| <b>-</b> | qqn        |  |
|----------|------------|--|
| Form     | <b>JJU</b> |  |

# \*\* PUBLIC DISCLOSURE COPY \*\*

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



| Depa<br>Interr                 | artment o<br>nal Reve | of the Treasury<br>nue Service | Go to www.irs.gov/Form990 for instructions and                                                                                                                                       | -            |                                | Open to Public<br>Inspection |
|--------------------------------|-----------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------|------------------------------|
| AF                             | or the                | e 2022 calend                  | lar year, or tax year beginning and                                                                                                                                                  | ending       |                                |                              |
| B c                            | Check if<br>Ipplicabl | le: C Name of                  | forganization                                                                                                                                                                        |              | D Employer identifica          | tion number                  |
|                                | Addre<br>chang        |                                | ance to End Hunger                                                                                                                                                                   |              |                                |                              |
|                                | Name<br>Chang         | 8                              |                                                                                                                                                                                      |              |                                |                              |
|                                | Initial<br>return     | Number                         | r and street (or P.O. box if mail is not delivered to street address)                                                                                                                | Room/suite   | E Telephone number             |                              |
|                                | Final<br>return       | , <b>425</b>                   | 3rd Street, SW                                                                                                                                                                       | 1200         | (202) 639                      | -9400                        |
|                                | termir<br>ated        |                                | own, state or province, country, and ZIP or foreign postal code                                                                                                                      |              | G Gross receipts \$            | 6,607,327.                   |
|                                | Amen                  |                                | lington, DC 20024-3234                                                                                                                                                               |              | H(a) Is this a group retu      | ım                           |
|                                |                       |                                | nd address of principal officer: Eric Mitchell                                                                                                                                       |              | for subordinates?              | Yes X No                     |
|                                | pendi                 | same                           | as C above                                                                                                                                                                           |              | H(b) Are all subordinates incl | uded? Yes No                 |
| 11                             | Tax-ex                | empt status:                   |                                                                                                                                                                                      | or 527       | If "No," attach a lis          | st. See instructions         |
|                                | Nebsi                 |                                | alliancetoendhunger.org                                                                                                                                                              |              | H(c) Group exemption           |                              |
|                                |                       |                                | X Corporation Trust Association Other                                                                                                                                                | L Year       | of formation: 2004 M           | State of legal domicile: DC  |
| Pa                             | art I                 | Summary                        |                                                                                                                                                                                      |              |                                |                              |
| ö                              | 1                     | Briefly describ                | be the organization's mission or most significant activities: ${f Enga}$                                                                                                             | ges di       | verse instit                   | utions in                    |
| Activities & Governance        |                       | generat                        | ing the public and political will                                                                                                                                                    |              |                                |                              |
| ern                            | 2                     | Check this bo                  | if the organization discontinued its operations or dispo                                                                                                                             | osed of more | than 25% of its net ass        |                              |
| 202                            |                       | Number of vo                   |                                                                                                                                                                                      | 19           |                                |                              |
| <u>ه</u>                       |                       |                                | dependent voting members of the governing body (Part VI, line 1b)                                                                                                                    |              |                                | 19                           |
| ies                            |                       |                                | of individuals employed in calendar year 2022 (Part V, line 2a)                                                                                                                      |              |                                | 0                            |
| tivit                          |                       |                                | of volunteers (estimate if necessary)                                                                                                                                                |              |                                | 0                            |
| Act                            |                       |                                | d business revenue from Part VIII, column (C), line 12                                                                                                                               |              |                                | 0.                           |
|                                | b                     | Net unrelated                  | business taxable income from Form 990-T, Part I, line 11                                                                                                                             | <br>I        | Prior Year                     | 0 .<br>Current Year          |
|                                |                       | o                              |                                                                                                                                                                                      |              | 1,576,240.                     | 6,503,427.                   |
| iue                            |                       |                                | and grants (Part VIII, line 1h)                                                                                                                                                      |              | 8,475.                         | 0,303,427.                   |
| Revenue                        |                       |                                | ice revenue (Part VIII, line 2g)                                                                                                                                                     |              | 0,475.                         | 0.                           |
| Re                             |                       |                                | come (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                                     |              | 103,900.                       | 103,900.                     |
|                                |                       |                                | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                         |              | 1,688,615.                     | 6,607,327.                   |
|                                |                       |                                | - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                                 |              | 0.                             | 5,000.                       |
|                                |                       |                                | milar amounts paid (Part IX, column (A), lines 1-3)<br>to or for members (Part IX, column (A), line 4)                                                                               |              | 0.                             | <u> </u>                     |
|                                |                       |                                |                                                                                                                                                                                      |              | 718,634.                       | 896,110.                     |
| Expenses                       | 162                   | Professional f                 | r compensation, employee benefits (Part IX, column (A), lines 5-10)<br>undraising fees (Part IX, column (A), line 11e)<br>ing expenses (Part IX, column (D), line 25) <u>106 , 2</u> | ·····        | 0.                             | 0.                           |
| ben                            | h                     | Total fundrais                 | ing expenses (Part IX, column (D), line 25) $106.2$                                                                                                                                  | 62.          |                                |                              |
| ň                              |                       |                                | es (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                                                                                     |              | 1,004,034.                     | 1,914,708.                   |
|                                |                       |                                | es. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                                                        | 1,722,668.   | 2,815,818.                     |                              |
|                                |                       |                                | expenses. Subtract line 18 from line 12                                                                                                                                              |              | -34,053.                       | 3,791,509.                   |
| or                             |                       |                                |                                                                                                                                                                                      | Be           | ginning of Current Year        | End of Year                  |
| sets<br>lanc                   | 20                    | Total assets (I                | Part X, line 16)                                                                                                                                                                     |              | 1,823,856.                     | 6,017,387.                   |
| Ass<br>d Ba                    | 21                    |                                | s (Part X, line 26)                                                                                                                                                                  |              | 268,148.                       | 670,170.                     |
| Net Assets or<br>Fund Balances | 22                    |                                | fund balances. Subtract line 21 from line 20                                                                                                                                         |              | 1,555,708.                     | 5,347,217.                   |
|                                | art II                | Signature                      |                                                                                                                                                                                      | •            |                                |                              |
| -                              |                       |                                |                                                                                                                                                                                      |              |                                |                              |

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.

|             | Ew 1 Tathl                                         |                                    |        | 06/16/2023      |                        |
|-------------|----------------------------------------------------|------------------------------------|--------|-----------------|------------------------|
| Sign        | Signature of officer                               |                                    |        | Date            |                        |
|             | Eric Mitchell, Executive                           | Director                           |        |                 |                        |
|             | Type or print name and title                       |                                    |        |                 |                        |
|             | Print/Type preparer's name                         | Preparer's signature               | Date   | Check           | PTIN                   |
| Paid        | Jie Chen, CPA                                      | Preparer s sunaure                 | 6/16/2 | self-employed   | P01049760              |
| Preparer    | Firm's name Rogers & Company                       | PLLC                               |        | Firm's EIN 58-  | 2676261                |
| Use Only    | Firm's address 8300 Boone Boulev                   | vard, Suite 600                    |        |                 |                        |
|             | Vienna, VA 22182                                   |                                    |        | Phone no. ( 703 | ) 893-0300             |
| May the I   | RS discuss this return with the preparer shown abo | ove? See instructions              |        |                 | X Yes No               |
| 232001 12-1 | 13-22 LHA For Paperwork Reduction Act Notion       | ce, see the separate instructions. |        |                 | Form <b>990</b> (2022) |

| Form | Alliance to End Hunger                                                                                           | 20-2803848                   | Page <b>2</b>    |
|------|------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|
|      | rt III Statement of Program Service Accomplishments                                                              |                              | U                |
|      | Check if Schedule O contains a response or note to any line in this Part III                                     |                              | X                |
| 1    | Briefly describe the organization's mission:                                                                     |                              |                  |
|      | To engage diverse institutions - faith based groups, c                                                           |                              |                  |
|      | universities, corporations and others - in building th                                                           |                              |                  |
|      | political will to end hunger in the United States and                                                            | worldwide.                   |                  |
|      |                                                                                                                  |                              |                  |
| 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 service       | s?Yes                        | XNo              |
|      | 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 or  | thers, the total expenses, a | and              |
|      | revenue, if any, for each program service reported.                                                              |                              |                  |
| 4a   |                                                                                                                  | venue \$                     | )                |
|      | Public Education: The Alliance added 17 new members i                                                            |                              |                  |
|      | total membership for the year to 105. The Alliance co                                                            |                              |                  |
|      | on helping its members have greater impact in their ow                                                           |                              |                  |
|      | efforts through education and advocacy. The Alliance                                                             |                              |                  |
|      | presentations to 1,794 people, including a hybrid side                                                           |                              |                  |
|      | 2022 World Food Prize Borlaug Dialogue on agriculture                                                            |                              | nd               |
|      | the climate crisis with FAO. The Alliance's member-le                                                            |                              |                  |
|      | Committee continued to push for adequate funding for f                                                           |                              | lon              |
|      | programs helping mothers and children; along with a Wh                                                           |                              |                  |
|      | conference on hunger and nutrition; and ending global                                                            | hunger.                      |                  |
|      |                                                                                                                  |                              |                  |
|      | (continued on Sch O)                                                                                             |                              |                  |
| 4b   | (Code: ) (Expenses \$ 41,541. including grants of \$ 5,000.) (Rev                                                |                              | )                |
|      | Hunger-Free Communities: The Alliance currently has 75<br>Communities (HFC) in 33 States as part of the Alliance |                              |                  |
|      | Community network, including new sites in Arizona, Mic                                                           |                              | e                |
|      | Mississippi and Virginia. In 2022, we held quarterly                                                             |                              |                  |
|      | topics such as food insecurity and mental health, raci                                                           |                              | 7                |
|      | child nutrition policy priorities. The Alliance held                                                             |                              |                  |
|      | HFC Summit. The 2022 Summit held 20 sessions covering                                                            |                              |                  |
|      | food is medicine, SNAP, WIC, racial equity, lived expe                                                           |                              |                  |
|      | creating hunger free communities and more. Over 500 pe                                                           | ople register                | ed               |
|      | for the event, with 313 people attending the live sess                                                           |                              | <u> </u>         |
|      |                                                                                                                  | 201101                       |                  |
|      |                                                                                                                  |                              |                  |
| 4c   | (Code: ) (Expenses \$ 1,976,625. including grants of \$ ) (Rev                                                   | venue \$                     | )                |
|      | SDG2 Advocacy Hub: The Alliance to End Hunger continue                                                           | s to host the                | /                |
|      | SDG2 Advocacy Hub. The Hub's purpose is to provide a                                                             |                              |                  |
|      | platform for communication, collaboration and coordina                                                           |                              |                  |
|      | stakeholders (civil society, UN agencies and private s                                                           | ector) to sup                | port             |
|      | greater engagement, advocacy and action to achieve SDG                                                           | 2 - the Zero                 |                  |
|      | Hunger goal. The Hub continues to mobilize chefs aroun                                                           |                              | s an             |
|      | instrumental advocacy force around food and nutrition                                                            | through its                  |                  |
|      | "Chefs Manifesto." The Hub has also developed a "Good                                                            |                              |                  |
|      | narrative and campaign that includes published resourc                                                           | es and podcas                | ts               |
|      | to help inform the public.                                                                                       |                              |                  |
|      |                                                                                                                  |                              |                  |
|      |                                                                                                                  |                              |                  |
| 4d   | Other program services (Describe on Schedule O.)                                                                 |                              |                  |
|      | (Expenses \$ including grants of \$ ) (Revenue \$                                                                | )                            |                  |
| 4e   | Total program service expenses 2,545,486.                                                                        |                              |                  |
|      |                                                                                                                  | Form 9                       | <b>90</b> (2022) |

Form 990 (2022) Alliance to End Hunger
Part IV Checklist of Required Schedules

|     |                                                                                                                                                                             |     | Yes | No       |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                                                                         |     |     |          |
|     | If "Yes," complete Schedule A                                                                                                                                               | 1   | Х   |          |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions                                                                             | 2   | Х   |          |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for                                             |     |     |          |
|     | public office? If "Yes," complete Schedule C, Part I                                                                                                                        | 3   |     | X        |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect                                            |     |     |          |
|     | during the tax year? If "Yes," complete Schedule C, Part II                                                                                                                 | 4   | Х   |          |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or                                                |     |     |          |
|     | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III                                                                                     | 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? If "Yes," complete Schedule D, Part I                                                | 6   |     | X        |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,                                                                   |     |     | 37       |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                                        | 7   |     | X        |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete                                                | -   |     | v        |
|     | Schedule D, Part III                                                                                                                                                        | 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?                                                   | •   |     | x        |
| 40  | If "Yes," complete Schedule D, Part IV                                                                                                                                      | 9   |     |          |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments                                                                | 40  |     | x        |
|     | or in quasi endowments? If "Yes," complete Schedule D, Part V                                                                                                               | 10  |     |          |
| 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.<br>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,                               |     |     |          |
| d   |                                                                                                                                                                             | 11a |     | x        |
| h   | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total                                                | Па  |     |          |
| 5   | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                                                                                 | 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                                                 | 115 |     |          |
| Ū   | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                                                                                | 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? If "Yes," complete Schedule D, Part IX                                                                                                                     | 11d |     | x        |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                       | 11e | Х   |          |
| 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)? If "Yes," complete Schedule D, Part X                                                      | 11f | Х   |          |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete                                                         |     |     |          |
|     | Schedule D, Parts XI and XII                                                                                                                                                | 12a | Х   |          |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?                                                                   |     |     |          |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                                                       | 12b |     | X        |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                           | 13  |     | Х        |
| 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? If "Yes," complete Schedule F, Parts I and IV                                                                                                                      | 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                                                   |     |     | v        |
|     | foreign organization? If "Yes," complete Schedule F, Parts II and IV                                                                                                        | 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                                                    |     |     | v        |
| 47  | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                                                                                                 | 16  |     | X        |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,                                                     | 47  |     | x        |
| 10  | column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . See instructions                                                                                | 17  |     |          |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines                                                | 18  |     | x        |
| 19  | 1c and 8a? If "Yes," complete Schedule G, Part II<br>Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 10  |     | <u> </u> |
| 19  | complete Schedule G, Part III                                                                                                                                               | 19  |     | x        |
| 20a | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>                                                                   | 20a |     | X        |
|     | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                | 20b |     | <u> </u> |
| 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</i> "Yes," <i>complete Schedule I, Parts I and II</i>                                                             | 21  |     | x        |

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|          |                                                                                                                                                                                                                          |          | Yes  | No     |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------|--------|
| 22       | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                                                                                                            |          |      |        |
|          | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                                                                                                                                              | 22       |      | X      |
| 23       | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current                                                                                              |          |      |        |
|          | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                                                                                                           | 23       | х    |        |
| 24a      | Schedule J<br>Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the                                                                                    | 23       | - 23 |        |
| 214      | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete                                                                                                       |          |      |        |
|          | Schedule K. If "No," go to line 25a                                                                                                                                                                                      | 24a      |      | x      |
| b        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                        | 24b      |      |        |
| с        | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease                                                                                                     |          |      |        |
|          | any tax-exempt bonds?                                                                                                                                                                                                    | 24c      |      |        |
| d        | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                                  | 24d      |      |        |
| 25a      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                                                                                                             |          |      |        |
|          | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                                                                                                            | 25a      |      | X      |
| b        | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and                                                                                               |          |      |        |
|          | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete                                                                                                    |          |      | x      |
| <b></b>  | Schedule L, Part I                                                                                                                                                                                                       | 25b      |      |        |
| 26       | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current                                                                                                          |          |      |        |
|          | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> | 26       |      | x      |
| 27       | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,                                                                                              | 20       |      |        |
|          | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled                                                                                              |          |      |        |
|          | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III                                                                                                 | 27       |      | x      |
| 28       | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,                                                                                                   |          |      |        |
|          | instructions for applicable filing thresholds, conditions, and exceptions):                                                                                                                                              |          |      |        |
| а        | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If                                                                                                         |          |      |        |
|          | "Yes," complete Schedule L, Part IV                                                                                                                                                                                      | 28a      |      | X      |
|          |                                                                                                                                                                                                                          | 28b      |      | X      |
| С        | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If                                                                                                                  |          |      |        |
|          | "Yes," complete Schedule L, Part IV                                                                                                                                                                                      | 28c      |      | X<br>X |
| 29<br>20 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>                                                                                                   | 29       |      |        |
| 30       | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation                                                                                              | 20       |      | x      |
| 31       | contributions? If "Yes," complete Schedule M<br>Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I                                                       | 30<br>31 |      | X      |
| 32       | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>                                                                                                  | 31       |      |        |
| 02       | Schedule N, Part II                                                                                                                                                                                                      | 32       |      | x      |
| 33       | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                                                                                                               |          |      |        |
|          | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I                                                                                                                                                | 33       |      | x      |
| 34       | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and                                                                                                |          |      |        |
|          | Part V, line 1                                                                                                                                                                                                           | 34       |      | X      |
|          | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                  | 35a      |      | X      |
| b        | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity                                                                                                |          |      |        |
|          | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2                                                                                                                                  | 35b      |      |        |
| 36       | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?                                                                                               |          |      | v      |
| ~-       | If "Yes," complete Schedule R, Part V, line 2                                                                                                                                                                            | 36       |      | X      |
| 37       | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                                                                                                         | 37       |      | x      |
| 38       | and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>                                                                                               | 37       |      | - 23   |
| 00       | Note: All Form 990 filers are required to complete Schedule O                                                                                                                                                            | 38       | х    |        |
| Pa       |                                                                                                                                                                                                                          |          |      |        |
|          | Check if Schedule O contains a response or note to any line in this Part V                                                                                                                                               |          |      |        |
|          |                                                                                                                                                                                                                          |          | Yes  | No     |
| 1a       | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 15                                                                                                                                       |          |      |        |
| b        | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b                                                                                                                                       |          |      |        |
| С        | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming                                                                                                       |          |      |        |
|          | (gambling) winnings to prize winners?                                                                                                                                                                                    | 1c       | Х    |        |

