

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
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.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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

C Name of organization: WHYHUNGER INC
Doing business as:
Number and street (or P O box if mail is not delivered to street address): 505 EIGHTH AVENUE NO 2100 Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: NEW YORK, NY 10018
F Name and address of principal officer:
NOREEN SPRINGSTEAD
505 EIGHTH AVENUE SUITE 2100
NEW YORK, NY 10018

D Employer identification number: 13-2805575
E Telephone number: (212) 629-8850
G Gross receipts \$ 3,726,147

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

J Website: WWW WHYHUNGER ORG

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

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1975

M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
WHYHUNGER BELIEVES A WORLD WITHOUT HUNGER IS POSSIBLE WE PROVIDE CRITICAL RESOURCES TO SUPPORT GRASSROOTS MOVEMENTS AND FUEL COMMUNITY SOLUTIONS ROOTED IN SOCIAL, ENVIRONMENTAL, RACIAL, AND ECONOMIC JUSTICE WE ARE WORKING TO END HUNGER AND ADVANCE THE HUMAN RIGHT TO NUTRITIOUS FOOD IN THE U S AND AROUND THE WORLD

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	22
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	26
6 Total number of volunteers (estimate if necessary)	6	33
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	25,887

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,882,257	3,377,073
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	45,546	48,569
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,594	824
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,947,397	3,426,466
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	554,477	729,893
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,538,530	1,652,202
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶314,415		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	865,108	956,739
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,958,115	3,338,834
19 Revenue less expenses Subtract line 18 from line 12	-10,718	87,632
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,024,483	2,084,752
21 Total liabilities (Part X, line 26)	224,147	276,217
22 Net assets or fund balances Subtract line 21 from line 20	1,800,336	1,808,535

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2019-05-21
NOREEN SPRINGSTEAD EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: SHEEHAN & COMPANY CPA PC
Preparer's signature: [Signature]
Date: 2019-05-21
Check if self-employed
PTIN: P00126083
Firm's name: SHEEHAN & COMPANY CPA PC
Firm's EIN: 13-2709344
Firm's address: 165 ORINOCO DR BRIGHTWATERS, NY 11718
Phone no: (631) 665-7040

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

WHYHUNGER BELIEVES A WORLD WITHOUT HUNGER IS POSSIBLE WE PROVIDE CRITICAL RESOURCES TO SUPPORT GRASSROOTS MOVEMENTS AND FUEL COMMUNITY SOLUTIONS ROOTED IN SOCIAL, ENVIRONMENTAL, RACIAL, AND ECONOMIC JUSTICE WE ARE WORKING TO END HUNGER AND ADVANCE THE HUMAN RIGHT TO NUTRITIOUS FOOD IN THE U S AND AROUND THE WORLD

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

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

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

4a (Code) (Expenses \$ 906,143 including grants of \$ 409,805) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 804,592 including grants of \$ 308,214) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 550,198 including grants of \$ 0) (Revenue \$)
See Additional Data

(Code) (Expenses \$ 598,430 including grants of \$ 11,874) (Revenue \$)

GRASSROOTS ACTION NETWORK - THE GRASSROOTS ACTION NETWORK WORKS IN PARTNERSHIP WITH COMMUNITY-BASED LEADERS, ORGANIZATIONS AND NETWORKS TO BUILD A MOVEMENT FOR A JUST AND EQUITABLE FOOD SYSTEM IN THE U S BY SUPPORTING AND PROMOTING GRASSROOTS LEADERSHIP, WHYHUNGER WORKS TO BUILD CAPACITY FOR COMMUNITY ORGANIZING AND TO ACCELERATE THE COLLECTIVE IMPACT OF COMMUNITY-BASED STRATEGIES FOR FOOD JUSTICE EXPENSES \$69,051 GRANTS \$11,874 GENERAL MEDIA FOR PROGRAM SERVICES - IMPLEMENTS THE ORGANIZATIONAL STRATEGIC COMMUNICATIONS, MARKETING AND PROGRAMMATIC INITIATIVES THAT MAXIMIZES AWARENESS ABOUT WHYHUNGER'S WORK IN THE MOVEMENT TO END HUNGER AND POVERTY BY RAISING THE ORGANIZATION'S PROFILE AND VISIBILITY AS A TRUSTED RESOURCE AND INCREASING ENGAGEMENT ACROSS AUDIENCES AS THE VOICE OF "WHYHUNGER " ALSO WORKS TO BROADEN THE ORGANIZATION'S IMPACT AND SUPPORT THE MOVEMENT FOR FOOD JUSTICE BY CHANGING THE DOMINANT NARRATIVE FROM ADVANCING FOOD CHARITY AS THE PRIMARY SOLUTION TO HUNGER, TO ONE THAT FOCUSES ON NUTRITIOUS FOOD AS A HUMAN RIGHT AS THE SOLUTION THIS IS DONE THROUGH AUTHENTIC STORYTELLING, EDUCATION, ADVOCACY AND SUPPORTING PARTNER INITIATIVES EXPENSES \$529,379 GRANTS \$-0-

4d Other program services (Describe in Schedule O)
(Expenses \$ 598,430 including grants of \$ 11,874) (Revenue \$)

