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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 Interr	artment o nal Reve	of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and	-		Open to Public Inspection
AF	or the	e 2022 calend	lar year, or tax year beginning and	ending		
B c	Check if Ipplicabl	le: C Name of	forganization		D Employer identifica	tion number
	Addre chang		ance to End Hunger			
	Name Chang	8				
	Initial return	Number	r and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	, <b>425</b>	3rd Street, SW	1200	(202) 639	-9400
	termir 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	 I	Prior Year	0 . 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) 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) undraising fees (Part IX, column (A), line 11e) 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 lanc	20	Total assets (I	Part X, line 16)		1,823,856.	6,017,387.
Ass d Ba	21		s (Part X, line 26)		268,148.	670,170.
Net Assets or 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 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. 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 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 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 X
29 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 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30 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 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 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 7f		X							
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			- 23							
g b	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 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? 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? 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 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			-	
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(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 ( ploye	rmer			organizations
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(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.
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(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.
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(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) Name and title	<b>(B)</b> Average hours per week	box offi	not c , unle	Pos heck ss pe	erson	than is bot pr/trus	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	am	(F) timate nount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Offlicer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fro orga and	pensa om the anizati d relate anizatio	e ion ed
(18) ProMedica	1.00											~
Board Member	1.00		Х					0.	0.	,		0.
(19) Share Our Strength Board Member	1.00		x					0.	0.			0.
(20) Sodexo Foundation	1.00									' 		
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) Name and business	address					0. 11		(B) Description of s		<b>(C</b> Comper		<u>ו</u>
Disruptive Consulting Solutions Pty 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: 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 Check if Schedule O contains a respor	ose or note to any lir	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated	(D) Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	b c d f f	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1fNoncash contributions included in lines 1a-1f1g \$Total. Add lines 1a-1f	538,474. 5,964,953.	6,503,427.			
_			Business Code				
Program Service Revenue		All other program service revenue					
	9 3	Total. Add lines 2a-2f Investment income (including dividends, in					
	4 5	other similar amounts) Income from investment of tax-exempt bor Royalties	nd proceeds				
	6 a b c	Gross rents 6a 6b					
	7 a	Gross amount from sales of assets other than inventory 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 Part IV, line 19 Less: direct expenses	9a 9b				
	10 a b	Less: cost of goods sold	10a 10b				
	c	Net income or (loss) from sales of inventor	/ Business Code				
Miscellaneous Revenue	11 a b	PPP Loan Forgiveness	900099	103,900.			103,900.
Seve	с		_				
Mis		All other revenue		103,900.			
	<u>е</u> 12	Total. Add lines 11a-11d		6,607,327.	0.	0.	103,900.

232009 12-13-22

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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 of include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	(D) 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. 101,541.	83,095.	6,736.	5,308 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 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 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 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 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 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 organization</li> </ul>	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o 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, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ- ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)								
	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, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
	Other income. Do not include gain or loss from the sale of capital 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 (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 (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 Pre-2022	IS	Distributable 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.)

### \*\* 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	
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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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$460,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>145,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for 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) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
	(2)	(-0)
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FMV (or estimate)	
	(b) 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 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. from 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. from 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 nd ZIP + 4	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	 gift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gi 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 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 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 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 /ed that were pr	tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provid	from the filing organiz separate political orga	ation's funds. Also e 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 funds. If none, en	on's	contributions received and promptly and directly delivered to a separate political organization. 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 ditures" mean	• •	nditures Ints paid or incurred.)	)	<b>(a)</b> Filing organization's 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 (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)? 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 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)
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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 Provide the estimated percentage of the cur		l so (lino 1 a. column (			
2	Board designated or quasi-endowment	•	%	a)) held as.		
a 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 basis (investr	1		Accumulated 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) 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> (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) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 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. tharter travel Housing allowance or residence for person				
	Travel for com					
		ation and gross-up payments 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 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 (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred 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)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (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 Name of the organization Alliance to End Hunger	Page 2 Employer identification number 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.