5

| Form   | orm 990 (2022) Alliance to End Hunger 20-28038                                                                                                                                                                                                                         |          |     |          |  |  |  |  |  |  |  |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|----------|--|--|--|--|--|--|--|
| Par    | Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)                                                                                                                                                                                           |          |     |          |  |  |  |  |  |  |  |
|        |                                                                                                                                                                                                                                                                        |          | Yes | No       |  |  |  |  |  |  |  |
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,                                                                                                                                                                            |          |     |          |  |  |  |  |  |  |  |
|        | filed for the calendar year ending with or within the year covered by this return 2a 0                                                                                                                                                                                 |          |     |          |  |  |  |  |  |  |  |
|        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                                                                                                                                         | 2b<br>3a |     | X        |  |  |  |  |  |  |  |
|        | Ba Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                       |          |     |          |  |  |  |  |  |  |  |
|        | <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O                                                                                                                                                   |          |     |          |  |  |  |  |  |  |  |
| 4a     | a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a                                                                                                                                            |          |     |          |  |  |  |  |  |  |  |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                                                                                                                                       | 4a       |     | X        |  |  |  |  |  |  |  |
| b      | If "Yes," enter the name of the foreign country                                                                                                                                                                                                                        |          |     |          |  |  |  |  |  |  |  |
| _      | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                                                                                                    | _        |     | v        |  |  |  |  |  |  |  |
|        | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                  | 5a       |     | X<br>X   |  |  |  |  |  |  |  |
|        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                       | 5b       |     |          |  |  |  |  |  |  |  |
|        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                      | 5c       |     | <u> </u> |  |  |  |  |  |  |  |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit                                                                                                                                            | •        |     | x        |  |  |  |  |  |  |  |
|        | any contributions that were not tax deductible as charitable contributions?                                                                                                                                                                                            | 6a       |     |          |  |  |  |  |  |  |  |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts                                                                                                                                                   | ~        |     |          |  |  |  |  |  |  |  |
| -      | were not tax deductible?                                                                                                                                                                                                                                               | 6b       |     |          |  |  |  |  |  |  |  |
| 7      | Organizations that may receive deductible contributions under section $170(c)$ .                                                                                                                                                                                       | -        | x   |          |  |  |  |  |  |  |  |
|        | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                                                        | 7a       | X   | <u> </u> |  |  |  |  |  |  |  |
|        | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                        | 7b       |     | <u> </u> |  |  |  |  |  |  |  |
| С      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required                                                                                                                                                      | 70       |     | x        |  |  |  |  |  |  |  |
|        | to file Form 8282?                                                                                                                                                                                                                                                     | 7c       |     |          |  |  |  |  |  |  |  |
|        | , , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                | 70       |     | x        |  |  |  |  |  |  |  |
|        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                        | 7e<br>7f |     | X        |  |  |  |  |  |  |  |
| t      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                           |          |     | - 23     |  |  |  |  |  |  |  |
| g<br>b | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?<br>If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7g<br>7h |     | <u> </u> |  |  |  |  |  |  |  |
| 8      | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the                                                                                                                                                                   | 711      |     |          |  |  |  |  |  |  |  |
| 0      |                                                                                                                                                                                                                                                                        | 8        |     |          |  |  |  |  |  |  |  |
| 9      | sponsoring organization have excess business holdings at any time during the year?<br>Sponsoring organizations maintaining donor advised funds.                                                                                                                        | 0        |     |          |  |  |  |  |  |  |  |
|        | Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                                                     | 9a       |     |          |  |  |  |  |  |  |  |
|        | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                      | 9b       |     |          |  |  |  |  |  |  |  |
| 10     | Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                                                | 55       |     |          |  |  |  |  |  |  |  |
|        | Initiation fees and capital contributions included on Part VIII, line 12 10a                                                                                                                                                                                           |          |     |          |  |  |  |  |  |  |  |
|        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b                                                                                                                                                                        |          |     |          |  |  |  |  |  |  |  |
|        | Section 501(c)(12) organizations. Enter:                                                                                                                                                                                                                               |          |     |          |  |  |  |  |  |  |  |
|        | Gross income from members or shareholders 11a                                                                                                                                                                                                                          |          |     |          |  |  |  |  |  |  |  |
|        | Gross income from other sources. (Do not net amounts due or paid to other sources against                                                                                                                                                                              |          |     |          |  |  |  |  |  |  |  |
| ~      | amounts due or received from them.) 11b                                                                                                                                                                                                                                |          |     |          |  |  |  |  |  |  |  |
| 12a    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                             | 12a      |     |          |  |  |  |  |  |  |  |
|        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                                                  |          |     |          |  |  |  |  |  |  |  |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                                                                                                       |          |     |          |  |  |  |  |  |  |  |
| а      | Is the organization licensed to issue qualified health plans in more than one state?                                                                                                                                                                                   | 13a      |     |          |  |  |  |  |  |  |  |
|        | Note: See the instructions for additional information the organization must report on Schedule O.                                                                                                                                                                      |          |     |          |  |  |  |  |  |  |  |
| b      | Enter the amount of reserves the organization is required to maintain by the states in which the                                                                                                                                                                       |          |     |          |  |  |  |  |  |  |  |
|        | organization is licensed to issue qualified health plans 13b                                                                                                                                                                                                           |          |     |          |  |  |  |  |  |  |  |
| с      | Enter the amount of reserves on hand 13c                                                                                                                                                                                                                               |          |     |          |  |  |  |  |  |  |  |
|        | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                                             | 14a      |     | X        |  |  |  |  |  |  |  |
| b      | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O                                                                                                                                                              | 14b      |     | _        |  |  |  |  |  |  |  |
| 15     |                                                                                                                                                                                                                                                                        |          |     |          |  |  |  |  |  |  |  |
|        | excess parachute payment(s) during the year?                                                                                                                                                                                                                           | 15       |     | X        |  |  |  |  |  |  |  |
|        | If "Yes," see the instructions and file Form 4720, Schedule N.                                                                                                                                                                                                         |          |     |          |  |  |  |  |  |  |  |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?                                                                                                                                                        | 16       |     | X        |  |  |  |  |  |  |  |
|        | If "Yes," complete Form 4720, Schedule O.                                                                                                                                                                                                                              |          |     |          |  |  |  |  |  |  |  |
| 17     | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities                                                                                                                                                          |          |     |          |  |  |  |  |  |  |  |
|        | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?                                                                                                                                                                                 | 17       |     |          |  |  |  |  |  |  |  |
|        | If "Yes." complete Form 6069.                                                                                                                                                                                                                                          |          |     |          |  |  |  |  |  |  |  |

# Alliance to End Hunger

| rt VI | Governance,          | Management,        | and Disclosur      | <b>'e.</b> For each "\ | es" response to | lines 2 through  | 7b below, and f | or a "No" | response |
|-------|----------------------|--------------------|--------------------|------------------------|-----------------|------------------|-----------------|-----------|----------|
|       | to line 8a, 8b, or 1 | Ob below, describe | e the circumstance | s, processes, c        | r changes on Sc | hedule O. See ii | nstructions.    |           |          |

|     | Check if Schedule O contains a response or note to any line in this Part VI                                                                                                                                                                 |         |          | X    |  |  |  |  |  |  |  |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------|------|--|--|--|--|--|--|--|
| Sec | tion 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 1a 19                                                                                                                                                   |         |          |      |  |  |  |  |  |  |  |
|     | If there are material differences in voting rights among members of the governing body, or if the governing                                                                                                                                 |         |          |      |  |  |  |  |  |  |  |
|     | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.                                                                                                                                       |         |          |      |  |  |  |  |  |  |  |
| b   |                                                                                                                                                                                                                                             |         |          |      |  |  |  |  |  |  |  |
| 2   | 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?                                                                                                                                                                                                |         |          |      |  |  |  |  |  |  |  |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision                                                                                                                       |         |          |      |  |  |  |  |  |  |  |
|     | of officers, directors, trustees, or key employees to a management company or other person?                                                                                                                                                 | 3       |          | X    |  |  |  |  |  |  |  |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                                            | 4       |          | X    |  |  |  |  |  |  |  |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                                                  | 5       | 37       | X    |  |  |  |  |  |  |  |
| 6   | Did the organization have members or stockholders?                                                                                                                                                                                          | 6       | Х        |      |  |  |  |  |  |  |  |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or                                                                                                                              | _       | v        |      |  |  |  |  |  |  |  |
|     | more members of the governing body?                                                                                                                                                                                                         | 7a      | X        |      |  |  |  |  |  |  |  |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or                                                                                                                          |         |          | v    |  |  |  |  |  |  |  |
| _   | persons other than the governing body?                                                                                                                                                                                                      | 7b      |          | X    |  |  |  |  |  |  |  |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                                           | -       | Х        |      |  |  |  |  |  |  |  |
| -   | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                       | 8a      | X        |      |  |  |  |  |  |  |  |
| b   | Each committee with authority to act on behalf of the governing body?<br>Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the                                               | 8b      | - 23     |      |  |  |  |  |  |  |  |
| 9   | organization's mailing address? If "Yes," provide the names and addresses on Schedule O                                                                                                                                                     | 9       |          | x    |  |  |  |  |  |  |  |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                                                                                                                            | 9       |          | - 23 |  |  |  |  |  |  |  |
| 000 |                                                                                                                                                                                                                                             |         | Yes      | No   |  |  |  |  |  |  |  |
| 10a | Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                          | 10a     | 100      | X    |  |  |  |  |  |  |  |
|     | 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?                                                                                                                 | 11a     | Х        |      |  |  |  |  |  |  |  |
|     | Describe on Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                               |         |          |      |  |  |  |  |  |  |  |
|     | Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                     | 12a     | Х        |      |  |  |  |  |  |  |  |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                         | 12b     | Х        |      |  |  |  |  |  |  |  |
| с   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe                                                                                                                          |         |          |      |  |  |  |  |  |  |  |
|     | on Schedule O how this was done                                                                                                                                                                                                             | 12c     | Х        |      |  |  |  |  |  |  |  |
| 13  | Did the organization have a written whistleblower policy?                                                                                                                                                                                   | 13      | Х        |      |  |  |  |  |  |  |  |
| 14  | Did the organization have a written document retention and destruction policy?                                                                                                                                                              | 14      | X        |      |  |  |  |  |  |  |  |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent                                                                                                                          |         |          |      |  |  |  |  |  |  |  |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                                                                                           |         |          |      |  |  |  |  |  |  |  |
|     | The organization's CEO, Executive Director, or top management official                                                                                                                                                                      | 15a     | X        |      |  |  |  |  |  |  |  |
| b   | Other officers or key employees of the organization                                                                                                                                                                                         | 15b     | Х        |      |  |  |  |  |  |  |  |
|     | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.                                                                                                                                                          |         |          |      |  |  |  |  |  |  |  |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a                                                                                                                       | 40-     |          | Х    |  |  |  |  |  |  |  |
|     | taxable entity during the year?                                                                                                                                                                                                             | 16a     |          |      |  |  |  |  |  |  |  |
| a   | 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 |         |          |      |  |  |  |  |  |  |  |
|     |                                                                                                                                                                                                                                             | 16b     |          |      |  |  |  |  |  |  |  |
| Sec | exempt status with respect to such arrangements?                                                                                                                                                                                            | 100     |          |      |  |  |  |  |  |  |  |
| 17  | List the states with which a copy of this Form 990 is required to be filed None                                                                                                                                                             |         |          |      |  |  |  |  |  |  |  |
| 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  | ) availa | able |  |  |  |  |  |  |  |
|     | for public inspection. Indicate how you made these available. Check all that apply.                                                                                                                                                         | ,       |          |      |  |  |  |  |  |  |  |
|     | X Own website Another's website X Upon request Other (explain on Schedule O)                                                                                                                                                                |         |          |      |  |  |  |  |  |  |  |
| 19  | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar                                                                                                              | d finai | ncial    |      |  |  |  |  |  |  |  |
|     | 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                                                                                                                              |         |          |      |  |  |  |  |  |  |  |
|     | The Organization - (202) 639-9400                                                                                                                                                                                                           |         |          |      |  |  |  |  |  |  |  |
|     | 425 3rd Street, SW, 1200, Washington, DC 20024-3234                                                                                                                                                                                         |         |          |      |  |  |  |  |  |  |  |