4e Total program service expenses ▶ 2,859,363

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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	26		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
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)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds.					
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a			
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			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15			No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16			No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (22); 1b Enter the number of voting members included in line 1a, above, who are independent (22); 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? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, VT, VA, WA, WV, WI, WY, UT, NM, NY
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [X] Another's website, [X] Upon request, [] Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: JOY CURTIN 505 EIGHTH AVENUE SUITE 2100 NEW YORK, NY 10018 (212) 629-8850

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

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total	▶			
1c Total from continuation sheets to Part VII, Section A	▶			
1d Total (add lines 1b and 1c)	▶		654,296	0
				69,486

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	1,546				
	b Membership dues	1b					
	c Fundraising events	1c	345,548				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,029,979				
	g Noncash contributions included in lines 1a - 1f \$ _____		93,478				
	h Total. Add lines 1a-1f			3,377,073			
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	9 Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			11,042		11,042	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			824		824	
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses		204,683			
		c Gain or (loss)		167,156			
		d Net gain or (loss)		37,527	37,527		37,527
	8a Gross income from fundraising events (not including \$ 345,548 of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b	132,525			
		c Net income or (loss) from fundraising events			0		
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
11a Miscellaneous Revenue		Business Code					
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions				3,426,466	0	0	
						49,393	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	345,502	345,502		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	384,391	384,391		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	716,116	576,862	96,600	42,654
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	699,211	584,249	4,093	110,869
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	10,543	9,633		910
9 Other employee benefits.	119,669	95,976	2,477	21,216
10 Payroll taxes.	106,663	87,617	6,709	12,337
11 Fees for services (non-employees)				
a Management.				
b Legal.	4,150	3,650		500
c Accounting.	21,800	17,872	852	3,076
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	10,043		10,043	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	288,587	255,245	2,322	31,020
12 Advertising and promotion.	15,542	387	11	15,144
13 Office expenses.	128,639	94,920	2,453	31,266
14 Information technology.				
15 Royalties.				
16 Occupancy.	161,575	132,457	6,317	22,801
17 Travel.	46,878	42,661	248	3,969
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	97,148	94,296	207	2,645
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	21,699	17,789	848	3,062
23 Insurance.	21,617	17,720	1,057	2,840
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UNRELATED BUSINESS INCO	5,382		5,382	
b PROGRAM SUPPLIES	44,775	42,335		2,440
c TAXES, FINES AND PENALT	35,554	7,254	24,801	3,499
d DUES, FEES & SUBSCRIPTI	17,260	15,567	42	1,651
e All other expenses	36,090	32,980	594	2,516
25 Total functional expenses. Add lines 1 through 24e.	3,338,834	2,859,363	165,056	314,415
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	74,237	1	3,963
	2 Savings and temporary cash investments	352,798	2	247,699
	3 Pledges and grants receivable, net	223,510	3	339,957
	4 Accounts receivable, net	570,403	4	759,829
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	62,030	8	55,356
	9 Prepaid expenses and deferred charges	23,298	9	25,090
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 170,992		
	b Less accumulated depreciation	10b 163,938	5,020	10c 7,054
	11 Investments—publicly traded securities	676,645	11	627,262
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	25,059	14	6,974
	15 Other assets See Part IV, line 11	11,483	15	11,568
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,024,483	16	2,084,752	
Liabilities	17 Accounts payable and accrued expenses	174,770	17	224,054
	18 Grants payable	49,377	18	52,163
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	224,147	26	276,217
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	969,648	27	855,291
	28 Temporarily restricted net assets	730,688	28	853,244
	29 Permanently restricted net assets	100,000	29	100,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,800,336	33	1,808,535	
34 Total liabilities and net assets/fund balances	2,024,483	34	2,084,752	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,426,466
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,338,834
3	Revenue less expenses Subtract line 2 from line 1	3	87,632
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,800,336
5	Net unrealized gains (losses) on investments	5	-79,433
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,808,535

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 13-2805575

Name: WHYHUNGER INC

Form 990 (2018)

Form 990, Part III, Line 4a:

THE GLOBAL MOVEMENTS PROGRAM - SUPPORTS AND PARTNERS WITH SOCIAL MOVEMENTS AND NETWORKS TO BUILD INTERNATIONAL SOLIDARITY AND ADVANCE THE GOALS OF FOOD SOVEREIGNTY AND THE BASIC RIGHTS TO FOOD, LAND, WATER AND SUSTAINABLE LIVELIHOODS FOR ALL PEOPLE

Form 990, Part III, Line 4b:

NOURISH - THE NOURISH NETWORK FOR THE RIGHT TO FOOD WORKS WITH EMERGENCY FOOD PROVIDERS, FOOD ACCESS ORGANIZATIONS, COMMUNITY HEALTH ORGANIZATIONS AND OTHER GRASSROOTS AND NATIONAL ALLIES TO TRANSFORM THE CHARITABLE RESPONSE TO HUNGER IN THE U S INTO A MORE EQUITABLE AND INCLUSIVE SOCIAL JUSTICE MOVEMENT THAT RECOGNIZES NUTRITIOUS FOOD AS A HUMAN RIGHT THE WHYHUNGER HOTLINE REFERS PEOPLE IN NEED ACROSS THE U S TO FOOD PANTRIES, SOUP KITCHENS, SUMMER MEALS SITES, GOVERNMENT NUTRITION PROGRAMS AND MODEL GRASSROOTS ORGANIZATIONS

Form 990, Part III, Line 4c:

