIVE DIRECTOR'S COMPENSATION WAS DECEMBER 2017.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT
VA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

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

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

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

NON CONSUMABLES:

PROGRAM SERVICE EXPENSES	5,242,363.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,242,363.

VEHICLES:

PROGRAM SERVICE EXPENSES	5,016,691.
MANAGEMENT AND GENERAL EXPENSES	22,101.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,038,792.

TRAINING:

PROGRAM SERVICE EXPENSES	4,923,873.
MANAGEMENT AND GENERAL EXPENSES	88,610.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,012,483.

PROVISION FOR INDIRECT COST SHARING:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	4,453,410.
FUNDRAISING EXPENSES	0.

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

TOTAL EXPENSES	4,453,410.
-----------------------	-------------------

WATSAN:

PROGRAM SERVICE EXPENSES	4,397,317.
--------------------------	------------

MANAGEMENT AND GENERAL EXPENSES	-1,260.
---------------------------------	---------

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	4,396,057.
-----------------------	-------------------

EXCHANGE LOSS:

PROGRAM SERVICE EXPENSES	0.
--------------------------	----

MANAGEMENT AND GENERAL EXPENSES	2,087,900.
---------------------------------	------------

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	2,087,900.
-----------------------	-------------------

FREIGHT:

PROGRAM SERVICE EXPENSES	1,652,186.
--------------------------	------------

MANAGEMENT AND GENERAL EXPENSES	0.
---------------------------------	----

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	1,652,186.
-----------------------	-------------------

FINANCIAL FIELD CHARGES:

PROGRAM SERVICE EXPENSES	957,824.
--------------------------	----------

MANAGEMENT AND GENERAL EXPENSES	235,890.
---------------------------------	----------

FUNDRAISING EXPENSES	32,917.
----------------------	---------

TOTAL EXPENSES	1,226,631.
-----------------------	-------------------

EXCEPTIONAL EXPENSES:

PROGRAM SERVICE EXPENSES	988,718.
--------------------------	----------

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

MANAGEMENT AND GENERAL EXPENSES	5,630.
--	---------------

FUNDRAISING EXPENSES	0.
-----------------------------	-----------

TOTAL EXPENSES	994,348.
-----------------------	-----------------

HEALTH:

PROGRAM SERVICE EXPENSES	803,509.
---------------------------------	-----------------

MANAGEMENT AND GENERAL EXPENSES	-183.
--	--------------

FUNDRAISING EXPENSES	0.
-----------------------------	-----------

TOTAL EXPENSES	803,326.
-----------------------	-----------------

ELECTRICAL SYSTEMS:

PROGRAM SERVICE EXPENSES	527,855.
---------------------------------	-----------------

MANAGEMENT AND GENERAL EXPENSES	22.
--	------------

FUNDRAISING EXPENSES	0.
-----------------------------	-----------

TOTAL EXPENSES	527,877.
-----------------------	-----------------

NUTRITION:

PROGRAM SERVICE EXPENSES	488,870.
---------------------------------	-----------------

MANAGEMENT AND GENERAL EXPENSES	4,700.
--	---------------

FUNDRAISING EXPENSES	0.
-----------------------------	-----------

TOTAL EXPENSES	493,570.
-----------------------	-----------------

OTHER EXPENSES:

PROGRAM SERVICE EXPENSES	386,808.
---------------------------------	-----------------

MANAGEMENT AND GENERAL EXPENSES	544.
--	-------------

FUNDRAISING EXPENSES	0.
-----------------------------	-----------

TOTAL EXPENSES	387,352.
-----------------------	-----------------

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

WAREHOUSE:

PROGRAM SERVICE EXPENSES	233,265.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	233,265.

FUNDRAISING EXPENSES:

PROGRAM SERVICE EXPENSES	1,905.
MANAGEMENT AND GENERAL EXPENSES	51,070.
FUNDRAISING EXPENSES	156,182.
TOTAL EXPENSES	209,157.

PRINTING & PUBLICATIONS:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	24,407.
FUNDRAISING EXPENSES	178,494.
TOTAL EXPENSES	202,901.

REGISTRATION & ADMIN. FEES:

PROGRAM SERVICE EXPENSES	254,622.
MANAGEMENT AND GENERAL EXPENSES	-65,128.
FUNDRAISING EXPENSES	-2,086.
TOTAL EXPENSES	187,408.

PUB. INFO. & MEMBER. DUES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	12,157.
FUNDRAISING EXPENSES	88,905.

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

TOTAL EXPENSES	101,062.
-----------------------	-----------------

RADIOS:

PROGRAM SERVICE EXPENSES	71,167.
---------------------------------	----------------

MANAGEMENT AND GENERAL EXPENSES	0.
--	-----------

FUNDRAISING EXPENSES	0.
-----------------------------	-----------

TOTAL EXPENSES	71,167.
-----------------------	----------------

C.C. PROCESSING FEES:

PROGRAM SERVICE EXPENSES	36,020.
---------------------------------	----------------

MANAGEMENT AND GENERAL EXPENSES	8,871.
--	---------------

FUNDRAISING EXPENSES	1,238.
-----------------------------	---------------

TOTAL EXPENSES	46,129.
-----------------------	----------------

EQUIPMENT AND MAINTENANCE:

PROGRAM SERVICE EXPENSES	43,636.
---------------------------------	----------------

MANAGEMENT AND GENERAL EXPENSES	1,497.
--	---------------

FUNDRAISING EXPENSES	0.
-----------------------------	-----------

TOTAL EXPENSES	45,133.
-----------------------	----------------

PAYROLL PROCESSING FEES:

PROGRAM SERVICE EXPENSES	13,439.
---------------------------------	----------------

MANAGEMENT AND GENERAL EXPENSES	3,310.
--	---------------

FUNDRAISING EXPENSES	462.
-----------------------------	-------------

TOTAL EXPENSES	17,211.
-----------------------	----------------

HUMAN RESOURCES:

PROGRAM SERVICE EXPENSES	10,516.
---------------------------------	----------------

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

MANAGEMENT AND GENERAL EXPENSES	14.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10,530.

SECURITY:

PROGRAM SERVICE EXPENSES	4,352.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,352.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	33,444,610.

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

PRIOR YEAR DE-OBLIGATED FUNDS RETURNED TO DONORS	-546,650.
CHANGE IN NET ASSETS ATTRIBUTABLE TO COUNTRY SWAP	-1,921,293.
TOTAL TO FORM 990, PART XI, LINE 9	-2,467,943.

FORM 990, PART XI, LINE 9

IN SOME YEARS, AAH-USA RECEIVES MULTI-YEAR AWARDS FOR WHICH THE ORGANIZATION DOES NOT USE ALL OF THE FUNDS AWARDED. THE REMAINING FUNDS ARE SUBSEQUENTLY RETURNED TO THE DONOR. THE TOTAL AMOUNT OF THE AWARDS DE-OBLIGATED IN 2018 WAS \$546,650. THE AMOUNT OF DE-OBLIGATED AWARDS THAT RELATED ONLY TO 2018 GRANTS WAS \$0. THEREFORE, THE AMOUNT REPORTED ON PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS - FOR PRIOR YEAR DE-OBLIGATED AWARDS TOTAL \$546,650.