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

| Name and title         Average hours per terms of the mouth the                 | (A)                                 | (B)     |          |          | (0    | C)     |                  |      | (D)                                      | (E)        | (F)           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------|----------|----------|-------|--------|------------------|------|------------------------------------------|------------|---------------|
| Image: Section of the section of t | Name and title                      | Average | (do      | not c    | Pos   | ition  | l<br>than        | one  | Reportable                               | Reportable | Estimated     |
| Week                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | · ·     | box      | , unle   | ss pe | rson i | is bot           | h an |                                          | •          | amount of     |
| (1) Eric Mitchell       37.50       X       169,991.       0.       21,11         (2) Miner, Dave       1.00       X       X       0.       0.       1.10         (3) Davis, Lisa       1.00       X       X       0.       0.       0.         (3) Davis, Lisa       1.00       X       X       0.       0.       0.         (4) Auburn University - Giles, Harr       1.00       X       X       0.       0.         Secretary       X       X       0.       0.       0.         (5) World Food Program USA - Middle       1.00       X       X       0.       0.         Treasurer       X       X       0.       0.       0.       0.         (6) AARP Foundation       1.00       X       X       0.       0.       0.         Board Member       1.00       X       0.       0.       0.       0.       0.         (10) Driscoll, John       1.00       X       0.       0.       0.       0.       0.         Board Member       1.00       X       0.       0.       0.       0.       0.         (11) Driscoll, John       1.00       X       0.       0.<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |         |          |          |       |        |                  | ,    |                                          |            |               |
| (1) Eric Mitchell       37.50       X       169,991.       0.       21,11         (2) Miner, Dave       1.00       X       X       0.       0.       1.10         (3) Davis, Lisa       1.00       X       X       0.       0.       0.         (3) Davis, Lisa       1.00       X       X       0.       0.       0.         (4) Auburn University - Giles, Harr       1.00       X       X       0.       0.         Secretary       X       X       0.       0.       0.         (5) World Food Program USA - Middle       1.00       X       X       0.       0.         Treasurer       X       X       0.       0.       0.       0.         (6) AARP Foundation       1.00       X       X       0.       0.       0.         Board Member       1.00       X       0.       0.       0.       0.       0.         (10) Driscoll, John       1.00       X       0.       0.       0.       0.       0.         Board Member       1.00       X       0.       0.       0.       0.       0.         (11) Driscoll, John       1.00       X       0.       0.<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |         | direct   |          |       |        | p                |      |                                          | -          |               |
| (1) Eric Mitchell       37.50       X       169,991.       0.       21,11         (2) Miner, Dave       1.00       X       X       0.       0.       1.10         (3) Davis, Lisa       1.00       X       X       0.       0.       0.         (3) Davis, Lisa       1.00       X       X       0.       0.       0.         (4) Auburn University - Giles, Harr       1.00       X       X       0.       0.         Secretary       X       X       0.       0.       0.         (5) World Food Program USA - Middle       1.00       X       X       0.       0.         Treasurer       X       X       0.       0.       0.       0.         (6) AARP Foundation       1.00       X       X       0.       0.       0.         Board Member       1.00       X       0.       0.       0.       0.       0.         (10) Driscoll, John       1.00       X       0.       0.       0.       0.       0.         Board Member       1.00       X       0.       0.       0.       0.       0.         (11) Driscoll, John       1.00       X       0.       0.<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |         | tee or   | istee    |       |        | ensate           |      | J. J |            | organization  |
| (1) Eric Mitchell       37.50       X       169,991.       0.       21,11         (2) Miner, Dave       1.00       X       X       0.       0.       1.10         (3) Davis, Lisa       1.00       X       X       0.       0.       0.         (3) Davis, Lisa       1.00       X       X       0.       0.       0.         (4) Auburn University - Giles, Harr       1.00       X       X       0.       0.         Secretary       X       X       0.       0.       0.         (5) World Food Program USA - Middle       1.00       X       X       0.       0.         Treasurer       X       X       0.       0.       0.       0.         (6) AARP Foundation       1.00       X       X       0.       0.       0.         Board Member       1.00       X       0.       0.       0.       0.       0.         (10) Driscoll, John       1.00       X       0.       0.       0.       0.       0.         Board Member       1.00       X       0.       0.       0.       0.       0.         (11) Driscoll, John       1.00       X       0.       0.<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | , v     | al trus  | nal tri  |       | loyee  | e omp            |      | 1099-NEC)                                |            | and related   |
| (1) Eric Mitchell       37.50       X       169,991.       0.       21,11         (2) Miner, Dave       1.00       X       X       0.       0.       1.10         (3) Davis, Lisa       1.00       X       X       0.       0.       0.         (3) Davis, Lisa       1.00       X       X       0.       0.       0.         (4) Auburn University - Giles, Harr       1.00       X       X       0.       0.         Secretary       X       X       0.       0.       0.         (5) World Food Program USA - Middle       1.00       X       X       0.       0.         Treasurer       X       X       0.       0.       0.       0.         (6) AARP Foundation       1.00       X       X       0.       0.       0.         Board Member       1.00       X       0.       0.       0.       0.       0.         (10) Driscoll, John       1.00       X       0.       0.       0.       0.       0.         Board Member       1.00       X       0.       0.       0.       0.       0.         (11) Driscoll, John       1.00       X       0.       0.<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |         | lividu   | stitutio | icer  | y emp  | jhest (<br>ploye | rmer |                                          |            | organizations |
| Executive Director         X         169,991.         0.         21,11           (2) Miner, Dave         1.00         X         X         0.         0.           (3) Davis, Lisa         1.00         X         X         0.         0.           Vice-Chair         X         X         0.         0.         0.           (4) Auburn University - Giles, Harr         1.00         X         X         0.         0.           (5) World Food Program USA - Middle         1.00         X         X         0.         0.           (6) ARR Foundation         1.000         X         X         0.         0.         0.           (7) Baldwin, Marv         1.00         X         0.         0.         0.         0.           Board Member         1.00         X         0.         0.         0.         0.           (9) Cargill, Inc.         1.00         X         0.         0.         0.         0.           Board Member         X         0.         0.         0.         0.         0.           (10) Driscoll, John         1.000         X         0.         0.         0.         0.           Board Member         X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (1) Eric Mitchell                   | ,       | Ĕ        | lns      | đ     | Ke     | en <u>H</u> i    | ٩.   |                                          |            |               |
| (2) Miner, Dave       1.00       x       x       x       0.       0.         (3) Davis, Lisa       1.00       x       x       0.       0.       0.         (3) Davis, Lisa       1.00       x       x       0.       0.       0.         (4) Auburn University - Giles, Harr       1.00       x       x       0.       0.       0.         Secretary       x       x       0.       0.       0.       0.       0.         (5) World Food Program USA - Middle       1.00       x       x       0.       0.       0.         Treasurer       1.00       x       x       0.       0.       0.       0.         (6) ARP Foundation       1.00       x       0.       0.       0.       0.       0.         Board Member       1.00       x       0.       0.       0.       0.       0.         (3) Bread for the World Institute       1.000       X       0.       0.       0.       0.         Board Member       1.00       X       0.       0.       0.       0.       0.         (10) Driscoll, John       1.00       X       0.       0.       0.       0. <t< td=""><td></td><td>37.30</td><td></td><td></td><td>x</td><td></td><td></td><td></td><td>169 991.</td><td>0.</td><td>21 119.</td></t<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | 37.30   |          |          | x     |        |                  |      | 169 991.                                 | 0.         | 21 119.       |
| Chair         X         X         X         X         0.         0.           (3) Davis, Lisa         1.00         X         X         X         0.         0.           Vice-Chair         X         X         X         0.         0.         0.           Secretary         X         X         X         0.         0.         0.           Secretary         X         X         X         0.         0.         0.           (6) ARP Foundation         1.00         X         X         0.         0.         0.           Board Member         X         0.         0.         0.         0.         0.           (7) Baldwin, Marv         1.00         X         X         0.         0.         0.           Board Member         X         0.         0.         0.         0.         0.           (8) Bread for the World Institute         1.00         X         0.         0.         0.         0.           Board Member         X         0.         0.         0.         0.         0.         0.           (10) Driscoll, John         1.00         X         0.         0.         0.         0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | 1,00    |          |          |       |        |                  |      | 105,551.                                 |            | 21,119.       |
| (3) Davis, Lisa       1.00       X       X       0.       0.         (4) Auburn University - Giles, Harr       1.00       X       X       0.       0.         (5) World Food Program USA - Middle       1.00       X       X       0.       0.         (5) World Food Program USA - Middle       1.00       X       X       0.       0.         (6) AARF Foundation       1.00       X       X       0.       0.         Board Member       1.00       X       0.       0.       0.         (7) Baldwin, Marv       1.00       X       0.       0.       0.         Board Member       1.00       X       0.       0.       0.         (8) Bread for the World Institute       1.00       X       0.       0.       0.         Board Member       1.00       X       0.       0.       0.         (10) Driscoll, John       1.00       X       0.       0.       0.         Board Member       X       0.       0.       0.       0.         (11) Eleanor Crook Foundation       1.00       X       0.       0.       0.         Board Member       X       0.       0.       0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -                                   |         | x        |          | x     |        |                  |      | 0.                                       | 0.         | 0.            |
| Vice-Chair       X       X       X       0.       0.         (4) Auburn University - Giles, Harr       1.00       X       X       0.       0.         Secretary       X       X       0.       0.       0.         Secretary       X       X       0.       0.       0.         Treasurer       X       X       0.       0.       0.         Board Member       1.00       X       0.       0.       0.         (1) Baldwin, Marv       1.00       X       0.       0.       0.         Board Member       X       0.       0.       0.       0.         (6) Bread for the World Institute       1.00       X       0.       0.       0.         Board Member       X       0.       0.       0.       0.       0.       0.         (10) Driscoll, John       1.00       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     | 1.00    |          |          |       |        |                  |      | •••                                      |            |               |
| Secretary         X         X         X         X         X         0.         0.           (5) World Food Program USA - Middle         1.00         X         X         X         0.         0.           Treasurer         X         X         X         0.         0.         0.           (6) ARR Foundation         1.00         X         X         0.         0.         0.           Board Member         X         0.         0.         0.         0.         0.           (7) Baldwin, Marv         1.00         X         0.         0.         0.         0.           (8) Bread for the World Institute         1.00         X         0.         0.         0.         0.           (9) Cargill, Inc.         1.00         X         0.         0.         0.         0.           Board Member         X         0.         0.         0.         0.         0.           (10) Driscoll, John         1.00         X         0.         0.         0.         0.           Board Member         X         0.         0.         0.         0.         0.         0.           (11) Eleanor Crook Foundation         1.00         X<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | -                                   |         | x        |          | x     |        |                  |      | 0.                                       | 0.         | 0.            |
| (5)       World Food Program USA - Middle       1.00       X       X       X       0.       0.         Treasurer       X       X       X       0.       0.       0.         Board Member       1.00       X       0.       0.       0.         (7)       Baldwin, Marv       0.0       0.       0.       0.         Board Member       X       0.       0.       0.       0.         (8)       Bread for the World Institute       1.00       X       0.       0.       0.         Board Member       X       0.       0.       0.       0.       0.       0.         (9)       Cargill, Inc.       1.00       X       0.       0.       0.       0.         Board Member       X       0.       0.       0.       0.       0.       0.         (10)       Driscoll, John       1.00       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (4) Auburn University - Giles, Harr | 1.00    |          |          |       |        |                  |      |                                          |            |               |
| Treasurer         X         X         X         X         0.         0.           (6) AARP Foundation         1.00         X         0.         0.         0.         0.           Board Member         X         0.         0.         0.         0.         0.           (7) Baldwin, Marv         1.00         X         0.         0.         0.         0.           Board Member         X         0.         0.         0.         0.         0.         0.           (8) Bread for the World Institute         1.00         X         0.         0.         0.         0.         0.           (9) Cargill, Inc.         1.00         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0. <td>Secretary</td> <td></td> <td>X</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Secretary                           |         | X        |          | Х     |        |                  |      | 0.                                       | 0.         | 0.            |
| (6) AARP Foundation       1.00       X       0.       0.         Board Member       X       0.       0.       0.         (7) Baldwin, Marv       1.00       X       0.       0.         Board Member       X       0.       0.       0.         (8) Bread for the World Institute       1.00       X       0.       0.         Board Member       X       0.       0.       0.         (9) Cargill, Inc.       1.00       X       0.       0.         Board Member       X       0.       0.       0.         (10) Discoll, John       1.00       X       0.       0.         Board Member       X       0.       0.       0.         (11) Eleanor Crook Foundation       1.00       X       0.       0.         Board Member       X       0.       0.       0.         (12) Feeding America       1.00       X       0.       0.         Board Member       X       0.       0.       0.         (13) Opportunity Int'l - Atul Tandon       X       0.       0.       0.         Board Member       X       0.       0.       0.       0.         (1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (5) World Food Program USA - Middle | 1.00    |          |          |       |        |                  |      |                                          |            |               |
| Board Member         X         0.         0.           (7) Baldwin, Marv         1.00         X         0.         0.           Board Member         X         0.         0.         0.           (8) Bread for the World Institute         1.00         X         0.         0.           Board Member         X         0.         0.         0.           (9) Cargill, Inc.         1.00         X         0.         0.           Board Member         X         0.         0.         0.           (10) Driscoll, John         1.00         X         0.         0.           Board Member         X         0.         0.         0.           (11) Eleanor Crook Foundation         1.00         X         0.         0.           Board Member         X         0.         0.         0.           (12) Feeding America         1.00         X         0.         0.           Board Member         X         0.         0.         0.           (13) Opportunity Int'1 - Atul Tandon         1.00         X         0.         0.           Board Member         X         0.         0.         0.           (14) Islamic Relief US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Treasurer                           |         | X        |          | Х     |        |                  |      | 0.                                       | 0.         | 0.            |
| (7) Baldwin, Marv       1.00       X       0.       0.         Board Member       X       0.       0.       0.         (8) Bread for the World Institute       1.00       X       0.       0.         Board Member       1.00       X       0.       0.         (9) Cargill, Inc.       1.00       X       0.       0.         Board Member       X       0.       0.       0.         (10) Driscoll, John       1.00       X       0.       0.         Board Member       X       0.       0.       0.         (11) Eleanor Crook Foundation       1.00       X       0.       0.         Board Member       X       0.       0.       0.         (12) Feeding America       1.00       X       0.       0.         Board Member       X       0.       0.       0.         (13) Opportunity Int'1 - Atul Tandon       1.00       X       0.       0.         Board Member       X       0.       0.       0.       0.         (14) Islamic Relief USA       1.00       X       0.       0.       0.         Board Member       X       0.       0.       0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (6) AARP Foundation                 | 1.00    |          |          |       |        |                  |      |                                          |            |               |
| Board MemberX0.0.(8) Bread for the World Institute1.00X0.0.Board MemberX0.0.0.(9) Cargill, Inc.1.00X0.0.Board MemberX0.0.0.(10) Driscoll, John1.00X0.0.Board MemberX0.0.0.(11) Eleanor Crook Foundation1.00X0.0.Board MemberX0.0.0.(12) Feeding America1.00X0.0.Board MemberX0.0.0.(13) Opportunity Int'1 - Atul Tandon1.00X0.0.Board MemberX0.0.0.(14) Islamic Relief USA1.00X0.0.Board MemberX0.0.0.(15) Lovelace, Meighan1.00X0.0.Board MemberX0.0.0.(16) Marshman Goldblatt, Patti1.00X0.0.Board MemberX0.0.0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Board Member                        |         |          | Х        |       |        |                  |      | 0.                                       | 0.         | 0.            |
| (8) Bread for the World Institute1.00X0.0.Board Member1.00X0.0.0.(9) Cargill, Inc.1.00X0.0.0.Board MemberX0.0.0.0.(10) Driscoll, John1.00X0.0.0.Board MemberX0.0.0.0.(11) Eleanor Crook Foundation1.00X0.0.Board MemberX0.0.0.(12) Feeding America1.00X0.0.Board MemberX0.0.0.(13) Opportunity Int'1 - Atul Tandon1.00X0.0.Board MemberX0.0.0.(14) Islamic Relief USA1.00X0.0.Board MemberX0.0.0.(15) Lovelace, Meighan1.00X0.0.Board MemberX0.0.0.(16) Marshman Goldblatt, Patti1.00X0.0.Board MemberX0.0.0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (7) Baldwin, Marv                   | 1.00    |          |          |       |        |                  |      |                                          | _          | _             |
| Board Member         X         0.         0.           (9) Cargill, Inc.         1.00         X         0.         0.           Board Member         X         0.         0.         0.           (10) Driscoll, John         1.00         X         0.         0.           Board Member         X         0.         0.         0.           (11) Eleanor Crook Foundation         1.00         X         0.         0.           Board Member         X         0.         0.         0.           (12) Feeding America         1.00         X         0.         0.           Board Member         X         0.         0.         0.           (13) Opportunity Int'l - Atul Tandon         1.00         X         0.         0.           Board Member         X         0.         0.         0.           (14) Islamic Relief USA         1.00         X         0.         0.           Board Member         X         0.         0.         0.           (15) Lovelace, Meighan         1.00         0.         0.         0.           Board Member         X         0.         0.         0.           (16) Marshman Goldblatt, P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |         | Х        |          |       |        |                  |      | 0.                                       | 0.         | 0.            |
| (9) Cargill, Inc.       1.00       X       0.       0.         Board Member       X       0.       0.       0.         (10) Driscoll, John       1.00       0.       0.       0.         Board Member       X       0.       0.       0.         (11) Eleanor Crook Foundation       1.00       0.       0.       0.         Board Member       X       0.       0.       0.         (12) Feeding America       1.00       0.       0.       0.         Board Member       X       0.       0.       0.         (13) Opportunity Int'1 - Atul Tandon       1.00       0.       0.       0.         Board Member       X       0.       0.       0.       0.         (14) Islamic Relief USA       1.00       0.       0.       0.       0.         Board Member       X       0.       0.       0.       0.       0.         (15) Lovelace, Meighan       1.00       0.       0.       0.       0.       0.         Board Member       X       0.       0.       0.       0.       0.       0.         (16) Marshman Goldblatt, Patti       1.00       0.       0.       <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | 1.00    |          |          |       |        |                  |      |                                          |            |               |
| Board Member         X         0.         0.           (10) Driscoll, John         1.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |         |          | Х        |       |        |                  |      | 0.                                       | 0.         | 0.            |
| (10) Driscoll, John1.00X0.Board MemberX0.0.(11) Eleanor Crook Foundation1.00X0.Board MemberX0.0.(12) Feeding America1.00X0.Board MemberX0.0.(13) Opportunity Int'1 - Atul Tandon1.00X0.Board MemberX0.0.(14) Islamic Relief USA1.00X0.Board MemberX0.0.(15) Lovelace, Meighan1.00X0.Board MemberX0.0.(16) Marshman Goldblatt, Patti1.00X0.Board MemberX0.0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     | 1.00    |          |          |       |        |                  |      |                                          | 0          | 0             |
| Board MemberX0.0.(11) Eleanor Crook Foundation1.00X0.0.Board MemberX0.0.0.(12) Feeding America1.00X0.0.Board MemberX0.0.0.(13) Opportunity Int'1 - Atul Tandon1.00X0.0.Board MemberX0.0.0.(14) Islamic Relief USA1.00X0.0.Board MemberX0.0.0.(15) Lovelace, Meighan1.00X0.0.Board MemberX0.0.0.(16) Marshman Goldblatt, Patti1.00X0.0.Board MemberX0.0.0.(17) Meehan, Terry1.001.001.000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | 1 00    |          | X        |       |        |                  |      | 0.                                       | 0.         | 0.            |
| (11) Eleanor Crook Foundation1.00X0.0.Board Member1.00X0.0.0.(12) Feeding America1.00X0.0.Board MemberX0.0.0.(13) Opportunity Int'1 - Atul Tandon1.00X0.0.Board MemberX0.0.0.(14) Islamic Relief USA1.00X0.0.Board MemberX0.0.0.(15) Lovelace, Meighan1.00X0.0.Board MemberX0.0.0.(16) Marshman Goldblatt, Patti1.00X0.0.Board MemberX0.0.0.(17) Meehan, Terry1.001.001.001.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | 1.00    |          |          |       |        |                  |      | 0                                        | 0          | 0             |
| Board MemberX0.0.(12) Feeding America1.00X0.0.Board MemberX0.0.0.(13) Opportunity Int'1 - Atul Tandon1.000.0.Board MemberX0.0.0.(14) Islamic Relief USA1.00X0.0.Board MemberX0.0.0.(15) Lovelace, Meighan1.00X0.0.Board MemberX0.0.0.(16) Marshman Goldblatt, Patti1.000.0.Board MemberX0.0.(17) Meehan, Terry1.000.0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     | 1 00    | X        |          |       |        |                  |      | 0.                                       | 0.         | 0.            |
| (12) Feeding America1.00X0.0.Board MemberX0.0.0.(13) Opportunity Int'l - Atul Tandon1.00X0.0.Board MemberX0.0.0.(14) Islamic Relief USA1.00X0.0.Board MemberX0.0.0.(15) Lovelace, Meighan1.00X0.0.Board MemberX0.0.0.(16) Marshman Goldblatt, Patti1.00X0.0.Board MemberX0.0.0.(17) Meehan, Terry1.001.001.001.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ·,                                  | 1.00    |          | v        |       |        |                  |      | 0                                        | 0          | 0             |
| Board MemberX0.0.(13) Opportunity Int'l - Atul Tandon1.00X0.0.Board MemberX0.0.0.(14) Islamic Relief USA1.00X0.0.Board MemberX0.0.0.(15) Lovelace, Meighan1.00X0.0.Board MemberX0.0.0.(16) Marshman Goldblatt, Patti1.00X0.0.Board MemberX0.0.0.(17) Meehan, Terry1.001.001.001.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | 1 00    |          | ^        |       |        |                  |      | 0.                                       | 0.         | 0.            |
| (13) Opportunity Int'l - Atul Tandon1.00X0.0.Board MemberX0.0.0.(14) Islamic Relief USA1.00X0.0.Board MemberX0.0.0.(15) Lovelace, Meighan1.00X0.0.Board MemberX0.0.0.(16) Marshman Goldblatt, Patti1.00X0.0.Board MemberX0.0.0.(17) Meehan, Terry1.001.000.0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | _                                   | 1.00    |          | v        |       |        |                  |      | 0                                        | 0          | 0.            |
| Board MemberX0.0.(14) Islamic Relief USA1.00X0.0.Board MemberX0.0.0.(15) Lovelace, Meighan1.00X0.0.Board MemberX0.0.0.(16) Marshman Goldblatt, Patti1.000.0.Board MemberX0.0.0.(17) Meehan, Terry1.000.0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | 1 00    | <u> </u> |          |       |        |                  |      | 0.                                       | 0.         | 0.            |
| (14) Islamic Relief USA1.00X0.0.Board MemberX0.0.0.(15) Lovelace, Meighan1.00X0.0.Board MemberX0.0.0.(16) Marshman Goldblatt, Patti1.00X0.0.Board MemberX0.0.0.(17) Meehan, Terry1.001.000.0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | 1.00    | x        |          |       |        |                  |      | 0.                                       | 0.         | 0.            |
| Board MemberX0.0.(15) Lovelace, Meighan1.00X0.0.Board MemberX0.0.0.(16) Marshman Goldblatt, Patti1.00X0.0.Board MemberX0.0.0.(17) Meehan, Terry1.000.0.0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | 1,00    |          |          |       |        |                  |      |                                          | 0.         |               |
| (15) Lovelace, Meighan         1.00         0.0.0           Board Member         X         0.0.0.0           (16) Marshman Goldblatt, Patti         1.00         X         0.0.0.0           Board Member         X         0.0.0.0         0.0.0           (17) Meehan, Terry         1.00         0.0.0         0.0.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |         |          | x        |       |        |                  |      | 0.                                       | 0.         | 0.            |
| Board Member         X         0.         0.           (16) Marshman Goldblatt, Patti         1.00         0.         0.         0.           Board Member         X         0.         0.         0.         0.           (17) Meehan, Terry         1.00         0.         0.         0.         0.         0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | 1.00    |          |          |       |        |                  |      |                                          |            |               |
| (16) Marshman Goldblatt, Patti         1.00         X         0.0.0.           Board Member         X         0.0.0.         0.0.           (17) Meehan, Terry         1.00         0.0.0.         0.0.0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ,                                   |         | x        |          |       |        |                  |      | 0.                                       | 0.         | 0.            |
| Board Member         X         0.         0.           (17) Meehan, Terry         1.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     | 1.00    |          |          |       |        |                  |      |                                          |            |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |         | x        |          |       |        |                  |      | 0.                                       | 0.         | 0.            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (17) Meehan, Terry                  | 1.00    |          |          |       |        |                  |      |                                          |            |               |
| Board Member 0. 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Board Member                        |         | х        |          |       |        |                  |      | 0.                                       | 0.         | 0.            |