ARTISTS AGAINST HUNGER AND POVERTY/HUNGERTHON - ARTISTS AGAINST HUNGER AND PROVERTY OFFERS ARTISTS, THE ARTIST COMMUNITY AND THE MUSIC INDUSTRY THE OPPORTUNITY TO USE THEIR VOICES TO SUPPORT THE MOVEMENT TO END HUNGER AND POVERTY THROUGH AWARENESS BUILDING CAMPAIGNS, FOOD DRIVES, FUNDRAISING AND SOCIAL MEDIA ENGAGEMENT, ARTISTS SUPPORT INNOVATIVE AND EFFECTIVE COMMUNITY-BASED ORGANIZATIONS FIGHTING HUNGER AND ENSURING THE RIGHT TO NUTRITIOUS FOOD FOR ALL IN COMMUNITIES ALL ACROSS THE WORLD HUNGERTHON IS WHYHUNGER'S SIGNATURE PUBLIC OUTREACH CAMPAIGN FEATURING A SERIES OF EVENTS AND INTERVIEWS CULMINATING IN A NATIONAL RADIOTHON THAT HAS GROWN TO BECOME A THANKSGIVING DAY TRADITION TO COMBAT HUNGER AND POVERTY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SETH SALTZMAN CHAIRMAN	4 00	X		X				0	0	0
DAVID MILLER VICE-CHAIRMAN	3 00	X		X				0	0	0
STEPHEN J BENINATI TREASURER	4 00	X		X				0	0	0
ALAN C HANDELL SECRETARY	3 00	X		X				0	0	0
JENNIFER CHAPIN DIRECTOR	1 00	X						0	0	0
TOM CHAPIN DIRECTOR	1 00	X						0	0	0
ROB BARNETT DIRECTOR	1 00	X						0	0	0
JOE D'URSO DIRECTOR	2 00	X						0	0	0
DAVID EDELSTEIN DIRECTOR (THRU DEC 2018)	0 50	X						0	0	0
SCOTT HAUGENES DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL WILDES DIRECTOR (THRU NOV 2018)	0 50	X						0	0	0
ROBERT WOLK OFFICER AT LARGE	2 00	X		X				0	0	0
PAUL C KURLAND DIRECTOR	1 00	X						0	0	0
LORETTA MUNOZ DIRECTOR	1 00	X						0	0	0
ANDREW BAUER DIRECTOR	1 00	X						0	0	0
JANET POPPENDIECK DIRECTOR	1 00	X						0	0	0
KEN LESNIK DIRECTOR	2 00	X						0	0	0
CAREN BERLIN DIRECTOR	2 00	X						0	0	0
MELANIE KRAUT DIRECTOR (FROM DEC 2018)	1 00	X						0	0	0
JUDY TINT DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KAREN WASHINGTON OFFICER AT LARGE	1 00	X		X				0	0	0
SUSAN MILLER DIRECTOR (FROM SEPT 2018)	1 00	X						0	0	0
HARVEY NAGLER DIRECTOR	1 00	X						0	0	0
CHARLES SANDERS DIRETOR (THRU MAY 2018)	1 00	X						0	0	0
NOREEN SPRINGSTEAD EXECUTIVE DIRECTOR	40 00			X				173,349	0	15,420
JOY CURTIN SR DIRECTOR OF FINANCE	40 00			X				141,371	0	14,571
ALISON COHEN SR DIRECTOR OF PROGRAMS	40 00			X				123,113	0	13,653
DEBORAH GRUNBAUM SR DIRECTOR OF COMMUNICATION	40 00			X				112,454	0	14,334
WILLIAM AYRES FOUNDER & AMBASSADOR	40 00			X				104,009	0	11,508

SCHEDULE A
(Form 990 or 990-EZ)

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 the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
WHYHUNGER INC

Employer identification number
13-2805575

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	2,669,502	1,916,609	2,717,384	2,882,257	3,377,073	13,562,825
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	2,669,502	1,916,609	2,717,384	2,882,257	3,377,073	13,562,825
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)						2,346,229
6	Public support. Subtract line 5 from line 4						11,216,596

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	2,669,502	1,916,609	2,717,384	2,882,257	3,377,073	13,562,825
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	354,213	225,338	140,636	30,314	11,866	762,367
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.)	321	127				448
11	Total support. Add lines 7 through 10						14,325,640
12	Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	78.300 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	77.280 %

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
	1		
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).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
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.		
	3b		
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.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
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.		
	4b		
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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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 .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
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 .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
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.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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

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

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)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MISCELLANEOUS - 2014 AMOUNT \$ 321 2015 AMOUNT \$ 127

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, SHORT YEAR EXPLANATION	THE ORGANIZATION'S 2015 TAX YEAR WAS A SHORT YEAR (9 MONTHS) DUE TO A CHANGE IN THE ACCOUNTING PERIOD

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
WHYHUNGER INC

Employer identification number
13-2805575

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	694,440	590,407	541,016	449,377	405,188
b Contributions				100,000	
c Net investment earnings, gains, and losses	-31,146	112,953	56,672	-3,810	50,045
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	10,043	8,920	7,281	4,551	5,856
g End of year balance	653,251	694,440	590,407	541,016	449,377

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 82 000 %
 - b** Permanent endowment ▶ 15 000 %
 - c** Temporarily restricted endowment ▶ 3 000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| | Yes | No |
| (i) unrelated organizations | No | No |
| (ii) related organizations | No | No |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		20,609	20,609	0
d Equipment				
e Other		150,383	143,329	7,054
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				7,054

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

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

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

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

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

(a) Description	(b) Book value
(1)	
(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 "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	3,571,367
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-79,433
b	Donated services and use of facilities	2b	101,852
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	132,525
e	Add lines 2a through 2d	2e	154,944
3	Subtract line 2e from line 1	3	3,416,423
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,043
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	10,043
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	3,426,466

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

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

1	Total expenses and losses per audited financial statements	1	3,563,168
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	101,852
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	132,525
e	Add lines 2a through 2d	2e	234,377
3	Subtract line 2e from line 1	3	3,328,791
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,043
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	10,043
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	3,338,834

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 13-2805575

Name: WHYHUNGER INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE USE OF THE PRINCIPAL IS TO BE RETAINED FOR FUTURE GROWTH THE INCOME FROM PERMANENTLY RESTRICTED FUNDS SHALL BE USED TO PROVIDE SUPPORT FOR AN ANNUAL CONCERT FUNDS AVAILABLE IN EXCESS OF CONCERT COSTS SHALL BE BE APPLIED TO CURRENT PROJECTS AT THE DISCRETION OF THE BOARD OF DIRECTORS

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	ASC 740 REQUIRES THAT ORGANIZATIONS MUST RECOGNIZE THE TAX IMPACT OF A TAX POSITION TAKEN ON A TAX RETURN WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION WHYHUNGER DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, HAS NOT RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS WHYHUNGER HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO ADDITIONALLY, WHYHUNGER HAS FILED INTERNAL REVENUE SERVICE FORM 990 TAX RETURNS, AS REQUIRED DURING 2018, WHYHUNGER RECEIVED NOTIFICATION FROM THE IRS OF AMOUNTS OWED RELATED TO A LATE FILED PAYROLL TAX RETURN WITH RELATED INTEREST FROM A PRIOR TAX PERIOD A DISPUTE HAS BEEN DULY FILED WITH THE IRS AND WHYHUNGER IS AWAITING A RULING A TOTAL OF \$29,965 IS REFLECTED WITHIN TAXES, FINES AND PENALTIES ON THE 2018 STATEMENT OF FUNCTIONAL EXPENSES AND IS ACCRUED DURING THE YEAR ENDED DECEMBER 31, 2017, THERE WERE NO INTEREST OR PENALTIES RECORDED

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	DIRECT BENEFIT TO DONOR EXPENSES 132,525

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	DIRECT BENEFIT TO DONOR EXPENSES 132,525

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
WHYHUNGER INC

Employer identification number
13-2805575

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			384,391
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			384,391

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)								Schedule F (Form 990) 2018	
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____ **6**

3 Enter total number of other organizations or entities ▶ _____

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	GRANTEES ARE REQUIRED TO SUBMIT A GRANT PROPOSAL AND PROJECT BUDGET TO WHYHUNGER THIS PROPOSAL IS CAREFULLY CONSIDERED TO ENSURE ALIGNMENT WITH WHYHUNGER'S GOALS AND STATED MISSION ONCE A GRANTEE IS SELECTED, A GRANT AGREEMENT IS SIGNED WHERE THE GRANTEE AGREES TO THE FOLLOWING REQUIREMENTS A) SUBMISSION OF A SIX MONTH INTERIM NARRATIVE AND FINANCIAL REPORT B) A FINAL NARRATIVE AND FINANCIAL REPORT C) USE OF THE FUNDS AS SPECIFIED IN THE GRANT BUDGET D) RETURN OF FUNDS GRANTED IF THEY ARE USED FOR PURPOSES OTHER THAN THOSE STIPULATED IN THE APPROVED PROJECT PROPOSAL AND THE GRANT AGREEMENT E) AGREEMENT NOT TO USE THE FUNDS TO SUPPORT OR OPPOSE LEGISLATION OR ANY POLITICAL CANDIDACY F) SPECIFICATION OF A PROJECT START AND END DATE G) AGREEMENT THAT IN THE CASE OF A DELAY IN THE IMPLEMENTATION OF THIS PROJECT BEYOND 60 DAYS, THE GRANTEE WILL NOTIFY WHYHUNGER IN A FORMAL LETTER ABOUT THE REASONS FOR THE DELAY AND THE NEW TIMEFRAME FOR THE PROJECT

Additional Data

Software ID:

Software Version:

EIN: 13-2805575

Name: WHYHUNGER INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA/CARIBBEAN	0	0	GRANTMAKING		8,344
SOUTH AMERICA	0	0	GRANTMAKING		355,264

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		19,057
NORTH AMERICA	0	0	GRANTMAKING		1,726

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	AGROECOLOGY & FOOD PRODUCTION	47,500				
		SOUTH AMERICA	AGROECOLOGY & FOOD PRODUCTION	15,000				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	AGROECOLOGY & FOOD PRODUCTION	59,035				
		SOUTH AMERICA	AGROECOLOGY & FOOD PRODUCTION	65,936				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	AGROECOLOGY & FOOD PRODUCTION	142,500				
		CENTRAL AMERICA & THE CARIBBEAN	AGROECOLOGY & FOOD PRODUCTION	7,529				