| Form 990 (2022) Alliance                                                                                                 |                                                                      |                                | _                     |                      |              |                                 |        |                                                     | 20-2803                                                  | 8848                | Pa                                                 | age <b>8</b>   |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------|-----------------------|----------------------|--------------|---------------------------------|--------|-----------------------------------------------------|----------------------------------------------------------|---------------------|----------------------------------------------------|----------------|
| Part VII Section A. Officers, Directors, Trus                                                                            |                                                                      |                                |                       |                      |              |                                 |        |                                                     |                                                          |                     |                                                    |                |
| (A)<br>Name and title                                                                                                    | <b>(B)</b><br>Average<br>hours per<br>week                           | box<br>offi                    | not c<br>, unle       | Pos<br>heck<br>ss pe | erson        | than<br>is bot<br>pr/trus       | h an   | (D)<br>Reportable<br>compensation<br>from           | <b>(E)</b><br>Reportable<br>compensation<br>from related | am                  | (F)<br>timate<br>nount o<br>other                  |                |
|                                                                                                                          | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Offlicer             | Key employee | Highest compensated<br>employee | Former | the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | organizations<br>(W-2/1099-MISC/<br>1099-NEC)            | fro<br>orga<br>and  | pensa<br>om the<br>anizati<br>d relate<br>anizatio | e<br>ion<br>ed |
| (18) ProMedica                                                                                                           | 1.00                                                                 |                                |                       |                      |              |                                 |        |                                                     |                                                          |                     |                                                    | ~              |
| Board Member                                                                                                             | 1.00                                                                 |                                | Х                     |                      |              |                                 |        | 0.                                                  | 0.                                                       | ,                   |                                                    | 0.             |
| (19) Share Our Strength<br>Board Member                                                                                  | 1.00                                                                 |                                | x                     |                      |              |                                 |        | 0.                                                  | 0.                                                       |                     |                                                    | 0.             |
| (20) Sodexo Foundation                                                                                                   | 1.00                                                                 |                                |                       |                      |              |                                 |        |                                                     |                                                          | '<br>               |                                                    |                |
| Board Member                                                                                                             |                                                                      |                                | x                     |                      |              |                                 |        | 0.                                                  | 0.                                                       |                     |                                                    | Ο.             |
|                                                                                                                          |                                                                      |                                |                       |                      |              |                                 |        |                                                     |                                                          |                     |                                                    |                |
|                                                                                                                          |                                                                      |                                |                       |                      |              |                                 |        |                                                     |                                                          |                     |                                                    |                |
|                                                                                                                          |                                                                      |                                |                       |                      |              |                                 |        |                                                     |                                                          |                     |                                                    |                |
|                                                                                                                          |                                                                      |                                |                       |                      |              |                                 |        |                                                     |                                                          |                     |                                                    |                |
| 1b Subtotal                                                                                                              |                                                                      |                                |                       |                      |              |                                 |        | 169,991.                                            | 0.                                                       |                     | 1,1:                                               | 19.            |
| c Total from continuation sheets to Part VI                                                                              |                                                                      |                                |                       |                      |              |                                 |        | 0.                                                  | 0.                                                       |                     | 1 1                                                | $\frac{0}{10}$ |
| d Total (add lines 1b and 1c)                                                                                            |                                                                      |                                |                       |                      |              |                                 |        | 169,991.                                            | -                                                        | ы <u> </u>          | 1,1                                                | 19.            |
| 2 Total number of individuals (including but n compensation from the organization                                        |                                                                      | iose                           | liste                 | eu a                 | DOVe         | e) wi                           | 10 1   | eceived more than \$100                             | ,000 of reportable                                       |                     |                                                    | 1              |
| compensation from the organization                                                                                       |                                                                      |                                |                       |                      |              |                                 |        |                                                     |                                                          |                     | Yes                                                | No             |
| <b>3</b> Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s | ,                                                                    |                                |                       |                      |              |                                 | - C    | , i i                                               | ,                                                        | 3                   |                                                    | x              |
| 4 For any individual listed on line 1a, is the su                                                                        | im of reportab                                                       | le co                          | omp                   | ensa                 | atior        | n and                           | d ot   | her compensation from                               |                                                          |                     | x                                                  |                |
| <ul><li>and related organizations greater than \$150</li><li>5 Did any person listed on line 1a receive or a</li></ul>   |                                                                      |                                |                       |                      |              |                                 |        |                                                     | idual for services                                       | 4                   |                                                    |                |
| rendered to the organization? If "Yes," com                                                                              | -                                                                    |                                |                       |                      | -            |                                 |        | -                                                   |                                                          | 5                   |                                                    | Х              |
| Section B. Independent Contractors                                                                                       |                                                                      |                                |                       |                      |              |                                 |        |                                                     |                                                          |                     |                                                    |                |
| 1 Complete this table for your five highest co the organization. Report compensation for                                 |                                                                      |                                |                       |                      |              |                                 |        |                                                     |                                                          | sation f            | rom                                                |                |
| (A)<br>Name and business                                                                                                 | address                                                              |                                |                       |                      |              | 0. 11                           |        | (B)<br>Description of s                             |                                                          | <b>(C</b><br>Comper |                                                    | <u>ו</u>       |
| Disruptive Consulting Solutions Pty<br>16 Fairlawn Place, Bayswate, AUSTRA                                               |                                                                      |                                |                       |                      |              | 315                             | 53     | Contract Ser                                        | vices                                                    | 289                 | 9,6                                                | 17.            |
|                                                                                                                          |                                                                      |                                |                       |                      |              |                                 |        |                                                     |                                                          |                     |                                                    |                |
|                                                                                                                          |                                                                      |                                |                       |                      |              |                                 |        |                                                     |                                                          |                     |                                                    |                |
|                                                                                                                          |                                                                      |                                |                       |                      |              |                                 |        |                                                     |                                                          |                     |                                                    |                |
|                                                                                                                          |                                                                      |                                |                       |                      |              |                                 |        |                                                     |                                                          |                     |                                                    |                |
| 2 Total number of independent contractors (i \$100,000 of compensation from the organi                                   | •                                                                    | ot li                          | mite                  | d to                 |              | se li:<br>1                     | stec   | above) who received n                               | nore than                                                |                     |                                                    |                |

|                                                           | n 990 (               |                                                                                                                                                                                                                                                                                 | End Hunge              | r                    |                                              | 20-2803                 | 848 Page 9              |
|-----------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------|----------------------------------------------|-------------------------|-------------------------|
| Pa                                                        | rt VII                | II Statement of Revenue<br>Check if Schedule O contains a respor                                                                                                                                                                                                                | ose or note to any lir | e in this Part VIII  |                                              |                         |                         |
|                                                           |                       |                                                                                                                                                                                                                                                                                 |                        | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | <b>(C)</b><br>Unrelated | (D)<br>Revenue excluded |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | b<br>c<br>d<br>f<br>f | Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and<br>similar amounts not included above1fNoncash contributions included in lines 1a-1f1g \$Total. Add lines 1a-1f | 538,474.<br>5,964,953. | 6,503,427.           |                                              |                         |                         |
| _                                                         |                       |                                                                                                                                                                                                                                                                                 | Business Code          |                      |                                              |                         |                         |
| Program Service<br>Revenue                                |                       | All other program service revenue                                                                                                                                                                                                                                               |                        |                      |                                              |                         |                         |
|                                                           | 9<br>3                | Total. Add lines 2a-2f<br>Investment income (including dividends, in                                                                                                                                                                                                            |                        |                      |                                              |                         |                         |
|                                                           | 4<br>5                | other similar amounts)<br>Income from investment of tax-exempt bor<br>Royalties                                                                                                                                                                                                 | nd proceeds            |                      |                                              |                         |                         |
|                                                           | 6 a<br>b<br>c         | Gross rents 6a 6b                                                                                                                                                                                                                           |                        |                      |                                              |                         |                         |
|                                                           | 7 a                   | Gross amount from sales of<br>assets other than inventory<br>Less: cost or other basis                                                                                                                                                                                          |                        |                      |                                              |                         |                         |
| evenue                                                    | c                     | and sales expenses7bGain or (loss)7c                                                                                                                                                                                                                                            |                        |                      |                                              |                         |                         |
| Other Re                                                  | 8 a                   | ,                                                                                                                                                                                                                                                                               | 8a                     |                      |                                              |                         |                         |
|                                                           |                       | Less: direct expenses                                                                                                                                                                                                                                                           | 8b                     |                      |                                              |                         |                         |
|                                                           | b                     | Gross income from gaming activities. See<br>Part IV, line 19<br>Less: direct expenses                                                                                                                                                                                           | 9a<br>9b               |                      |                                              |                         |                         |
|                                                           | 10 a<br>b             | Less: cost of goods sold                                                                                                                                                                                                                                                        | 10a<br>10b             |                      |                                              |                         |                         |
|                                                           | c                     | Net income or (loss) from sales of inventor                                                                                                                                                                                                                                     | /<br>Business Code     |                      |                                              |                         |                         |
| Miscellaneous<br>Revenue                                  | 11 a<br>b             | PPP Loan Forgiveness                                                                                                                                                                                                                                                            | 900099                 | 103,900.             |                                              |                         | 103,900.                |
| Seve                                                      | с                     |                                                                                                                                                                                                                                                                                 | _                      |                      |                                              |                         |                         |
| Mis                                                       |                       | All other revenue                                                                                                                                                                                                                                                               |                        | 103,900.             |                                              |                         |                         |
|                                                           | <u>е</u><br>12        | Total. Add lines 11a-11d                                                                                                                                                                                                                                                        |                        | 6,607,327.           | 0.                                           | 0.                      | 103,900.                |

232009 12-13-22

| 20-2803848 Page 1 |
|-------------------|
|-------------------|

Form 990 (2022) Alliance to End Hunger
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<br>of include amounts reported on lines 6b,<br>b, 9b, and 10b of Part VIII. | (A)<br>Total expenses | <b>(B)</b><br>Program service | (C)<br>Management and | (D)<br>Fundraising |
|----|---------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------|-----------------------|--------------------|
|    | Grants and other assistance to domestic organizations                                                               |                       | expenses                      | general expenses      | expenses           |
|    | and domestic governments. See Part IV, line 21                                                                      | 5,000.                | 5,000.                        |                       |                    |
|    | Grants and other assistance to domestic                                                                             | 5,000.                | 5,000.                        |                       |                    |
|    | individuals. See Part IV, line 22                                                                                   |                       |                               |                       |                    |
|    | Grants and other assistance to foreign                                                                              |                       |                               |                       |                    |
|    | organizations, foreign governments, and foreign                                                                     |                       |                               |                       |                    |
|    | individuals. See Part IV, lines 15 and 16                                                                           |                       |                               |                       |                    |
|    | Benefits paid to or for members                                                                                     |                       |                               |                       |                    |
|    | Compensation of current officers, directors,                                                                        |                       |                               |                       |                    |
|    | trustees, and key employees                                                                                         | 191,111.              | 156,392.                      | 12,678.               | 22,041             |
|    | Compensation not included above to disqualified                                                                     | -                     | -                             |                       |                    |
|    | persons (as defined under section 4958(f)(1)) and                                                                   |                       |                               |                       |                    |
|    | persons described in section 4958(c)(3)(B)                                                                          |                       |                               |                       |                    |
|    | Other salaries and wages                                                                                            | 506,651.              | 414,610.                      | 33,610.               | 58,431             |
|    | Pension plan accruals and contributions (include                                                                    |                       |                               |                       |                    |
|    | section 401(k) and 403(b) employer contributions)                                                                   | 46,023.               | 37,662.                       | 3,053.                | 5,308              |
|    | Other employee benefits                                                                                             | 46,023.<br>101,541.   | 83,095.                       | 6,736.                | 5,308<br>11,710    |
|    | Payroll taxes                                                                                                       | 50,784.               | 41,558.                       | 3,369.                | 5,857              |
|    | Fees for services (nonemployees):                                                                                   |                       |                               |                       |                    |
|    | Management                                                                                                          |                       |                               |                       |                    |
|    | Legal                                                                                                               | 2,224.                | 2,183.                        | 41.                   |                    |
|    | Accounting                                                                                                          | 11,837.               |                               | 11,837.               |                    |
|    | Lobbying                                                                                                            |                       |                               |                       |                    |
| е  | Professional fundraising services. See Part IV, line 17                                                             |                       |                               |                       |                    |
| f  | Investment management fees                                                                                          |                       |                               |                       |                    |
|    | Other. (If line 11g amount exceeds 10% of line 25,                                                                  |                       |                               |                       |                    |
|    | column (A), amount, list line 11g expenses on Sch 0.)                                                               | 1,419,916.            | 1,392,808.                    | 26,410.               | 698                |
| 12 | Advertising and promotion                                                                                           |                       |                               |                       |                    |
| 13 | Office expenses                                                                                                     | 106,714.              | 80,506.                       | 26,208.               |                    |
|    | Information technology                                                                                              | 8,655.                | 8,655.                        |                       |                    |
|    | Royalties                                                                                                           |                       |                               |                       |                    |
|    | Occupancy                                                                                                           | 117,052.              | 83,207.                       | 31,711.               | 2,134              |
|    | Travel                                                                                                              | 207,348.              | 207,348.                      |                       |                    |
| 18 | Payments of travel or entertainment expenses                                                                        |                       |                               |                       |                    |
|    | for any federal, state, or local public officials                                                                   |                       |                               |                       |                    |
| 19 | Conferences, conventions, and meetings                                                                              | 27,729.               | 27,729.                       |                       |                    |
| 20 | Interest                                                                                                            | 3,379.                |                               | 3,379.                |                    |
| 21 | Payments to affiliates                                                                                              |                       |                               |                       |                    |
|    | Depreciation, depletion, and amortization                                                                           |                       |                               |                       |                    |
| 23 | Insurance                                                                                                           | 4,140.                | 4,140.                        |                       |                    |
|    | Other expenses. Itemize expenses not covered                                                                        |                       |                               |                       |                    |
|    | above. (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A),          |                       |                               |                       |                    |
|    | amount, list line 24e expenses on Schedule O.)                                                                      |                       |                               |                       |                    |
|    | State registration fee                                                                                              | 4,990.                |                               | 4,990.                |                    |
| b  | Staff development                                                                                                   | 724.                  | 593.                          | 48.                   | 83                 |
| с  |                                                                                                                     |                       |                               |                       |                    |
| d  |                                                                                                                     |                       |                               |                       |                    |
| е  | All other expenses                                                                                                  |                       |                               |                       |                    |
| 25 | Total functional expenses. Add lines 1 through 24e                                                                  | 2,815,818.            | 2,545,486.                    | 164,070.              | 106,262            |
|    | 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 if following SOP 98-2 (ASC 958-720)                                                                      |                       |                               |                       |                    |

|                             |     | Check if Schedule O contains a response or note to any line in th                            | iis Part X                    |      |             |
|-----------------------------|-----|----------------------------------------------------------------------------------------------|-------------------------------|------|-------------|
|                             |     |                                                                                              | (A)                           |      | (B)         |
|                             |     |                                                                                              | Beginning of year             |      | End of year |
|                             | 1   | Cash - non-interest-bearing                                                                  | 1,489,783                     | 1    | 4,144,852.  |
|                             | 2   | Savings and temporary cash investments                                                       |                               | 2    |             |
|                             | 3   | Pledges and grants receivable, net                                                           |                               | 3    | 1,869,956.  |
|                             | 4   | Accounts receivable, net                                                                     |                               | 4    |             |
|                             | 5   | Loans and other receivables from any current or former officer, d                            |                               |      |             |
|                             |     | trustee, key employee, creator or founder, substantial contributor                           | r, or 35%                     |      |             |
|                             |     | controlled entity or family member of any of these persons                                   |                               | 5    |             |
|                             | 6   | Loans and other receivables from other disqualified persons (as o                            | defined                       |      |             |
|                             |     | under section 4958(f)(1)), and persons described in section 4958                             | (c)(3)(B)                     | 6    |             |
| ts                          | 7   | Notes and loans receivable, net                                                              |                               | 7    |             |
| Assets                      | 8   | Inventories for sale or use                                                                  |                               | 8    |             |
| Ÿ                           | 9   | Prepaid expenses and deferred charges                                                        |                               | 9    | 2,579.      |
|                             | 10a | Land, buildings, and equipment: cost or other                                                |                               |      |             |
|                             |     | basis. Complete Part VI of Schedule D 10a                                                    |                               |      |             |
|                             | b   | Less: accumulated depreciation 10b                                                           |                               | 10c  |             |
|                             | 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                                                           |                               | 15   |             |
|                             | 16  | Total assets. Add lines 1 through 15 (must equal line 33)                                    |                               |      | 6,017,387.  |
|                             | 17  | Accounts payable and accrued expenses                                                        |                               | 17   | 120,310.    |
|                             | 18  | Grants payable                                                                               |                               | 18   |             |
|                             | 19  | Deferred revenue                                                                             |                               | 19   |             |
|                             | 20  | Tax-exempt bond liabilities                                                                  |                               | 20   |             |
|                             | 21  | Escrow or custodial account liability. Complete Part IV of Schedu                            |                               | 21   |             |
| ies                         | 22  | Loans and other payables to any current or former officer, director                          |                               |      |             |
| oilit                       |     | trustee, key employee, creator or founder, substantial contributor                           | r, or 35%                     |      |             |
| Liabilities                 |     |                                                                                              |                               | 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                         |                               |      |             |
|                             |     | parties, and other liabilities not included on lines 17-24). Complet                         | 1 ( ) ( 7 )                   | 05   | 549,860.    |
|                             | 06  | of Schedule D                                                                                | 0.50.1.10                     |      | 670,170.    |
|                             | 26  | Total liabilities. Add lines 17 through 25                                                   |                               | 26   | 070,170.    |
| es                          |     | Organizations that follow FASB ASC 958, check here<br>and complete lines 27, 28, 32, and 33. |                               |      |             |
| anc                         | 27  |                                                                                              | 374,707                       | 27   | 652,825.    |
| Bal                         | 28  | Net assets without donor restrictions                                                        | 4 4 4 4 4 4 4                 |      | 4,694,392.  |
| lpu                         | 20  | Organizations that do not follow FASB ASC 958, check here                                    |                               | 20   | 1,051,051   |
| Fu                          |     | and complete lines 29 through 33.                                                            |                               |      |             |
| o                           | 29  | Capital stock or trust principal, or current funds                                           |                               | 29   |             |
| Net Assets or Fund Balances | 30  | Paid-in or capital surplus, or land, building, or equipment fund                             |                               | 30   |             |
| Ass                         | 31  | Retained earnings, endowment, accumulated income, or other fu                                |                               | 31   |             |
| let ,                       | 32  | Total net assets or fund balances                                                            |                               | 32   | 5,347,217.  |
| ~                           | 33  | Total liabilities and net assets/fund balances                                               | 4 000 050                     |      | 6,017,387.  |
|                             |     |                                                                                              | _, =, = = , = = ; = = ; = = ; | 1 00 |             |

Form **990** (2022)