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
WHYHUNGER INC

Employer identification number

13-2805575

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d)
		CHAPIN DINNER (event type)	DINNER EVENT (event type)	2 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	229,742	136,086	112,245	478,073
	2 Less Contributions	180,582	81,598	83,368	345,548
	3 Gross income (line 1 minus line 2)	49,160	54,488	28,877	132,525
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	4,556	10,720	23,759	39,035
	7 Food and beverages	30,044	34,856		64,900
	8 Entertainment	4,519	135	3,000	7,654
	9 Other direct expenses	10,041	8,777	2,118	20,936
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				132,525
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				0

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

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

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶
 Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Name of the organization WHYHUNGER INC

Employer identification number 13-2805575

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	GRANTEES ARE REQUIRED TO PROVIDE THE ORGANIZATION WITH THE INFORMATION NECESSARY TO DISBURSE THE FUNDS IN A TIMELY MANNER AND MAINTAIN OPEN COMMUNICATION WITH THE ORGANIZATION THE FUNDS THAT ARE RECEIVED THROUGH THE CAMPAIGN HAVE THE FOLLOWING RESTRICTIONS A) THE FUNDS ARE SPENT IN THEIR ENTIRETY ON ACTIVITIES, ITEMS OR PROJECTS THAT FURTHER THE ORGANIZATION'S STATED MISSION, AND B) THE ACTIVITIES, ITEMS OR PROJECTS PAID FOR THROUGH THESE FUNDS ARE FOCUSED ON IMPROVING THE SITUATION OF CHILDREN AND YOUTH AND ADDRESS SUSTAINABLE AGRICULTURE OR HUNGER OTHER THAN THE ABOVE TWO RESTRICTIONS, THE FUNDS ARE AVAILABLE FOR USE FOR WHATEVER PURPOSE THE ORGANIZATION CHOOSES - STAFF COSTS, VEHICLES, EQUIPMENT, OPERATIONAL COSTS, AGRICULTURE EQUIPMENT, OFFICE COSTS, ETC

Additional Data

Software ID:
Software Version:
EIN: 13-2805575
Name: WHYHUNGER INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORGANIZACION BORICUA DE AGRICULTURA CALLE MARGARITA 8 SAN JUAN, PR 34142	66-0603502		8,525				FIGHT HUNGER
HARRY CHAPIN FOUNDATION 16 GERARD ST HUNTINGTON, NY 11743	52-1227851	501 (C)(3)	5,000				FIGHT HUNGER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD BANK COALITION OF SAN LUIS OBISPO COUNTY 1180 KENDALL ROAD SAN LUIS OBISPO, CA 93401	77-0210727	501 (C)(3)	64,490				FIGHT HUNGER
HUNGER FREE VERMONT 38 EASTWOOD DRIVE SOUTH BURLINGTON, VT 05403	03-1336357	501 (C)(3)	25,506				FIGHT HUNGER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST HARVEST PO BOX 12272 SEATTLE, WA 98102	91-0826037	501 (C)(3)	26,200				FIGHT HUNGER
KIDS KITCHEN PO BOX 102048 ANCHORAGE, AK 99510	91-1848270	501 (C)(3)	30,000				FIGHT HUNGER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS 700 EDWARDS AVENUE NEW ORLEANS, LA 70123	72-0956468	501 (C)(3)	11,508				FIGHT HUNGER
SECOND HARVEST INLAND NORTHWEST 1234 EAST FRONT AVENUE SPOKANE, WA 99202	23-7173826	501 (C)(3)	106,000				FIGHT HUNGER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA FINCA DEL SUR 138TH STREET AND GRAND CONCOURSE BRONX, NY 10451	27-1057685	501 (C)(3)	10,729				FIGHT HUNGER

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
WHYHUNGER INC

Employer identification number
13-2805575

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		
	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 NOREEN SPRINGSTEAD EXECUTIVE DIRECTOR	(i)	173,349	0	0	3,467	11,953	188,769	0
	(ii)	0	0	0	0	0	0	0
2 JOY CURTIN SR. DIRECTOR OF FINANCE	(i)	141,371	0	0	2,827	11,744	155,942	0
	(ii)	0	0	0	0	0	0	0

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.

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
WHYHUNGER INC

Employer identification number
13-2805575

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	5	93,478	MARKET QUOTATION
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

Part II Supplemental Information.

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

Return Reference	Explanation
PART I, COLUMN (B)	THE ORGANIZATION REPORTS THE NUMBER OF CONTRIBUTIONS IN PART 1, COLUMN (B)

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

Department of the Treasury

Name of the organization

WHYHUNGER INC

Employer identification number

13-2805575

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	TOM CHAPIN, DIRECTOR, AND JENNIFER CHAPIN, DIRECTOR, ARE UNCLE AND NIECE, RESPECTIVELY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	DRAFT COPIES OF FORM 990 ARE DISTRIBUTED ELECTRONICALLY TO THE FINANCE AND AUDIT COMMITTEE OF THE BOARD FOR THEIR REVIEW AND COMMENT ANY QUESTIONS ARE ANSWERED AND RESOLVED A COPY OF FORM 990 IS THEN PROVIDED TO THE FULL BOARD FOR REVIEW AND ANY FURTHER QUESTIONS ARE ANSWERED AND RESOLVED PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS AND DIRECTORS MUST COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT ANY PERCEIVED OR DISCLOSED CONFLICTS WOULD BE DISCUSSED BY THE BOARD AND RESOLVED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS AND SETS THE COMPENSATION OF THE EXECUTIVE DIRECTOR THE EXECUTIVE DIRECTOR REVIEWS AND SETS THE COMPENSATION FOR ALL OTHER EMPLOYEES COMPARABILITY DATA IS GATHERED FROM A VAREITY OF SOURCES INCLUDING, BUT NOT LIMITED TO, GUIDESTAR AND THE SOCIETY FOR HUMAN RESOURCE MANAGEMENT ORGANIZATIONS OF LIKE SIZE AND TYPE ARE USED AS A BASIS OF COMPARISON