Form 990 (2022) Part X | Balance Sheet

| Form | 1990 (2022) Alliance to End Hunger                                                                                | 20-28      | 03848      | Pa  | ge <b>12</b> |  |  |
|------|-------------------------------------------------------------------------------------------------------------------|------------|------------|-----|--------------|--|--|
| Pa   | rt XI Reconciliation of Net Assets                                                                                |            |            |     |              |  |  |
|      | Check if Schedule O contains a response or note to any line in this Part XI                                       | <u></u>    | <u></u>    |     |              |  |  |
|      |                                                                                                                   |            |            |     |              |  |  |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)                                                         | 1          | 6,60       |     |              |  |  |
| 2    | Total expenses (must equal Part IX, column (A), line 25)                                                          | 2          | 2,81       |     |              |  |  |
| 3    | Revenue less expenses. Subtract line 2 from line 1                                                                |            |            |     |              |  |  |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                         | 4          | 1,55       | 5,7 | 08.          |  |  |
| 5    | Net unrealized gains (losses) on investments                                                                      | 5          |            |     |              |  |  |
| 6    | Donated services and use of facilities                                                                            | 6          |            |     |              |  |  |
| 7    | Investment expenses                                                                                               | 7          |            |     |              |  |  |
| 8    | Prior period adjustments                                                                                          | 8          |            |     |              |  |  |
| 9    | Other changes in net assets or fund balances (explain on Schedule O)                                              | 9          |            |     | 0.           |  |  |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                |            |            |     |              |  |  |
|      | column (B))                                                                                                       | 10         | 5,34       | 7,2 | 17.          |  |  |
| Pa   | rt 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: Cash X Accrual Other                                              |            | -          |     |              |  |  |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule    |            |            |     |              |  |  |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                   |            | <b>2</b> a |     | X            |  |  |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed   | l on a     |            |     |              |  |  |
|      | separate basis, consolidated basis, or both:                                                                      |            |            |     |              |  |  |
|      | Separate basis Consolidated basis Both consolidated and separate basis                                            |            |            |     |              |  |  |
| b    | Were the organization's financial statements audited by an independent accountant?                                |            | <b>2</b> b | Х   |              |  |  |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat   | e basis,   |            |     |              |  |  |
|      | consolidated basis, or both:                                                                                      |            |            |     |              |  |  |
|      | X Separate basis Consolidated basis Both consolidated and separate basis                                          |            |            |     |              |  |  |
| С    | , <b>5</b>                                                                                                        |            |            | x   |              |  |  |
|      | review, or compilation of its financial statements and selection of an independent accountant?                    |            |            |     |              |  |  |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | nedule O.  |            |     |              |  |  |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the   |            |            |     |              |  |  |
|      | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?                                                                   |            | 3a         |     | X            |  |  |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ired audit |            |     |              |  |  |
|      | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                          |            | 3b         |     |              |  |  |

Form **990** (2022)

Department of the Treasury

Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

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

| OMB No. 1545-0047            |
|------------------------------|
| 2022                         |
| Open to Public<br>Inspection |

| Name of the or | ganization |
|----------------|------------|
|----------------|------------|

| Nan  | те от т   | ne organization ג 11 ל 1 ג                                                                                                | ango to En                                                                                         | d Hungor                                               |                  |                 |                                 |               | 0-2803848                                       |  |  |
|------|-----------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------|-----------------|---------------------------------|---------------|-------------------------------------------------|--|--|
| Da   | rt I      |                                                                                                                           | ance to End Hunger<br>Charity Status. (All organizations must complete this part.) See instructior |                                                        |                  |                 |                                 |               | 0-2003040                                       |  |  |
|      |           |                                                                                                                           |                                                                                                    | -                                                      |                  |                 |                                 | 15.           |                                                 |  |  |
|      | organ     | ization is not a private found                                                                                            |                                                                                                    |                                                        |                  |                 |                                 |               |                                                 |  |  |
| 1    | $\square$ | A church, convention of ch                                                                                                |                                                                                                    |                                                        |                  | n 170(a)(1      | I)(A)(I).                       |               |                                                 |  |  |
| 2    | $\square$ | A school described in secti                                                                                               |                                                                                                    |                                                        |                  |                 |                                 |               |                                                 |  |  |
| 3    | $\square$ | A hospital or a cooperative                                                                                               |                                                                                                    |                                                        |                  |                 | •                               |               | the been it all a memory                        |  |  |
| 4    |           | A medical research organiz                                                                                                | ation operated in co                                                                               | njunction with a nospital                              | described        | a in sectio     | n 170(b)(1)(A                   | )(III). Enter | the nospital'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). (C                                                                                              |                                                                                                    |                                                        |                  | 20/1-1/41/41    | 4.5                             |               |                                                 |  |  |
| 6    | X         | A federal, state, or local gov                                                                                            | •                                                                                                  |                                                        |                  |                 | . ,                             |               |                                                 |  |  |
| 7    |           | An organization that norma                                                                                                |                                                                                                    | intial part of its support i                           | rom a gov        | ernmental       | unit or from 1                  | ne general    | public described in                             |  |  |
| ~    |           | section 170(b)(1)(A)(vi). (Co                                                                                             |                                                                                                    |                                                        |                  |                 |                                 |               |                                                 |  |  |
| 8    | $\square$ | A community trust describe                                                                                                |                                                                                                    |                                                        |                  | ad in a suit    |                                 |               |                                                 |  |  |
| 9    |           | An agricultural research org                                                                                              |                                                                                                    |                                                        |                  |                 |                                 |               |                                                 |  |  |
|      |           | or university or a non-land-g                                                                                             | grant college of agric                                                                             | ulture (see instructions).                             | Enter the        | name, city      | , and state o                   | r the colleg  | le or                                           |  |  |
| 40   |           | university:                                                                                                               | II                                                                                                 | then 00 1/00/ of its own                               |                  | + - :   + : -   |                                 | hin fann a    | ad average variate frame                        |  |  |
| 10   |           | An organization that norma                                                                                                |                                                                                                    |                                                        |                  |                 |                                 |               |                                                 |  |  |
|      |           | activities related to its exem                                                                                            |                                                                                                    |                                                        |                  |                 |                                 |               |                                                 |  |  |
|      |           | income and unrelated busin<br>See section 509(a)(2). (Cor                                                                 |                                                                                                    |                                                        |                  | sses acqu       |                                 | ganzation     |                                                 |  |  |
| 11   |           | An organization organized a                                                                                               |                                                                                                    | ively to test for public sa                            | fety See         | section 5(      | )9(a)( <u>4</u> )               |               |                                                 |  |  |
| 12   | $\square$ | An organization organized a                                                                                               |                                                                                                    | •                                                      | -                |                 |                                 | arry out the  | e nurnoses of one or                            |  |  |
|      |           | more publicly supported or                                                                                                |                                                                                                    |                                                        |                  |                 |                                 |               |                                                 |  |  |
|      |           | lines 12a through 12d that                                                                                                |                                                                                                    |                                                        |                  |                 |                                 |               |                                                 |  |  |
| а    |           | <b>Type I.</b> A supporting orga                                                                                          |                                                                                                    |                                                        |                  |                 |                                 |               | <i>i</i> aivina                                 |  |  |
|      |           | the supported organization                                                                                                |                                                                                                    |                                                        |                  |                 |                                 |               |                                                 |  |  |
|      |           | organization. You must c                                                                                                  |                                                                                                    |                                                        |                  |                 |                                 |               |                                                 |  |  |
| b    |           | <b>Type II.</b> A supporting orga                                                                                         | -                                                                                                  |                                                        | tion with it     | s support       | ed organizatio                  | on(s), by ha  | aving                                           |  |  |
|      |           | control or management o                                                                                                   |                                                                                                    |                                                        |                  |                 |                                 |               |                                                 |  |  |
|      |           | organization(s). You mus                                                                                                  | t complete Part IV,                                                                                | Sections A and C.                                      |                  |                 |                                 |               |                                                 |  |  |
| с    |           | Type III functionally inte                                                                                                | grated. A supporting                                                                               | g organization operated                                | in connec        | tion with, a    | and functiona                   | Ily integrate | ed with,                                        |  |  |
|      |           | its supported organization                                                                                                | n(s) (see instructions                                                                             | s). You must complete I                                | Part IV, Se      | ections A,      | D, and E.                       |               |                                                 |  |  |
| d    |           | Type III non-functionally                                                                                                 | y integrated. A supp                                                                               | orting organization oper                               | ated in co       | nnection v      | vith its suppo                  | rted organi   | ization(s)                                      |  |  |
|      |           | that is not functionally int                                                                                              | egrated. The organiz                                                                               | zation generally must sat                              | tisfy a dist     | ribution re     | quirement an                    | d an attent   | iveness                                         |  |  |
|      |           | _ requirement (see instruct                                                                                               | ions). <b>You must con</b>                                                                         | nplete Part IV, Sections                               | A and D,         | and Part        | V.                              |               |                                                 |  |  |
| е    |           | Check this box if the orga                                                                                                | anization received a                                                                               | written determination fro                              | m the IRS        | that it is a    | а Туре I, Туре                  | II, Type III  |                                                 |  |  |
|      |           | functionally integrated, or                                                                                               | r Type III non-functio                                                                             | nally integrated support                               | ing organi:      | zation.         |                                 |               |                                                 |  |  |
| f    |           | er the number of supported o                                                                                              | • • • • • • • • • • • • • • • • • • • •                                                            |                                                        |                  |                 |                                 |               |                                                 |  |  |
| g    |           | vide the following information                                                                                            |                                                                                                    |                                                        | (iv) Is the orga | nization listed | (.) (                           |               |                                                 |  |  |
|      | (         | <ul> <li>i) Name of supported<br/>organization</li> </ul>                                                                 | (ii) EIN                                                                                           | (iii) Type of organization<br>(described on lines 1-10 | in your governi  | ng document?    | (v) Amount o<br>support (see ir |               | (vi) Amount of other support (see instructions) |  |  |
|      |           | organization                                                                                                              |                                                                                                    | above (see instructions))                              | Yes              | No              |                                 |               |                                                 |  |  |
|      |           |                                                                                                                           |                                                                                                    |                                                        |                  |                 |                                 |               |                                                 |  |  |
|      |           |                                                                                                                           |                                                                                                    |                                                        |                  |                 |                                 |               |                                                 |  |  |
|      |           |                                                                                                                           |                                                                                                    |                                                        |                  |                 |                                 |               |                                                 |  |  |
|      |           |                                                                                                                           |                                                                                                    |                                                        |                  |                 |                                 |               |                                                 |  |  |
|      |           |                                                                                                                           |                                                                                                    |                                                        |                  |                 |                                 |               |                                                 |  |  |
|      |           |                                                                                                                           |                                                                                                    |                                                        |                  |                 |                                 |               |                                                 |  |  |
|      |           |                                                                                                                           |                                                                                                    |                                                        |                  |                 |                                 |               |                                                 |  |  |
|      |           |                                                                                                                           |                                                                                                    |                                                        |                  |                 |                                 |               |                                                 |  |  |
|      |           |                                                                                                                           |                                                                                                    |                                                        |                  |                 |                                 |               |                                                 |  |  |
| Tota | al        |                                                                                                                           |                                                                                                    |                                                        |                  |                 |                                 |               |                                                 |  |  |

#### Schedule A (Form 990) 2022

### Alliance to End Hunger

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.)

| Sec                      | ction A. Public Support                                                                                                              |                       |                     |                      |                     |                     |             |  |  |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------|----------------------|---------------------|---------------------|-------------|--|--|
| Cale                     | ndar year (or fiscal year beginning in)                                                                                              | (a) 2018              | <b>(b)</b> 2019     | (c) 2020             | (d) 2021            | (e) 2022            | (f) Total   |  |  |
| 1                        | Gifts, grants, contributions, and                                                                                                    |                       |                     |                      |                     |                     |             |  |  |
|                          | membership fees received. (Do not                                                                                                    |                       |                     |                      |                     |                     |             |  |  |
|                          | include any "unusual grants.")                                                                                                       | 1,439,879.            | 842,980.            | 1,936,625.           | 1,576,240.          | 6,503,427.          | 12,299,151. |  |  |
| 2                        | Tax revenues levied for the organ-                                                                                                   |                       |                     |                      |                     |                     |             |  |  |
|                          | ization'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                                                                                                         | 1,439,879.            | 842,980.            | 1,936,625.           | 1,576,240.          | 6,503,427.          | 12,299,151. |  |  |
| 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)                                                                                                                           |                       |                     |                      |                     |                     | 2,140,615.  |  |  |
| 6                        | Public support. Subtract line 5 from line 4.                                                                                         |                       |                     |                      |                     |                     | 10,158,536. |  |  |
| Section B. Total Support |                                                                                                                                      |                       |                     |                      |                     |                     |             |  |  |
| Cale                     | ndar year (or fiscal year beginning in)                                                                                              | <b>(a)</b> 2018       | <b>(b)</b> 2019     | (c) 2020             | (d) 2021            | (e) 2022            | (f) Total   |  |  |
| 7                        | Amounts from line 4                                                                                                                  | 1,439,879.            | 842,980.            | 1,936,625.           | 1,576,240.          | 6,503,427.          | 12,299,151. |  |  |
| 8                        | Gross income from interest,                                                                                                          |                       |                     |                      |                     |                     |             |  |  |
|                          | dividends, payments received on                                                                                                      |                       |                     |                      |                     |                     |             |  |  |
|                          | securities loans, rents, royalties,                                                                                                  |                       |                     |                      |                     |                     |             |  |  |
|                          | and income from similar sources $\dots$                                                                                              |                       |                     |                      |                     |                     |             |  |  |
| 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.)                                                                                                         |                       |                     |                      | 103,900.            | 103,900.            | 207,800.    |  |  |
| 11                       | Total support. Add lines 7 through 10                                                                                                |                       |                     |                      |                     |                     | 12,506,951. |  |  |
| 12                       | Gross receipts from related activities,                                                                                              | etc. (see instruction | ons)                |                      |                     | 12                  | 56,609.     |  |  |
| 13                       | First 5 years. If the Form 990 is for the                                                                                            | ne organization's fi  | rst, second, third, | fourth, or fifth tax | year as a section 5 | 501(c)(3)           |             |  |  |
| _                        | organization, check this box and stop                                                                                                |                       |                     |                      |                     |                     | L           |  |  |
|                          | ction C. Computation of Publ                                                                                                         |                       | -                   |                      |                     |                     | 01 00       |  |  |
|                          | Public support percentage for 2022 (                                                                                                 |                       |                     |                      |                     | 14                  | 81.22 %     |  |  |
|                          | Public support percentage from 2021                                                                                                  |                       |                     |                      |                     | 15                  | 62.01 %     |  |  |
| 16a                      | 33 1/3% support test - 2022. If the c                                                                                                |                       |                     |                      | 14 is 33 1/3% or n  | nore, check this bo |             |  |  |
|                          | stop here. The organization qualifies                                                                                                |                       | -                   |                      |                     |                     |             |  |  |
| b                        | 33 1/3% support test - 2021. If the c                                                                                                |                       |                     |                      |                     |                     |             |  |  |
|                          | and <b>stop here.</b> The organization qual                                                                                          |                       |                     |                      |                     |                     |             |  |  |
| 1/a                      | 10% -facts-and-circumstances tes                                                                                                     |                       |                     |                      |                     |                     |             |  |  |
|                          | and if the organization meets the fact                                                                                               |                       |                     | •                    | •                   | Ū.                  |             |  |  |
| 1-                       | meets the facts-and-circumstances te                                                                                                 | -                     |                     | • • • •              | -                   | 17a and lina 15 ia  |             |  |  |
| b                        | 10% -facts-and-circumstances tes                                                                                                     |                       |                     |                      |                     |                     | IU% Or      |  |  |
|                          | more, and if the organization meets the                                                                                              |                       |                     |                      |                     |                     |             |  |  |
| 10                       | organization meets the facts-and-circ                                                                                                |                       |                     |                      |                     |                     |             |  |  |
| 10                       | 8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions |                       |                     |                      |                     |                     |             |  |  |

Schedule A (Form 990) 2022

# Alliance to End Hunger

# 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.)

| Sec   | ction A. Public Support                                                                                                                                                                |                    |                       |                      |                     |             |                |              |     |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|----------------------|---------------------|-------------|----------------|--------------|-----|
| Cale  | ndar year (or fiscal year beginning in)                                                                                                                                                | (a) 2018           | (b) 2019              | (c) 2020             | (d) 2021            | (6          | e) 2022        | (f) Total    |     |
| 1     | Gifts, grants, contributions, and                                                                                                                                                      |                    |                       |                      |                     |             | -              |              |     |
|       | membership fees received. (Do not                                                                                                                                                      |                    |                       |                      |                     |             |                |              |     |
|       | include any "unusual grants.")                                                                                                                                                         |                    |                       |                      |                     |             |                |              |     |
| 2     | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                    |                       |                      |                     |             |                |              |     |
| 3     | Gross receipts from activities that are not an unrelated trade or bus-                                                                                                                 |                    |                       |                      |                     |             |                |              |     |
|       | iness under section 513                                                                                                                                                                |                    |                       |                      |                     |             |                |              |     |
| 4     | Tax revenues levied for the organ-<br>ization's benefit and either paid to                                                                                                             |                    |                       |                      |                     |             |                |              |     |
|       | or expended on its behalf                                                                                                                                                              |                    |                       |                      |                     |             |                |              |     |
| 5     | The value of services or facilities<br>furnished by a governmental unit to<br>the organization without charge                                                                          |                    |                       |                      |                     |             |                |              |     |
| 6     | Total. Add lines 1 through 5                                                                                                                                                           |                    |                       |                      |                     |             |                |              |     |
|       | Amounts included on lines 1, 2, and                                                                                                                                                    |                    |                       |                      |                     |             |                |              |     |
|       | 3 received from disqualified persons                                                                                                                                                   |                    |                       |                      |                     |             |                |              |     |
| b     | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                |                    |                       |                      |                     |             |                |              |     |
| c     | Add lines 7a and 7b                                                                                                                                                                    |                    |                       |                      |                     |             |                |              |     |
| 8     | Public support. (Subtract line 7c from line 6.)                                                                                                                                        |                    |                       |                      |                     |             |                |              |     |
|       | ction B. Total Support                                                                                                                                                                 |                    |                       |                      |                     |             |                |              |     |
| Cale  | ndar year (or fiscal year beginning in)                                                                                                                                                | <b>(a)</b> 2018    | <b>(b)</b> 2019       | (c) 2020             | (d) 2021            | (e          | <b>e)</b> 2022 | (f) Total    |     |
| 9     | Amounts from line 6                                                                                                                                                                    |                    |                       |                      |                     |             |                |              |     |
| 10a   | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources                                               |                    |                       |                      |                     |             |                |              |     |
| b     | Unrelated business taxable income                                                                                                                                                      |                    |                       |                      |                     |             |                |              |     |
|       | (less section 511 taxes) from businesses acquired after June 30, 1975                                                                                                                  |                    |                       |                      |                     |             |                |              |     |
|       | Add lines 10a and 10b<br>Net income from unrelated business<br>activities not included on line 10b,<br>whether or not the business is<br>regularly carried on                          |                    |                       |                      |                     |             |                |              |     |
|       | Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)                                                                                  |                    |                       |                      |                     |             |                |              |     |
|       | Total support. (Add lines 9, 10c, 11, and 12.)                                                                                                                                         |                    | 1                     | I                    |                     | <u> </u>    |                |              |     |
| 14    | First 5 years. If the Form 990 is for th                                                                                                                                               | e organization's f | first, second, third, | fourth, or fifth tax | year as a section   | 501(c)(     | 3) organizat   | ion,         | _   |
| _     |                                                                                                                                                                                        |                    |                       |                      |                     |             |                | L            |     |
|       | ction C. Computation of Publ                                                                                                                                                           |                    |                       |                      |                     | <del></del> |                |              |     |
|       | Public support percentage for 2022 (                                                                                                                                                   |                    |                       | column (f))          |                     | 15          |                |              | %   |
|       | Public support percentage from 2021                                                                                                                                                    |                    |                       |                      |                     | 16          |                |              | %   |
|       | ction D. Computation of Inves                                                                                                                                                          |                    |                       |                      |                     | <del></del> |                |              |     |
|       | Investment income percentage for 20                                                                                                                                                    |                    |                       |                      |                     | 17          |                |              | %   |
|       | Investment income percentage from 2                                                                                                                                                    |                    |                       |                      |                     | 18          |                |              | %   |
| 19a   | 33 1/3% support tests - 2022. If the                                                                                                                                                   |                    |                       |                      |                     |             | 6, and line 1  | l7 is not □  |     |
|       | more than 33 1/3%, check this box a                                                                                                                                                    |                    |                       |                      |                     |             |                | L            |     |
| b     | 33 1/3% support tests - 2021. If the                                                                                                                                                   |                    |                       |                      |                     |             |                |              |     |
|       | line 18 is not more than 33 1/3%, che                                                                                                                                                  |                    |                       |                      |                     |             |                | L            |     |
| 20    | Private foundation. If the organization                                                                                                                                                | n did not check a  | t box on line 14, 19  | 9a, or 19b, check t  | this box and see in |             |                | L            |     |
| 23202 | 23 12-09-22                                                                                                                                                                            |                    |                       |                      |                     |             | Schedule A     | (Form 990) 2 | 022 |

232024 12-09-22

# Part IV Supporting Organizations

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

Alliance to End Hunger

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| chedule A | (Form 990) 2022  | Alliance                      | to  | End | Hunger |
|-----------|------------------|-------------------------------|-----|-----|--------|
| Part IV   | Supporting Organ | izations <sub>(continue</sub> | ed) |     |        |

Part IV

2

No

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _   | Yes | No |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 11  | Has the organization accepted a gift or contribution from any of the following persons?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |     |    |
| а   | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |     |    |
|     | 11c below, the governing body of a supported organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 11a |     |    |
| b   | A family member of a person described on line 11a above?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 11b |     |    |
| с   | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |     |    |
|     | detail in Part VI.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 11c |     |    |
| Sec | tion B. Type I Supporting Organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |     |    |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _   | Yes | No |
| 1   | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization</i> (s) <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> |     |     |    |

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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 St | upporting | Organizations |  |
|------------|------------|-----------|---------------|--|
|            |            |           |               |  |

Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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). 1 Section D. All Type III Supporting Organizations

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

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

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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 lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" 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.

2a

2b

За

Yes No

232025 12-09-22

# Schedule A (Form 990) 2022Alliance to End HungerPart VType III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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.

| 5000 | ion A - Adjusted Net Income                                                 |    | (A) Prior Year | (B) Current Year<br>(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  |                |                                |
| Sect | ion B - Minimum Asset Amount                                                |    | (A) Prior Year | (B) Current Year<br>(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):           |    |                |                                |
| а    | Average monthly value of securities                                         | 1a |                |                                |
| b    | Average monthly cash balances                                               | 1b |                |                                |
| с    | Fair market value of other non-exempt-use assets                            | 1c |                |                                |
| d    | Total (add lines 1a, 1b, and 1c)                                            | 1d |                |                                |
| е    | Discount claimed for blockage or other factors                              |    |                |                                |
|      | (explain in detail in <b>Part VI</b> ):                                     |    |                |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                | 2  |                |                                |
| 3    | Subtract line 2 from line 1d.                                               | 3  |                |                                |
| 4    | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, |    |                |                                |
|      | see instructions).                                                          | 4  |                |                                |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)            | 5  |                |                                |
| 6    | Multiply line 5 by 0.035.                                                   | 6  |                |                                |
| 7    | Recoveries of prior-year distributions                                      | 7  |                |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)                                 | 8  |                |                                |
| Sect | ion C - Distributable Amount                                                |    |                | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, column A)       | 1  |                |                                |
| 2    | Enter 0.85 of line 1.                                                       | 2  |                |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, column A)      | 3  |                |                                |
| 4    | Enter greater of line 2 or line 3.                                          | 4  |                |                                |
| 5    | Income tax imposed in prior year                                            | 5  |                |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to        |    |                |                                |
|      |                                                                             | 6  |                |                                |

instructions).

1

Schedule A (Form 990) 2022

| Schedule A       | 990) | 2022 |   |
|------------------|------|------|---|
| <b>B</b> • • • / |      |      | _ |

| Par   | t V Type III Non-Functionally Integrated 509                    | (a)(3) Supporting Orga            | anizations <sub>(continu</sub> | ied) |                                  |
|-------|-----------------------------------------------------------------|-----------------------------------|--------------------------------|------|----------------------------------|
| Sect  | on D - Distributions                                            |                                   |                                |      | Current Year                     |
| 1     | Amounts paid to supported organizations to accomplish exe       |                                   | 1                              |      |                                  |
| 2     | Amounts paid to perform activity that directly furthers exemp   | ot purposes of supported          |                                |      |                                  |
|       | organizations, in excess of income from activity                |                                   |                                | 2    |                                  |
| 3     | Administrative expenses paid to accomplish exempt purpose       | es of supported organizatior      | าร                             | 3    |                                  |
| 4     | Amounts paid to acquire exempt-use assets                       |                                   |                                | 4    |                                  |
| 5     | Qualified set-aside amounts (prior IRS approval required - pro  | ovide details in <b>Part VI</b> ) |                                | 5    |                                  |
| 6     | Other distributions (describe in Part VI). See instructions.    |                                   |                                | 6    |                                  |
| 7     | Total annual distributions. Add lines 1 through 6.              |                                   |                                | 7    |                                  |
| 8     | Distributions to attentive supported organizations to which the | he organization is responsive     | e                              |      |                                  |
|       | (provide details in Part VI). See instructions.                 |                                   |                                | 8    |                                  |
| 9     | Distributable amount for 2022 from Section C, line 6            |                                   |                                | 9    |                                  |
| 10    | Line 8 amount divided by line 9 amount                          |                                   |                                | 10   |                                  |
|       |                                                                 | (i)                               | (ii)                           |      | (iii)                            |
| Secti | on E - Distribution Allocations (see instructions)              | Excess Distributions              | Underdistribution<br>Pre-2022  | IS   | Distributable<br>Amount for 2022 |
| 1     | Distributable amount for 2022 from Section C, line 6            |                                   |                                |      |                                  |
| 2     | Underdistributions, if any, for years prior to 2022 (reason-    |                                   |                                |      |                                  |
|       | able cause required - explain in Part VI). See instructions.    |                                   |                                |      |                                  |
| 3     | Excess distributions carryover, if any, to 2022                 |                                   |                                |      |                                  |
| a     | From 2017                                                       |                                   |                                |      |                                  |
| b     | From 2018                                                       |                                   |                                |      |                                  |
| С     | From 2019                                                       |                                   |                                |      |                                  |
| d     | From 2020                                                       |                                   |                                |      |                                  |
| e     | From 2021                                                       |                                   |                                |      |                                  |
| f     | Total of lines 3a through 3e                                    |                                   |                                |      |                                  |
| g     | Applied to underdistributions of prior years                    |                                   |                                |      |                                  |
| h     | Applied to 2022 distributable amount                            |                                   |                                |      |                                  |
| i     | Carryover from 2017 not applied (see instructions)              |                                   |                                |      |                                  |
| j     | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.          |                                   |                                |      |                                  |
| 4     | Distributions for 2022 from Section D,                          |                                   |                                |      |                                  |
|       | line 7: \$                                                      |                                   |                                |      |                                  |
| а     | Applied to underdistributions of prior years                    |                                   |                                |      |                                  |
| b     | Applied to 2022 distributable amount                            |                                   |                                |      |                                  |
| с     | Remainder. Subtract lines 4a and 4b from line 4.                |                                   |                                |      |                                  |
| 5     | Remaining underdistributions for years prior to 2022, if        |                                   |                                |      |                                  |
|       | any. Subtract lines 3g and 4a from line 2. For result greater   |                                   |                                |      |                                  |
|       | than zero, explain in Part VI. See instructions.                |                                   |                                |      |                                  |
| 6     | Remaining underdistributions for 2022. Subtract lines 3h        |                                   |                                |      |                                  |
|       | and 4b from line 1. For result greater than zero, explain in    |                                   |                                |      |                                  |
|       | Part VI. See instructions.                                      |                                   |                                |      |                                  |
| 7     | Excess distributions carryover to 2023. Add lines 3j            |                                   |                                |      |                                  |
|       | and 4c.                                                         |                                   |                                |      |                                  |
| 8     | Breakdown of line 7:                                            |                                   |                                |      |                                  |
| а     | Excess from 2018                                                |                                   |                                |      |                                  |
| b     | Excess from 2019                                                |                                   |                                |      |                                  |
| с     | Excess from 2020                                                |                                   |                                |      |                                  |
| d     | Excess from 2021                                                |                                   |                                |      |                                  |
| е     | Excess from 2022                                                |                                   |                                |      |                                  |

Schedule A (Form 990) 2022

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

### \*\* PUBLIC DISCLOSURE COPY \*\*

# **Schedule of Contributors**

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

| (Form | 990) |
|-------|------|
|       |      |

Department of the Treasury Internal Revenue Service

Schedule B

Name of the organization

Organization type (check one):

|    | 2022                         |
|----|------------------------------|
| Em | oloyer identification number |

20-2803848

| Alliance | to | End | Hunger |  |
|----------|----|-----|--------|--|
|----------|----|-----|--------|--|

| Filers of:         | Section:                                                                         |
|--------------------|----------------------------------------------------------------------------------|
| Form 990 or 990-EZ | X 501(c)( 3) (enter number) organization                                         |
|                    | 4947(a)(1) nonexempt charitable trust <b>not</b> 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

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

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

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

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

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

Schedule B (Form 990) (2022)

Employer identification number

20-2803848

# Alliance to End Hunger

| Part I     | <b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition | al space is needed.        |                                                                                    |
|------------|------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                  | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 1          |                                                                                    | \$460,000.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                  | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 2          |                                                                                    | \$200,000.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                  | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 3          |                                                                                    | \$ <u>145,000.</u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                  | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
|            |                                                                                    | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                  | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
|            |                                                                                    | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                  | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
|            |                                                                                    | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |

Name of organization

Employer identification number

20 - 2803848

# Alliance to End Hunger

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

| (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received                                                                                                       |
|----------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
|                                              |                                                 |                                                                                                                            |
|                                              |                                                 |                                                                                                                            |
|                                              | \$                                              |                                                                                                                            |
| (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received                                                                                                       |
|                                              |                                                 |                                                                                                                            |
|                                              | \$                                              |                                                                                                                            |
| (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received                                                                                                       |
|                                              |                                                 |                                                                                                                            |
|                                              | \$                                              |                                                                                                                            |
| (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received                                                                                                       |
|                                              |                                                 |                                                                                                                            |
|                                              | \$                                              |                                                                                                                            |
| (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received                                                                                                       |
|                                              |                                                 |                                                                                                                            |
|                                              | \$                                              |                                                                                                                            |
|                                              | (2)                                             | (-0)                                                                                                                       |
| (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received                                                                                                       |
|                                              | FMV (or estimate)                               |                                                                                                                            |
|                                              | (b)<br>Description of noncash property given    | (b)       (c)         Description of noncash property given       (See instructions.)         (See instructions.)       \$ |

223453 11-15-22

Schedule B (Form 990) (2022)

| Name of o                 | organization                  |                                                                                          | Employer identification number                                             |
|---------------------------|-------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Allia                     | nce to End Hunger             |                                                                                          | 20-2803848                                                                 |
| Part III                  |                               | ) through (e) and the following line er<br>charitable, etc., contributions of \$1,000 or | n section 501(c)(7), (8), or (10) that total more than \$1,000 for the yea |
| (a) No.<br>from<br>Part I | (b) Purpose of gift           | (c) Use of gift                                                                          | (d) Description of how gift is held                                        |
|                           |                               | (e) Transfer of gi                                                                       |                                                                            |
|                           | Transferee's name, address, a |                                                                                          | Relationship of transferor to transferee                                   |
| (a) No.<br>from<br>Part I | (b) Purpose of gift           | (c) Use of gift                                                                          | (d) Description of how gift is held                                        |
|                           | Transferee's name, address, a | (e) Transfer of gi<br>nd ZIP + 4                                                         | gift Relationship of transferor to transferee                              |
| (a) No.<br>from<br>Part I | (b) Purpose of gift           | (c) Use of gift                                                                          | (d) Description of how gift is held                                        |
|                           |                               | (e) Transfer of gi                                                                       | <br>gift                                                                   |
|                           | Transferee's name, address, a | nd ZIP + 4                                                                               | Relationship of transferor to transferee                                   |
| (a) No.<br>from<br>Part I | (b) Purpose of gift           | (c) Use of gift                                                                          | (d) Description of how gift is held                                        |
|                           |                               |                                                                                          |                                                                            |
|                           | Transferee's name, address, a | (e) Transfer of gi<br>nd ZIP + 4                                                         | gift Relationship of transferor to transferee                              |
|                           |                               |                                                                                          |                                                                            |

| SCHEDULE C                                             | Pc                                   | olitical Campaign a                                                                                            | nd Lobbyin                                         | g Activities                                  | 5          | OMB No. 1545-0047                                                                                                              |
|--------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------|
| (Form 990)                                             | For Org                              | anizations Exempt From Income                                                                                  | Tax Under section s                                | 501(c) and section                            | 527        | 2022                                                                                                                           |
| Department of the Treasury<br>Internal Revenue Service | Complete                             | if the organization is described to to www.irs.gov/Form990 for ins                                             | pelow. Attach to F                                 | orm 990 or Form 99                            |            | Open to Public<br>Inspection                                                                                                   |
| If the organization answ                               | wered "Yes," or                      | n Form 990, Part IV, line 3, or For                                                                            | m 990-EZ, Part V, lin                              | ne 46 (Political Carr                         | npaign A   | Activities), then                                                                                                              |
|                                                        |                                      | nplete Parts I-A and B. Do not com                                                                             | •                                                  |                                               |            |                                                                                                                                |
|                                                        |                                      | 01(c)(3)) organizations: Complete F                                                                            | Parts I-A and C below.                             | . Do not complete P                           | art I-B.   |                                                                                                                                |
| Section 527 organization                               | •                                    | •                                                                                                              |                                                    |                                               |            |                                                                                                                                |
| -                                                      |                                      | Form 990, Part IV, line 4, or For                                                                              |                                                    |                                               | -          |                                                                                                                                |
|                                                        |                                      | have filed Form 5768 (election unc<br>have NOT filed Form 5768 (electio                                        |                                                    | •                                             |            | •                                                                                                                              |
|                                                        | •                                    | n Form 990, Part IV, line 5 (Proxy                                                                             | ,                                                  | <i>//</i>                                     |            |                                                                                                                                |
| Tax) (See separate inst                                |                                      |                                                                                                                |                                                    |                                               |            |                                                                                                                                |
| • Section 501(c)(4), (5)                               | , or (6) organizat                   | tions: Complete Part III.                                                                                      |                                                    |                                               |            |                                                                                                                                |
| Name of organization                                   |                                      |                                                                                                                |                                                    |                                               | Emplo      | yer identification number                                                                                                      |
|                                                        | Allianc                              | e to End Hunger                                                                                                |                                                    |                                               |            | 20-2803848                                                                                                                     |
| Part I-A Comple                                        | ete if the org                       | anization is exempt unde                                                                                       | r section 501(c)                                   | or is a section                               | 527 or     | ganization.                                                                                                                    |
|                                                        |                                      |                                                                                                                |                                                    |                                               |            |                                                                                                                                |
|                                                        |                                      | ation's direct and indirect political                                                                          |                                                    |                                               |            |                                                                                                                                |
|                                                        |                                      | ures                                                                                                           |                                                    |                                               | \$_        |                                                                                                                                |
| <b>3</b> Volunteer hours for                           | political campai                     | gn activities                                                                                                  |                                                    |                                               | ····· -    |                                                                                                                                |
| Part I-B Comple                                        | ete if the oro                       | anization is exempt unde                                                                                       | r section 501(c)(                                  | 3).                                           |            |                                                                                                                                |
| -                                                      | -                                    | incurred by the organization unde                                                                              |                                                    | <b>.</b>                                      | \$         |                                                                                                                                |
|                                                        |                                      | incurred by organization manager                                                                               |                                                    |                                               |            |                                                                                                                                |
|                                                        |                                      | n 4955 tax, did it file Form 4720 fc                                                                           |                                                    |                                               |            |                                                                                                                                |
|                                                        |                                      | · · · · · · · · · · · · · · · · · · ·                                                                          |                                                    |                                               |            | Yes No                                                                                                                         |
| <b>b</b> If "Yes," describe ir                         | n Part IV.                           |                                                                                                                |                                                    |                                               |            |                                                                                                                                |
| Part I-C Comple                                        | ete if the org                       | anization is exempt unde                                                                                       | r section 501(c),                                  | except section                                | n 501(c    | c)(3).                                                                                                                         |
|                                                        |                                      | d by the filing organization for sect                                                                          |                                                    |                                               | \$_        |                                                                                                                                |
|                                                        |                                      | ization's funds contributed to othe                                                                            |                                                    |                                               |            |                                                                                                                                |
| exempt function ac                                     |                                      |                                                                                                                |                                                    |                                               | \$ <u></u> |                                                                                                                                |
|                                                        |                                      | and 2. Enter here and 2.                                                                                       | ,                                                  |                                               | ¢          |                                                                                                                                |
|                                                        |                                      | 1120-POL for this year?                                                                                        |                                                    |                                               |            |                                                                                                                                |
|                                                        |                                      | nployer identification number (EIN)                                                                            |                                                    |                                               |            |                                                                                                                                |
| made payments. Fo                                      | or each organiza<br>/ed that were pr | tion listed, enter the amount paid<br>omptly and directly delivered to a<br>additional space is needed, provid | from the filing organiz<br>separate political orga | ation's funds. Also e<br>anization, such as a | enter the  | e amount of political                                                                                                          |
| (a) Name                                               |                                      | (b) Address                                                                                                    | (c) EIN                                            | (d) Amount paid                               | from       | (e) Amount of political                                                                                                        |
| (d) Name                                               | 2                                    | (b) Address                                                                                                    |                                                    | filing organizati<br>funds. If none, en       | on's       | contributions received and<br>promptly and directly<br>delivered to a separate<br>political organization.<br>If none, enter -0 |
|                                                        |                                      |                                                                                                                |                                                    |                                               |            |                                                                                                                                |
|                                                        |                                      |                                                                                                                |                                                    |                                               |            |                                                                                                                                |
|                                                        |                                      |                                                                                                                |                                                    |                                               |            |                                                                                                                                |
|                                                        |                                      |                                                                                                                |                                                    |                                               |            |                                                                                                                                |
|                                                        |                                      |                                                                                                                |                                                    |                                               |            |                                                                                                                                |
|                                                        |                                      |                                                                                                                |                                                    |                                               |            |                                                                                                                                |