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE, TO GUIDESTAR, AND UPON REQUEST ALL OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THERE WERE NO CHANGES TO THE OVERSIGHT OR SELECTION PROCESS DURING THE YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, PROGRAM SERVICE ACCOMPLISHMENTS - BUILDING GRASSROOTS MOVEMENTS	<p>WHYHUNGER'S INTERNATIONAL SOLIDARITY FUND INVESTED \$354,021 IN STRENGTHENING EXISTING AND EMERGENT SOCIAL MOVEMENTS FOR FOOD SOVEREIGNTY THROUGH 12 COMMUNITY-BASED PROJECTS IN 17 COUNTRIES LED BY PEASANT, FISHING, AND INDIGENOUS COMMUNITIES BY SUPPORTING LOCAL CAPACITY BUILDING, SHARED LEARNING, AGROECOLOGICAL FOOD PRODUCTION AND LEADERSHIP DEVELOPMENT, WHYHUNGER IS HELPING COMMUNITIES TO BUILD POWER AND ORGANIZE GLOBALLY WHYHUNGER SUPPORTED THREE REGIONAL GATHERINGS OF THE PEOPLES' AGROECOLOGY PROCESS ATTENDED BY OVER 100 ORGANIZERS, FARMERS, FARMWORKERS AND FISHERFOLK OPERATING IN COMMUNITIES ACROSS THE U S THESE ENCUNTROS OFFER A SPACE FOR ORGANIZING, SHARED LEARNING AND POLITICAL FORMATION AS A WAY TO ACCELERATE AND SCALE OUT THE USE OF AGROECOLOGICAL PRACTICES THAT PRODUCE NUTRITIOUS FOOD IN HARMONY WITH THE EARTH AND BUILD COLLECTIVE POWER WHYHUNGER CONTINUED TO ACCOMPANY THE US FOOD SOVEREIGNTY ALLIANCE AND HELPED SHAPE, FUND, AND ORGANIZE ITS IV NATIONAL ASSEMBLY ATTENDED BY 117 MEMBERS, ALLIES, AND INDIVIDUALS FROM 71 ORGANIZATIONS AND 7 COUNTRIES BUILDING ON 4 REGIONAL ASSEMBLIES, THIS NATIONAL GATHERING OF FARMWORKERS, FOOD CHAIN WORKERS, FISHERS, FAMILY FARMERS, URBAN AGRICULTURALISTS, AND SOCIAL JUSTICE ADVOCATES OFFERED A FACILITATED SPACE TO SET THE ALLIANCE'S DIRECTION AND STRATEGY TO SECURE FREEDOM AND DIGNITY THROUGH FOOD SOVEREIGNTY IN THE U S THROUGH WHYHUNGER'S RAPID RESPONSE FUND, WHICH PROVIDES IMMEDIATE RESOURCES DIRECTLY TO OUR SOCIAL MOVEMENT AND GRASSROOTS PARTNERS IN THE AFTERMATH OF A CRISIS, WE CONTINUED TO SUPPORT THE PUERTO RICAN FARMERS AND COMMUNITY ORGANIZERS WORKING THROUGH ORGANIZACION BORICUA DE AGRICULTURA ECOLOGICA TO REBUILD LOCAL FOOD AND FARM SYSTEMS IN THE AFTERMATH OF HURRICANE MARIA WE ALSO PROVIDED FUNDS FOR FOOD, SEEDS, AND CONSTRUCTION MATERIALS TO ASOCIACION FEMENINA PARA EL DESARROLLO DE SACATEPEQUEZ-AFEDES IN SUPPORT OF THE FAMILIES AFFECTED BY THE VOLCANO FUEGO IN GUATEMALA WHYHUNGER CONTINUED TO DEEPEN RELATIONSHIPS WITH THREE GLOBAL SOCIAL MOVEMENTS WORKING TO BUILD FOOD SOVEREIGNTY AND SOCIAL JUSTICE FOR ALL BY MOBILIZING FUNDS, COORDINATING LEARNING EXCHANGES, PROVIDING TECHNICAL SUPPORT AND INTERNATIONAL SOLIDARITY TO LA VIA CAMPESINA INTERNATIONAL, WORLD MARCH OF WOMEN AND THE WORLD FORUM OF FISHER PEOPLE, WHICH REPRESENT 210,013,000 WOMEN, LANDLESS WORKERS, FARMERS AND FAMILIES ACROSS THE GLOBE THIS SUPPORT HELPS ENSURE COMMUNITIES ARE ABLE TO PRODUCE NUTRITIOUS FOOD, MAINTAIN THEIR LAND RIGHTS AND STRENGTHEN THEIR ABILITY TO MOBILIZE</p>

990 Schedule O, Organizational Information

Return Reference	Explanation
<p>PART III, PROGRAM SERVICE ACCOMPLISHMENTS - PROTECTING THE RIGHT TO FOOD</p>	<p>WHYHUNGER CONTINUES TO EXPAND ON THE MOST COMPREHENSIVE DATABASE OF 26,357 FOOD ACCESS ORGANIZATIONS IN THE U.S., PLACING AN EMPHASIS ON THOSE THAT PROVIDE NUTRITIOUS FOOD. IN 2018 WE UTILIZED WHYHUNGER.ORG/FINDFOOD, OUR TEXTING SERVICE AND OUR WHYHUNGER HOTLINE 1-800-5 HUNGRY TO ASSIST OVER 322,557 SENIORS, VETERANS, WORKING FAMILIES, PEOPLE STRUGGLING WITH MENTAL HEALTH ISSUES AND INDIVIDUALS WITH DISABILITIES IN ACCESSING HEALTHY FOOD AND RESOURCES IN THEIR COMMUNITIES. WHYHUNGER HOSTED AND ACCOMPANIED MEMBERS OF LA VIA CAMPESINA INTERNATIONAL THROUGH THE FINAL STAGES OF A 17-YEAR PROCESS TO PASS THE UN DECLARATION ON PEASANT RIGHTS BY PROVIDING LOGISTICAL AND COMMUNICATIONS SUPPORT. THIS HISTORIC DECLARATION RATIFIED BY THE UN GENERAL ASSEMBLY IN 2018 IS POISED TO CHANGE THE LANDSCAPE OF HUMAN RIGHTS FOR ONE THIRD OF HUMANITY WHO LIVE, WORK, FARM AND BUILD COMMUNITY IN RURAL AREAS. WHYHUNGER PROVIDED OVER \$330,000 IN DIRECT FUNDING TO HELP 48 ORGANIZATIONS AND COMMUNITY LEADERS ACROSS THE U.S. BOLSTER INITIATIVES AROUND CHILDHOOD NUTRITION, ORGANIZING, AGROECOLOGICAL AND STORY-BASED NARRATIVE STRATEGY. BY WORKING TO DEEPEN LOCAL IMPACT AND BUILD STRONGER CONNECTIONS REGIONALLY AND NATIONALLY, WHYHUNGER IS HELPING COMMUNITIES ADDRESS THEIR OWN IMMEDIATE NEEDS AND INCREASE THEIR CAPACITY TO ENGAGE IN LONG-TERM CHANGE. WHYHUNGER IS ACTIVELY SUPPORTING AND STEWARDING THE CLOSING THE HUNGER GAP NETWORK, THE NATIONAL ALLIANCE OF EMERGENCY FOOD PROVIDERS WORKING TO SHIFT FROM A MODEL OF CHARITY AS THE SOLUTION TO HUNGER TO A MODEL OF SOCIAL JUSTICE. TOGETHER THE NETWORK WAS ABLE TO ESTABLISH A NEW GRASSROOTS-CENTERED LEADERSHIP STRUCTURE, SECURE OVER 140 MEMBER ORGANIZATIONS, EMBARK ON A NARRATIVE CHANGE STRATEGY, ORGANIZE REGIONAL NETWORKS AND BUILD ALLIANCES WITH PROGRESSIVE FOOD ACCESS ORGANIZATIONS AND RIGHT TO FOOD ADVOCACY ORGANIZATIONS IN THE UK AND CANADA TO STRENGTHEN AND UNIFY EFFORTS TO END HUNGER AND ADDRESS ITS ROOT CAUSES. WHYHUNGER PROVIDED LOGISTICAL AND TECHNICAL SUPPORT FOR DELEGATES FROM OUR GLOBAL ALLIES THE RURAL WOMEN'S ASSEMBLY AND THE KUNA YOUTH MOVEMENT TO THE 62ND UNITED NATIONS COMMISSION ON THE STATUS OF WOMEN TO AMPLIFY THEIR VOICE AND PERSPECTIVE ON WOMEN-LED SOLUTIONS TO HUNGER ON A GLOBAL STAGE. WE HELPED TO ORGANIZE A SPECIAL MEETING ON WOMEN AND THE RIGHT TO FOOD ATTENDED BY 40 GLOBAL ALLIES FROM SOUTHERN AFRICA, INDIA, PANAMA AND THE UNITED STATES TO OFFER AN OPPORTUNITY FOR THEIR VOICES TO DIRECTLY INFORM THE CIVIL SOCIETY REPORT ON THE EFFICACY OF THE VOLUNTARY MONITORING GUIDELINES OF THE RIGHT TO FOOD RELEASED ALONGSIDE THE UN COMMITTEE ON WORLD FOOD SECURITY'S REPORT IN THE FALL OF 2018. WHYHUNGER CONTINUED ITS WORK TO TRANSFORM THE DOMINANT NARRATIVE ABOUT HUNGER IN THE US FROM A MODEL BASED ON FOOD CHARITY TO A MODEL ROOTED IN SOCIAL JUSTICE AND CENTERED ON DIGNITY AND HUMAN POTENTIAL BY UTILIZING A STORY-BASED STRATEGY. WHYHUNGER ORGANIZED WITH FOOD ACCESS ORGANIZATIONS ACROSS THE US AND LED A NATIONAL NARRATIVE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, PROGRAM SERVICE ACCOMPLISHMENTS - PROTECTING THE RIGHT TO FOOD	IVE CHANGE PROCESS TO BEGIN BUILDING A SHARED NARRATIVE AND CLEAR STRATEGY THAT WILL PROGRESS IN 2019 WE EXPANDED THESE EFFORTS THROUGH WHYHUNGER'S STORYTELLING AND FOOD JUSTICE VOICES SERIES, WHICH RELEASED NEIGHBORS TOGETHER ON HUNGER, HEALTH AND HOUSING IN NEW YORK CITY TO HIGHLIGHT THE INTERSECTION OF HUNGER, HOUSING AND MENTAL HEALTH WHYHUNGER CONTINUED TO STRENGTHEN OUR INDIVIDUAL DONOR BASE, WHICH MADE UP OVER A QUARTER OF OUR BUDGET IN 2018 WE'RE PROUD TO HAVE GROWN OUR TRIBE OF SUPPORTERS, DOUBLING OUR EMAIL LIST OF DONORS AND FRIENDS READY TO LEARN, ACT AND GIVE IN 2018, WE ENERGIZED OUR SUPPORTERS TO PROTECT SNAP BENEFITS, PRESS FOR A BETTER FARM BILL, SUPPORT AGROECOLOGICAL FARMING AND FOOD PRODUCTION, AND FIGHT CLIMATE CHANGE