| Schedule C (Form 990) 2022                                                                              | Alliance                         | e to      | End Hunger                          |                         | 20-2                                          | 803848 Page 2                      |
|---------------------------------------------------------------------------------------------------------|----------------------------------|-----------|-------------------------------------|-------------------------|-----------------------------------------------|------------------------------------|
| Part II-A Complete if the org                                                                           | ganization is                    | s exer    | npt under sectio                    | n 501(c)(3) and fil     | led Form 5768 (el                             | ection under                       |
| section 501(h)).                                                                                        |                                  |           |                                     |                         |                                               |                                    |
| •••                                                                                                     | •                                |           | liated group (and list ir           | Part IV each affiliated | l group member's nam                          | e, address, EIN,                   |
| expenses, and sha                                                                                       |                                  | , 0       | 1 ,                                 |                         |                                               |                                    |
| B Check if the filing organiza                                                                          | ation checked b                  | oox A ar  | nd "limited control" pro            | ovisions apply.         |                                               |                                    |
|                                                                                                         | its on Lobbying<br>ditures" mean | • •       | nditures<br>Ints paid or incurred.) | )                       | <b>(a)</b> Filing<br>organization's<br>totals | <b>(b)</b> Affiliated group totals |
| 1a Total lobbying expenditures to infl                                                                  | uence public o                   | pinion (  | grassroots lobbying)                |                         | 0.                                            |                                    |
| <b>b</b> Total lobbying expenditures to infl                                                            | uence a legisla                  | tive boo  | dy (direct lobbying)                |                         | 0.                                            |                                    |
| c Total lobbying expenditures (add l                                                                    | lines 1a and 1b                  | )         |                                     |                         | 0.                                            |                                    |
| d Other exempt purpose expenditur                                                                       |                                  |           |                                     |                         | 2,815,818.                                    |                                    |
| e Total exempt purpose expenditure                                                                      |                                  |           |                                     |                         | 2,815,818.                                    |                                    |
| f Lobbying nontaxable amount. Ent                                                                       | er the amount                    | from the  | e following table in bot            | h columns.              | 290,791.                                      |                                    |
| If the amount on line 1e, column (a)                                                                    | or (b) is: 🔤                     | The lob   | bying nontaxable am                 | ount is:                |                                               |                                    |
| Not over \$500,000                                                                                      |                                  |           | the amount on line 1e.              |                         |                                               |                                    |
| Over \$500,000 but not over \$1,00                                                                      |                                  | ,         | 0 plus 15% of the exc               |                         |                                               |                                    |
| Over \$1,000,000 but not over \$1,5                                                                     |                                  |           | 0 plus 10% of the exc               |                         |                                               |                                    |
| Over \$1,500,000 but not over \$17                                                                      |                                  |           | 0 plus 5% of the exce               | ss over \$1,500,000.    |                                               |                                    |
| Over \$17,000,000                                                                                       |                                  | \$1,000,0 | 000.                                |                         |                                               |                                    |
| Crassrate pontavable amount (a)                                                                         | ator 25% of line                 | - 1f)     |                                     |                         | 72,698.                                       |                                    |
| <ul> <li>g Grassroots nontaxable amount (er</li> <li>h Subtract line 1g from line 1a. If zer</li> </ul> |                                  | •         |                                     |                         | 0.                                            |                                    |
| i Subtract line 1f from line 1c. If zer                                                                 | -                                | <u> </u>  |                                     |                         | 0.                                            |                                    |
| j If there is an amount other than ze                                                                   | ,                                |           |                                     |                         |                                               |                                    |
| reporting section 4911 tax for this                                                                     | •                                |           |                                     |                         |                                               | Yes No                             |
|                                                                                                         | ,                                |           | eraging Period Under                |                         |                                               |                                    |
| (Some organizations t                                                                                   |                                  |           |                                     |                         | of the five columns b                         | elow.                              |
|                                                                                                         | See the                          | e separa  | ate instructions for li             | nes 2a through 2f.)     |                                               |                                    |
|                                                                                                         | Lobbying                         | g Exper   | nditures During 4-Yea               | ar Averaging Period     |                                               |                                    |
| Calendar year<br>(or fiscal year beginning in)                                                          | <b>(a)</b> 2019                  | 9         | <b>(b)</b> 2020                     | <b>(c)</b> 2021         | ( <b>d)</b> 2022                              | <b>(e)</b> Total                   |
| 2a Lobbying nontaxable amount                                                                           | 180,2                            | 224.      | 181,322.                            | 236,133.                | 290,791.                                      | 888,470.                           |
| <b>b</b> Lobbying ceiling amount                                                                        |                                  |           |                                     |                         |                                               | 4 999 595                          |
| (150% of line 2a, column(e))                                                                            |                                  |           |                                     |                         |                                               | 1,332,705.                         |
| c Total lobbying expenditures                                                                           |                                  |           |                                     |                         |                                               |                                    |
| d Grassroots nontaxable amount                                                                          | 45,                              | 056.      | 45,331.                             | 59,033.                 | 72,698.                                       | 222,118.                           |
| e Grassroots ceiling amount                                                                             |                                  |           |                                     |                         |                                               | 222 199                            |
| (150% of line 2d, column (e))                                                                           |                                  |           |                                     |                         |                                               | 333,177.                           |

Schedule C (Form 990) 2022

f Grassroots lobbying expenditures

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For e | each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description                                                                                                                                                | (a)              |         | (k         | )       |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------|------------|---------|
| of th | e lobbying activity.                                                                                                                                                                                                                       | Yes              | No      | Amo        | ount    |
| 1     | During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? |                  |         |            |         |
| b     | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?<br>Media advertisements?                                                                                                                      |                  |         |            |         |
| d     | Mailings to members, legislators, or the public?                                                                                                                                                                                           |                  |         |            |         |
|       | Publications, or published or broadcast statements?                                                                                                                                                                                        |                  |         |            |         |
|       | Grants to other organizations for lobbying purposes?                                                                                                                                                                                       |                  |         |            |         |
|       | Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                                |                  |         |            |         |
|       | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                                  |                  |         |            |         |
|       | Other activities?                                                                                                                                                                                                                          |                  |         |            |         |
|       | Total. Add lines 1c through 1i<br>Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                            |                  |         |            |         |
|       | If "Yes," enter the amount of any tax incurred under section 4912                                                                                                                                                                          |                  |         |            |         |
|       | If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                                                                                                                                 |                  |         |            |         |
|       | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                                                               |                  |         |            |         |
|       | t III-A Complete if the organization is exempt under section 501(c)(4), section                                                                                                                                                            | on 501(c)(5)     | . or se | ection     |         |
|       | 501(c)(6).                                                                                                                                                                                                                                 |                  |         |            |         |
|       |                                                                                                                                                                                                                                            |                  |         | Yes        | No      |
| 1     | Were substantially all (90% or more) dues received nondeductible by members?                                                                                                                                                               |                  | 1       |            |         |
| 2     | Did the organization make only in-house lobbying expenditures of \$2,000 or less?                                                                                                                                                          |                  | 2       |            |         |
| 3     | Did the organization agree to carry over lobbying and political campaign activity expenditures from the                                                                                                                                    |                  | 3       |            |         |
| Pa    | t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."                                                                   | "No" OR (I       | b) Part |            | e 3, is |
| 1     | Dues, assessments and similar amounts from members                                                                                                                                                                                         |                  | . 1     |            |         |
| 2     | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic                                                                                                                                        | cal              |         |            |         |
|       | expenses for which the section 527(f) tax was paid).                                                                                                                                                                                       |                  |         |            |         |
|       | Current year                                                                                                                                                                                                                               |                  |         |            |         |
|       | Carryover from last year                                                                                                                                                                                                                   |                  |         |            |         |
| -     | Total                                                                                                                                                                                                                                      |                  |         |            |         |
| 3     | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                                                                                                                                            |                  | . 3     |            |         |
| 4     | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc                                                                                                                                       |                  |         |            |         |
|       | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p                                                                                                                                        |                  |         |            |         |
| F     | expenditures next year?                                                                                                                                                                                                                    |                  |         |            |         |
|       | Taxable amount of lobbying and political expenditures. See instructions                                                                                                                                                                    |                  | 5       |            |         |
|       | ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I-A (affiliated group                                                                                                                         | list): Part II-A | lines 1 | and 2 (See |         |

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

| SCHEDULE D |  |
|------------|--|
|            |  |

| (Form | 990) |
|-------|------|
|-------|------|

232051 09-01-22

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.



Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

| Nam        | Alliance to End Hunge                                                   | er                                             | 20-2803848                                |
|------------|-------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|
| Pa         |                                                                         |                                                |                                           |
|            | organization answered "Yes" on Form 990, Part IV, line 6.               |                                                |                                           |
|            | <b>3</b>                                                                | (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 writir     | in that the assets held in donor a             | dvised funds                              |
| •          | are the organization's property, subject to the organization's exclu    | •                                              |                                           |
| 6          | Did the organization inform all grantees, donors, and donor advise      |                                                |                                           |
| •          | for charitable purposes and not for the benefit of the donor or do      |                                                |                                           |
|            |                                                                         |                                                |                                           |
| Pa         |                                                                         |                                                |                                           |
| 1          | Purpose(s) of conservation easements held by the organization (c        |                                                | , ,                                       |
| •          | Preservation of land for public use (for example, recreation            |                                                | n of a historically important land area   |
|            | Protection of natural habitat                                           |                                                | of a certified historic structure         |
|            | Preservation of open space                                              |                                                |                                           |
| 2          | Complete lines 2a through 2d if the organization held a qualified of    | conservation contribution in the fo            | rm of a conservation easement on the last |
| _          | day of the tax year.                                                    |                                                | Held at the End of the Tax Yea            |
| а          | Total number of conservation easements                                  |                                                | 2a                                        |
| b          | <u>-</u> · · · · · · · · · ·                                            |                                                |                                           |
| c          | Number of conservation easements on a certified historic structure      |                                                |                                           |
|            | Number of conservation easements included in (c) acquired after         |                                                |                                           |
|            | historic structure listed in the National Register                      |                                                | 2d                                        |
| 3          | Number of conservation easements modified, transferred, release         |                                                |                                           |
|            | year                                                                    | , , , ,                                        | 5 5                                       |
| 4          | Number of states where property subject to conservation easeme          | ent is located                                 |                                           |
| 5          | Does the organization have a written policy regarding the periodic      |                                                | of                                        |
|            | violations, and enforcement of the conservation easements it hold       |                                                |                                           |
| 6          | Staff and volunteer hours devoted to monitoring, inspecting, hand       |                                                |                                           |
|            |                                                                         |                                                | <u> </u>                                  |
| 7          | Amount of expenses incurred in monitoring, inspecting, handling         | of violations, and enforcing conse             | ervation easements during the year        |
|            |                                                                         |                                                |                                           |
| 8          | Does each conservation easement reported on line 2(d) above sa          | tisfy the requirements of section <sup>-</sup> | 170(h)(4)(B)(i)                           |
|            | and section 170(h)(4)(B)(ii)?                                           |                                                | Yes 📖 No                                  |
| 9          | In Part XIII, describe how the organization reports conservation ea     | asements in its revenue and expe               | nse statement and                         |
|            | balance sheet, and include, if applicable, the text of the footnote     | to the organization's financial stat           | ements that describes the                 |
| _          | organization's accounting for conservation easements.                   | <b>-</b>                                       |                                           |
| Pa         | t III Organizations Maintaining Collections of Ar                       |                                                | Other Similar Assets.                     |
|            | Complete if the organization answered "Yes" on Form 990                 |                                                |                                           |
| <b>1</b> a | If the organization elected, as permitted under FASB ASC 958, no        |                                                |                                           |
|            | of art, historical treasures, or other similar assets held for public e |                                                |                                           |
|            | service, provide in Part XIII the text of the footnote to its financial |                                                |                                           |
| b          | If the organization elected, as permitted under FASB ASC 958, to        |                                                |                                           |
|            | art, historical treasures, or other similar assets held for public exh  | ibition, education, or research in f           | urtherance 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 treasure  |                                                | ncial gain, provide                       |
|            | the following amounts required to be reported under FASB ASC 9          | -                                              |                                           |
| а          | Revenue included on Form 990, Part VIII, line 1                         |                                                |                                           |
|            | Assets included in Form 990, Part X                                     |                                                |                                           |
| LHA        | For Paperwork Reduction Act Notice, see the Instructions for            | Form 990.                                      | Schedule D (Form 990) 202                 |

|        |                                                                                       | e to End H                             | -                           | 0.1                   |                            | -2803848 Page 2            |
|--------|---------------------------------------------------------------------------------------|----------------------------------------|-----------------------------|-----------------------|----------------------------|----------------------------|
| Par    | t III Organizations Maintaining C                                                     |                                        |                             |                       |                            |                            |
| 3      | Using the organization's acquisition, access collection items (check all that apply): | ion, and other record                  | ds, check any of the        | e following that make | significant use            | e of its                   |
| а      |                                                                                       | c                                      | I loan or exc               | change program        |                            |                            |
| b      | Scholarly research                                                                    | e                                      |                             |                       |                            |                            |
| c      | Preservation for future generations                                                   | -                                      |                             |                       |                            |                            |
| 4      | Provide a description of the organization's c                                         | ollections and explai                  | n how they further          | the organization's ex | empt purpose               | in Part XIII.              |
| 5      | During the year, did the organization solicit of                                      |                                        |                             |                       |                            |                            |
|        | to be sold to raise funds rather than to be m                                         |                                        |                             |                       |                            | Yes No                     |
| Par    | t IV Escrow and Custodial Arran                                                       |                                        |                             |                       |                            |                            |
|        | reported an amount on Form 990, Pa                                                    |                                        |                             |                       |                            |                            |
| 1a     | Is the organization an agent, trustee, custod                                         | lian or other intermed                 | diary for contributio       | ns or other assets no | ot included                |                            |
|        | on Form 990, Part X?                                                                  |                                        |                             |                       |                            | Yes No                     |
| b      | If "Yes," explain the arrangement in Part XIII                                        | and complete the fo                    | ollowing table:             |                       |                            |                            |
|        |                                                                                       |                                        |                             |                       |                            | Amount                     |
|        | Beginning balance                                                                     |                                        |                             |                       |                            |                            |
|        | Additions during the year                                                             |                                        |                             |                       |                            |                            |
| е      | Distributions during the year                                                         |                                        |                             |                       |                            |                            |
| f      | Ending balance                                                                        |                                        |                             |                       |                            |                            |
|        | Did the organization include an amount on F                                           |                                        |                             |                       |                            | L Yes No                   |
|        | If "Yes," explain the arrangement in Part XIII                                        |                                        |                             |                       |                            |                            |
| Par    | t V Endowment Funds. Complete                                                         |                                        |                             |                       |                            | s back (e) Four years back |
|        |                                                                                       | (a) Current year                       | (b) Prior year              | (c) Two years back    | (a) Three years            | S DACK (e) FOUL YEARS DACK |
|        | Beginning of year balance                                                             |                                        |                             |                       |                            |                            |
| b      | Contributions                                                                         |                                        |                             |                       |                            |                            |
|        | Net investment earnings, gains, and losses                                            |                                        |                             |                       |                            |                            |
| d      | Grants or scholarships                                                                |                                        |                             |                       |                            |                            |
| е      | Other expenditures for facilities                                                     |                                        |                             |                       |                            |                            |
|        | and programs                                                                          |                                        |                             |                       |                            |                            |
|        | Administrative expenses                                                               |                                        |                             |                       |                            |                            |
| •      | End of year balance<br>Provide the estimated percentage of the cur                    |                                        | l<br>so (lino 1 a. column ( |                       |                            |                            |
| 2      | Board designated or quasi-endowment                                                   | •                                      | %                           | a)) held as.          |                            |                            |
| a<br>b | Permanent endowment                                                                   | %                                      |                             |                       |                            |                            |
| c      |                                                                                       | %                                      |                             |                       |                            |                            |
| Ŭ      | The percentages on lines 2a, 2b, and 2c sho                                           |                                        |                             |                       |                            |                            |
| 3a     | Are there endowment funds not in the posse                                            | •                                      | ation that are held a       | and administered for  | the                        |                            |
|        | organization by:                                                                      |                                        |                             |                       |                            | Yes No                     |
|        | (i) Unrelated organizations                                                           |                                        |                             |                       |                            | 3a(i)                      |
|        | (ii) Related organizations                                                            |                                        |                             |                       |                            |                            |
| b      | If "Yes" on line 3a(ii), are the related organiza                                     | ations listed as requi                 | red on Schedule R           | ?                     |                            | 3b                         |
| 4      | Describe in Part XIII the intended uses of the                                        |                                        |                             |                       |                            |                            |
| Par    | t VI Land, Buildings, and Equipn                                                      | nent.                                  |                             |                       |                            |                            |
|        | Complete if the organization answere                                                  | d "Yes" on Form 99                     | 0, Part IV, line 11a.       | See Form 990, Part >  | K, line 10.                |                            |
|        | Description of property                                                               | <b>(a)</b> Cost or c<br>basis (investr | 1                           |                       | Accumulated<br>epreciation | (d) Book value             |
| 1a     | Land                                                                                  |                                        |                             |                       |                            |                            |
|        | Buildings                                                                             |                                        |                             |                       |                            |                            |
|        | Leasehold improvements                                                                |                                        |                             |                       |                            |                            |
|        | Equipment                                                                             |                                        |                             |                       |                            |                            |
|        | Other                                                                                 |                                        |                             |                       |                            |                            |
| -      | . Add lines 1a through 1e. (Column (d) must e                                         |                                        | X, column (B), line         | 10c.)                 | <del></del>                | 0.                         |

Schedule D (Form 990) 2022

| Schedule D (Form 990) 2022 Alliance                                                                      | to End Hunger                               | 2                                        | 0-2803848 <sub>Page</sub> 3 |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------|-----------------------------|
| Part VII Investments - Other Securities.                                                                 |                                             |                                          |                             |
| Complete if the organization answered "Y                                                                 |                                             |                                          |                             |
| (a) Description of security or category (including name of securi                                        |                                             | (c) Method of valuation: Cost or er      | nd-of-year market value     |
| (1) Financial derivatives                                                                                |                                             |                                          |                             |
| (2) Closely held equity interests                                                                        |                                             |                                          |                             |
| (3) Other                                                                                                |                                             |                                          |                             |
| (A)                                                                                                      |                                             |                                          |                             |
| (B)                                                                                                      |                                             |                                          |                             |
| (C)                                                                                                      |                                             |                                          |                             |
| (D)                                                                                                      |                                             |                                          |                             |
| (E)                                                                                                      |                                             |                                          |                             |
| (F)                                                                                                      |                                             |                                          |                             |
| (G)                                                                                                      |                                             |                                          |                             |
| (H)<br>T-t-t- (0-1 (h) must small From 2000 Port) (                                                      |                                             |                                          |                             |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related |                                             |                                          |                             |
| Complete if the organization answered "Y                                                                 |                                             | 110 Soc Form 000 Dart V line 12          |                             |
| (a) Description of investment                                                                            | (b) Book value                              | (c) Method of valuation: Cost or er      | nd of year market value     |
|                                                                                                          |                                             | (c) Method of Valuation. Cost of el      | nu-or-year market value     |
| <u>(1)</u>                                                                                               |                                             |                                          |                             |
| (2)                                                                                                      |                                             |                                          |                             |
| <u>(3)</u>                                                                                               |                                             |                                          |                             |
| <u>(4)</u>                                                                                               |                                             |                                          |                             |
| <u>(5)</u><br>(6)                                                                                        |                                             |                                          |                             |
| (7)                                                                                                      |                                             |                                          |                             |
| (8)                                                                                                      |                                             |                                          |                             |
| (9)                                                                                                      |                                             |                                          |                             |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)                                         |                                             |                                          |                             |
| Part IX Other Assets.                                                                                    | I                                           |                                          |                             |
| Complete if the organization answered "Y                                                                 | es" on Form 990, Part IV, line <sup>.</sup> | 11d. See Form 990, Part X, line 15.      |                             |
|                                                                                                          | (a) Description                             |                                          | (b) Book value              |
| (1)                                                                                                      |                                             |                                          |                             |
| (2)                                                                                                      |                                             |                                          |                             |
| (3)                                                                                                      |                                             |                                          |                             |
| (4)                                                                                                      |                                             |                                          |                             |
| (5)                                                                                                      |                                             |                                          |                             |
| (6)                                                                                                      |                                             |                                          |                             |
| (7)                                                                                                      |                                             |                                          |                             |
| (8)                                                                                                      |                                             |                                          |                             |
| (9)                                                                                                      |                                             |                                          |                             |
| Total. (Column (b) must equal Form 990, Part X, col. (B                                                  | ) line 15.)                                 |                                          |                             |
| Part X Other Liabilities.                                                                                |                                             |                                          |                             |
| Complete if the organization answered "Y                                                                 | es" on Form 990, Part IV, line              | 11e or 11f. See Form 990, Part X, line 2 |                             |
| 1.(a) Description of liability                                                                           |                                             |                                          | (b) Book value              |
| (1) Federal income taxes                                                                                 |                                             |                                          | <b>E</b> 4 0 0 C 0          |
| (2) Due to affiliated party                                                                              |                                             |                                          | 549,860.                    |
| (3)                                                                                                      |                                             |                                          |                             |
| (4)                                                                                                      |                                             |                                          |                             |
| (5)                                                                                                      |                                             |                                          |                             |
| (6)                                                                                                      |                                             |                                          |                             |
| (7)                                                                                                      |                                             |                                          |                             |
| (8)                                                                                                      |                                             |                                          |                             |
| (9)                                                                                                      |                                             |                                          |                             |
| Total. (Column (b) must equal Form 990, Part X, col. (B                                                  | ) line 25.)                                 |                                          | 549,860.                    |

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

Schedule D (Form 990) 2022

| Sche | dule D (Form 990) 2022 Alliance to End Hunger                                                           |                | 20-2             | 2803848 Page 4 |
|------|---------------------------------------------------------------------------------------------------------|----------------|------------------|----------------|
| Pai  | t XI Reconciliation of Revenue per Audited Financial Statem                                             | nents With Rev | venue per Return |                |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12                               | a.             |                  |                |
| 1    | Total revenue, gains, and other support per audited financial statements                                |                | 1                | 6,607,327.     |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                     |                |                  |                |
| а    | Net unrealized gains (losses) on investments                                                            | 2a             |                  |                |
| b    | Donated services and use of facilities                                                                  | 2b             |                  |                |
| С    | Recoveries of prior year grants                                                                         | 2c             |                  |                |
| d    | Other (Describe in Part XIII.)                                                                          | 2d             |                  | _              |
| е    | Add lines 2a through 2d                                                                                 |                | 2e               | 0.             |
| 3    | Subtract line 2e from line 1                                                                            |                |                  | 6,607,327.     |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                    |                |                  |                |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                                        | <b>4a</b>      |                  |                |
| b    | Other (Describe in Part XIII.)                                                                          | 4b             |                  |                |
| С    | Add lines <b>4a</b> and <b>4b</b>                                                                       |                |                  | 0.             |
| 5    | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)                         |                |                  | 6,607,327.     |
| Pa   | t XII Reconciliation of Expenses per Audited Financial State                                            |                | penses per Retu  | rn.            |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12                               |                | 1.1              | 0 01E 010      |
| 1    | Total expenses and losses per audited financial statements                                              |                |                  | 2,815,818.     |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                       | 1 - 1          |                  |                |
| а    | Donated services and use of facilities                                                                  |                |                  |                |
| b    | Prior year adjustments                                                                                  |                |                  |                |
| С    | Other losses                                                                                            |                |                  |                |
| d    | Other (Describe in Part XIII.)                                                                          |                |                  | 0              |
| е    | Add lines 2a through 2d                                                                                 |                |                  | 0.             |
| 3    | Subtract line 2e from line 1                                                                            |                |                  | 2,815,818.     |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                      | 1 1            |                  |                |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                                        |                |                  |                |
| b    | Other (Describe in Part XIII.)                                                                          | 4b             |                  | 0              |
| С    | Add lines 4a and 4b                                                                                     |                |                  |                |
| 5    | Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> ) |                |                  | 2,815,818.     |
| Pa   | t 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:

| Management has evaluated the Alliance's tax positions and concluded the | Management | has | evaluated | the | Alliance' | s | tax | positions | and | concluded | tha |
|-------------------------------------------------------------------------|------------|-----|-----------|-----|-----------|---|-----|-----------|-----|-----------|-----|
|-------------------------------------------------------------------------|------------|-----|-----------|-----|-----------|---|-----|-----------|-----|-----------|-----|

there are no significant uncertain tax positions that qualify for either

recognition or disclosure in the accompanying financial statements.

| SC         | HEDULE J                                                                                                                                                                               | Compensation Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             | OMB No.     | 1545-00 | )47    |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|---------|--------|
|            | rm 990)<br>For certain Officers, Directors, Trustees, Key Employees, and Highest<br>Compensated Employees<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 23 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             | 20          | 22      |        |
|            |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             | 2022        |         |        |
| Depa       | tment of the Treasury                                                                                                                                                                  | Attach to Form 990.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | Open to     |         |        |
| Intern     | al Revenue Service                                                                                                                                                                     | Go to www.irs.gov/Form990 for instructions and the latest information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             | Inspe       |         |        |
| Nam        | e of the organization                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Employer id |             |         | mber   |
|            |                                                                                                                                                                                        | Alliance to End Hunger                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 20-2        | 80384       | 8       |        |
| Ра         | rt I Question                                                                                                                                                                          | s Regarding Compensation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |             |         |        |
| 4-         |                                                                                                                                                                                        | and the second states and the second states of the fallen in the second states of the se |             |             | Yes     | No     |
| <b>1</b> a |                                                                                                                                                                                        | ate box(es) if the organization provided any of the following to or for a person listed on Forn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1990,       |             |         |        |
|            | First-class or c                                                                                                                                                                       | line 1a. Complete Part III to provide any relevant information regarding these items.<br>tharter travel Housing allowance or residence for person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |             |         |        |
|            | Travel for com                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |             |         |        |
|            |                                                                                                                                                                                        | ation and gross-up payments<br>Health or social club dues or initiation fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |             |         |        |
|            |                                                                                                                                                                                        | spending account                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |             |         |        |
|            |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |             |         |        |
| b          | If any of the boxes                                                                                                                                                                    | on line 1a are checked, did the organization follow a written policy regarding payment or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |             |         |        |
| -          |                                                                                                                                                                                        | provision of all of the expenses described above? If "No," complete Part III to explain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             | 1b          |         |        |
| 2          |                                                                                                                                                                                        | require substantiation prior to reimbursing or allowing expenses incurred by all directors,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |             |         |        |
|            | -                                                                                                                                                                                      | rs, including the CEO/Executive Director, regarding the items checked on line 1a?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             | 2           |         |        |
|            |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |             |         |        |
| 3          | Indicate which, if a                                                                                                                                                                   | ny, of the following the organization used to establish the compensation of the organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | s           |             |         |        |
|            | CEO/Executive Dire                                                                                                                                                                     | ector. Check all that apply. Do not check any boxes for methods used by a related organizat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | tion to     |             |         |        |
|            | establish compens                                                                                                                                                                      | ation of the CEO/Executive Director, but explain in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |             |         |        |
|            | Compensatior                                                                                                                                                                           | n committee Written employment contract                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |             |         |        |
|            | Independent of                                                                                                                                                                         | compensation consultant Compensation survey or study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |             |         |        |
|            | Form 990 of o                                                                                                                                                                          | ther organizations Approval by the board or compensation of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | committee   |             |         |        |
|            |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |             |         |        |
| 4          |                                                                                                                                                                                        | I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |             |         |        |
|            | organization or a re                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |             |         | v      |
| a          |                                                                                                                                                                                        | e payment or change-of-control payment?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |             |         | X<br>X |
| b          |                                                                                                                                                                                        | eive payment from a supplemental nonqualified retirement plan?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |             |         | X      |
| с          |                                                                                                                                                                                        | eive payment from an equity-based compensation arrangement?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             | <b>4c</b>   |         |        |
|            | If tes to any of in                                                                                                                                                                    | nes 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          |                                                                                                                                                                                        | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | on          |             |         |        |
| 5          | contingent on the r                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |             |         |        |
| а          | e e                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             | 5a          |         | X      |
| b          | Any related organiz                                                                                                                                                                    | ation?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             | 5b          |         | X      |
|            |                                                                                                                                                                                        | or 5b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |             |         |        |
| 6          |                                                                                                                                                                                        | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | on          |             |         |        |
|            | contingent on the r                                                                                                                                                                    | et earnings of:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |             |         |        |
| а          | The organization?                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             | 6a          |         | Х      |
| b          | Any related organiz                                                                                                                                                                    | ation?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             | 6b          |         | X      |
|            |                                                                                                                                                                                        | or 6b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |             |         |        |
| 7          |                                                                                                                                                                                        | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |             |         |        |
|            | not described on lin                                                                                                                                                                   | nes 5 and 6? If "Yes," describe in Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             | 7           |         | X      |
| 8          | •                                                                                                                                                                                      | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |             |         |        |
|            |                                                                                                                                                                                        | ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             | 8           |         | X      |
| 9          |                                                                                                                                                                                        | id the organization also follow the rebuttable presumption procedure described in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |             |         |        |
|            |                                                                                                                                                                                        | 1 53.4958-6(c)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |             |         |        |
| LHA        | For Paperwork R                                                                                                                                                                        | eduction Act Notice, see the Instructions for Form 990.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Schedu      | ile J (Forr | n 990   | ) 2022 |

#### 20-2803848

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

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

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

| (A) Name and Title |             | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                           |                                           | other deferred | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | in column (B)                             |
|--------------------|-------------|--------------------------------------------------------------------|-------------------------------------------|-------------------------------------------|----------------|-------------------------|------------------------------------|-------------------------------------------|
|                    |             | (i) Base<br>compensation                                           | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation   |                         |                                    | reported as deferred<br>on prior Form 990 |
| (1) Eric Mitchell  | (i)         | 169,991.                                                           | 0.                                        | 0.                                        | 20,349.        | 770.                    | 191,110.                           | 0.                                        |
| Executive Director | (ii)        | 0.                                                                 | 0.                                        | 0.                                        | 0.             | 0.                      |                                    | 0.                                        |
|                    | (i)         |                                                                    |                                           |                                           |                |                         |                                    |                                           |
|                    | (ii)        |                                                                    |                                           |                                           |                |                         |                                    |                                           |
|                    | (i)         |                                                                    |                                           |                                           |                |                         |                                    |                                           |
|                    | (ii)        |                                                                    |                                           |                                           |                |                         |                                    |                                           |
|                    | (i)         |                                                                    |                                           |                                           |                |                         |                                    |                                           |
|                    | (ii)        |                                                                    |                                           |                                           |                |                         |                                    |                                           |
|                    | (i)         |                                                                    |                                           |                                           |                |                         |                                    |                                           |
|                    | (ii)        |                                                                    |                                           |                                           |                |                         |                                    |                                           |
|                    | (i)         |                                                                    |                                           |                                           |                |                         |                                    |                                           |
|                    | (ii)        |                                                                    |                                           |                                           |                |                         |                                    |                                           |
|                    | (i)         |                                                                    |                                           |                                           |                |                         |                                    |                                           |
|                    | (ii)        |                                                                    |                                           |                                           |                |                         |                                    |                                           |
|                    | (i)         |                                                                    |                                           |                                           |                |                         |                                    |                                           |
|                    | (ii)        |                                                                    |                                           |                                           |                |                         |                                    |                                           |
|                    | (i)         |                                                                    |                                           |                                           |                |                         |                                    |                                           |
|                    | (ii)        |                                                                    |                                           |                                           |                |                         |                                    |                                           |
|                    | (i)         |                                                                    |                                           |                                           |                |                         |                                    |                                           |
|                    | (ii)        |                                                                    |                                           |                                           |                |                         |                                    |                                           |
|                    | (i)         |                                                                    |                                           |                                           |                |                         |                                    |                                           |
|                    | (ii)        |                                                                    |                                           |                                           |                |                         |                                    |                                           |
|                    | (i)         |                                                                    |                                           |                                           |                |                         |                                    |                                           |
|                    | (ii)        |                                                                    |                                           |                                           |                |                         |                                    |                                           |
|                    | (i)<br>(ii) |                                                                    |                                           |                                           |                |                         |                                    |                                           |
|                    |             |                                                                    |                                           |                                           |                |                         |                                    |                                           |
|                    | (i)<br>(ii) |                                                                    |                                           |                                           |                |                         |                                    |                                           |
|                    | (i)         |                                                                    |                                           |                                           |                |                         |                                    |                                           |
|                    | (ii)        |                                                                    |                                           |                                           |                |                         |                                    |                                           |
|                    | (i)         |                                                                    |                                           |                                           |                |                         |                                    |                                           |
|                    | (ii)        |                                                                    |                                           |                                           |                |                         |                                    |                                           |

Schedule J (Form 990) 2022

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Name of the organization



Alliance to End Hunger

Form 990, Part III, Line 4a, Program Service Accomplishments:

Additionally, the Alliance worked with coalition partners to educate

member organizations about the connection between hunger and other

topics, such as: Expanding Child Tax Credits, Active Duty Military, and

the federal budget.

Form 990, Part VI, Section A, line 6:

The Alliance has three classes of membership- sponsoring members, general

members and observers of the Alliance.

Form 990, Part VI, Section A, line 7a:

Each Sponsoring Member and General Member has the right to vote in the election of the Board of Directors at the annual meeting. The Members have no right to vote with respect to any other matter concerning the Alliance.

Form 990, Part VI, Section B, line 11b:

The Controller and Director of Finance compare the federal Form 990 to the audited financial statements. All variances are verified against schedules to determine that they are correct.

Form 990, Part VI, Section B, Line 12c:

ATEH's policy is that, on an annual basis, members of the Board of

Directors sign a new conflict of interest statement. Any possible conflicts

listed are reviewed by the Executive Director to determine if they truly

| )-2803848      |
|----------------|
| e board member |
| the activity   |
| _              |

Form 990, Part VI, Section B, Line 15:

ATEH does not directly hire or compensate employees. All employees are employees of BREAD For The World, Inc. (BREAD), an organization exempt under section 501(c)(4). Periodically, BREAD's human resources department receives general market data from an outside compensation consultant to determine if salaries are in line with organizations of similar mission and/or size. A more thorough market analysis of compensation of specific positions is provided by an outside compensation consultant on an ad hoc basis.

In establishing appropriate compensation levels, for the Executive Director or anyone else exercising substantial influence over the corporation, the Board or committee shall, among other things, rely on appropriate comparative data, including comparable agreements in similar organizations; compensation levels for similar positions in both exempt and taxable organizations; and regional economic data, and document the bases upon which the Board (or committee) relies for its compensation determinations. The Board must also record the names of the persons who were present for discussions and votes relating to the compensation and tallies of any votes taken during consideration of the compensation.

Form 990, Part VI, Section C, Line 19: The Alliance's website includes governance and financial information. Several charity and business rating sites, such as the Better Business 232212 10-28-22 Schedule O (Form 990) 2022

| Schedule O (Form 990) 2022<br>Name of the organization<br>Alliance to End Hunger | Page 2<br>Employer identification number<br>20-2803848 |
|----------------------------------------------------------------------------------|--------------------------------------------------------|
| Bureau and Charity Navigator, also post these documents                          | ÷                                                      |
| information. The Alliance also makes the information ava                         |                                                        |
| public upon request.                                                             |                                                        |
|                                                                                  |                                                        |
| Form 990, Part IX, Line 11g, Other Fees:                                         |                                                        |
| Other professional services:                                                     |                                                        |
| Program service expenses                                                         | 1,392,808.                                             |
| Management and general expenses                                                  | 26,410.                                                |
| Fundraising expenses                                                             | 698.                                                   |
| Total expenses                                                                   | 1,419,916.                                             |
| Total Other Fees on Form 990, Part IX, line 11g, Col A                           | 1,419,916.                                             |
|                                                                                  |                                                        |
|                                                                                  |                                                        |
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