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, PROGRAM SERVICE ACCOMPLISHMENTS - ARTISTS IN ACTION	<p>HUNGERTHON 2018 RAISED OVER \$1 MILLION FOR THE THIRD CONSECUTIVE YEAR, TO FUEL PROGRAMMATIC WORK AND EDUCATE LISTENERS THROUGH 30+ SUBSTANTIVE RADIO INTERVIEWS THE CAMPAIGN'S SUCCESS WAS BOLSTERED BY THE SUPPORT OF BROADCAST PARTNERS SIRIUSXM, ENTERCOM NEW YORK, CUMULUS NEW YORK AND IHEART RADIO NEW YORK, ARTIST AMBASSADORS INCLUDING TOM MORELLO, JASON MRAZ AND MICHAEL MCDONALD, MERCHANDISE SUPPORT FROM YOKO ONO LENNON, BRUCE SPRINGSTEEN AND TOM MORELLO, AND AUCTION DONATIONS FROM AN INCREDIBLE ARRAY OF ARTIST, SPORTS TEAMS AND CELEBRITIES INCLUDING HODA KOTB, BILLIE EILISH, NEW YORK YANKEES, NEW YORK GIANTS, MUMFORD & SONS, BOB WEIR, NASCAR, THE STROKES, KENNY CHESNEY, AND MEGHAN TRAINOR ARTISTS AGAINST HUNGER & POVERTY UTILIZED THE POWER OF MUSIC AND ART IN THE FIGHT TO END HUNGER AND POVERTY BY ENGAGING NEW ARTIST AMBASSADORS SEAN MCCONNELL, CHEF OTTO, MALINDA KATHLEEN REESE, WHITE LIGHTNING, AND FIREPIT AND EXPANDING ITS REACH TO AN AUDIENCE OF TENS OF THOUSANDS OF NEW FANS THROUGH ON-SITE ENGAGEMENT AT CONCERTS AND FESTIVALS INCLUDING THE Q104 3 BREAKFAST WITH THE BEATLES CONCERT, SELECT WARPED TOUR SHOWS, THE ROCKLAND-BERGAN MUSIC FESTIVAL, THE LETTUCE TOUR, AND THE ANNUAL SPRING-NUTS SEASIDE SERENADE IN 2018, WE HONORED JASON MRAZ WITH THE ASCAP HARRY CHAPIN HUMANITARIAN AWARD FOR HIS COMMITMENT TO FOOD AND SOCIAL JUSTICE WHYHUNGER KICKED OFF A MERCHANDISE CAMPAIGN WITH HARD ROCK INTERNATIONAL AND BRUCE SPRINGSTEEN FOR A "LAND OF HOPE AND DREAMS" T-SHIRT, BASEBALL HAT AND PIN TO BE SOLD AT HARD ROCK LOCATIONS AROUND THE WORLD WITH A PORTION OF PROCEEDS BENEFITING WHYHUNGER'S PROGRAMMATIC WORK THE SUMMER MEALS ROCK FOR KIDS CAMPAIGN ENGAGED ARTISTS AND SPORTS ORGANIZATIONS SUCH AS BRANDI CARLILE, BRUNO MARS, NASCAR, NEW YORK JETS AND MORE TO RAISE AWARENESS AND FUNDS FOR THE WHYHUNGER HUNGER HOTLINE, WHICH CONNECTS KIDS AROUND THE COUNTRY TO FREE, NUTRITIOUS MEALS DURING THE SUMMER MONTHS IN PARTNERSHIP WITH THE ONEHOPE FOUNDATION AND THE ALBERTSONS COMPANIES FOUNDATION HUNGER IS INITIATIVE, WHYHUNGER MADE SIGNIFICANT INVESTMENTS IN GRASSROOTS SOLUTIONS TO HUNGER ACROSS AMERICA TO SUPPORT HEALTHY FOOD ACCESS, CHILDHOOD NUTRITION, SUSTAINABLE FOOD PRODUCTION, AND MORE WE ALSO BECAME AN OFFICIAL CHARITY PARTNER OF THE TCS NEW YORK CITY MARATHON, ENGAGING FOUR DEDICATED RUNNERS WHO RAISED OVER \$10,000 TO SUPPORT OUR WORK</p>