

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20__

2021

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

WHYHUNGER, INC.

EIN or SSN

-*5575

Name and title of officer or person subject to tax

NOREEN SPRINGSTEAD EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 3 columns: Line number, Description, and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) SHEEHAN & COMPANY, (EIN) 12345 and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

I authorize SHEEHAN & COMPANY to enter my PIN 12345. ERO firm name. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

11682211718

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2021)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. WHYHUNGER, INC.	Taxpayer identification number (TIN) ** - ***5575
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 505 EIGHTH AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10018	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

JOY CURTIN

- The books are in the care of ▶ **505 EIGHTH AVENUE - NEW YORK, NY 10018**

Telephone No. ▶ **212-629-8850** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2021** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WHYHUNGER, INC.		D Employer identification number ** - ***5575
	Doing business as		E Telephone number 212-629-8850
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	505 EIGHTH AVENUE		G Gross receipts \$ 8,304,309.
	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, NEW YORK, NY 10018		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

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

J Website: ▶ **WWW.WHYHUNGER.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1975** **M** State of legal domicile: **NY**

Part I Summary

Activities & Governance	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		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	30
	6 Total number of volunteers (estimate if necessary)	6	377
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 5,935,693.	Current Year 7,768,611.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,527.	95,142.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	399.	5,868.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,968,619.	7,869,621.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,889,803.	3,249,361.
	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)	1,910,528.	2,171,656.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 377,058.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,386,395.	1,344,036.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,186,726.	6,765,053.	
19 Revenue less expenses. Subtract line 18 from line 12	781,893.	1,104,568.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,294,478.	End of Year 5,607,325.
	21 Total liabilities (Part X, line 26)	810,036.	1,993,766.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,484,442.	3,613,559.

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	
	▶ NOREEN SPRINGSTEAD, EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name ANTHONY P. MARIANI	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00126083
	Firm's name ▶ SHEEHAN & COMPANY, CPA, PC	Firm's EIN ▶ ** - ***9344	Phone no. (631) 665-7040	
Firm's address ▶ 165 ORINOCO DRIVE BRIGHTWATERS, NY 11718				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] 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 \$ 2,037,707. including grants of \$ 1,259,684.) (Revenue \$) 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.

4b (Code:) (Expenses \$ 1,854,551. including grants of \$ 1,308,174.) (Revenue \$) 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.

4c (Code:) (Expenses \$ 1,107,951. including grants of \$ 680,600.) (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.

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,137,555. including grants of \$ 903.) (Revenue \$)

4e Total program service expenses 6,137,764.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, 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 (Form 1096), 1b (Forms W-2G), and 1c (backup withholding rules).

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

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 (26); 1b Enter the number of voting members included on line 1a, above, who are independent (26); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X)

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? (X); 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? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 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 NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 - 212-629-8850 505 EIGHTH AVENUE, NEW YORK, NY 10018

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NOREEN SPRINGSTEAD EXECUTIVE DIRECTOR	40.00			X			190,213.	0.	19,592.	
(2) JOY CURTIN SR. DIRECTOR OF FINANCE	40.00			X			157,613.	0.	18,493.	
(3) ALISON COHEN SR DIR. OF PROGRAMS (THRU 11/21)	40.00					X	151,158.	0.	16,158.	
(4) DEBORAH DEPOALA SR. DIRECTOR OF COMMUNICAT	40.00					X	139,835.	0.	17,738.	
(5) SHARON DAMELIO DIRECTOR OF DEVELOPMENT	40.00					X	108,429.	0.	16,716.	
(6) CAREN BERLIN CHAIRPERSON	3.00	X		X			0.	0.	0.	
(7) KATIE SCHROEDER DIRECTOR	1.00	X					0.	0.	0.	
(8) PATRICK SULLIVAN DIRECTOR	1.00	X					0.	0.	0.	
(9) CINDY SECUNDA DIRECTOR	1.00	X					0.	0.	0.	
(10) GEOFFREY EATON DIRECTOR	1.00	X					0.	0.	0.	
(11) DIANE BLAGMAN DIRECTOR	1.00	X					0.	0.	0.	
(12) AVI SAVAR DIRECTOR	1.00	X					0.	0.	0.	
(13) PEARL THOMPSON DIRECTOR	1.00	X					0.	0.	0.	
(14) VANESSA TRINIDAD DIRECTOR	1.00	X					0.	0.	0.	
(15) EMMA WEISBERG DIRECTOR	1.00	X					0.	0.	0.	
(16) WENDY HEIPT DIRECTOR	1.00	X					0.	0.	0.	
(17) MARK BLAKE DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LORETTA MUNOZ DIRECTOR	1.00	X						0.	0.	0.
(19) ROBIN LEWIS DIRECTOR	1.00	X						0.	0.	0.
(20) SCOTT HAUGENES DIRECTOR	1.00	X						0.	0.	0.
(21) JOE D'URSO DIRECTOR	2.00	X						0.	0.	0.
(22) ROB BARNETT DIRECTOR	1.00	X						0.	0.	0.
(23) JENNIFER CHAPIN DIRECTOR	1.00	X						0.	0.	0.
(24) ALAN C. HANDELL DIRECTOR	1.00	X						0.	0.	0.
(25) CARALENE ROBINSON DIRECTOR	1.00	X						0.	0.	0.
(26) JOJO BRIM DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								747,248.	0.	88,697.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								747,248.	0.	88,697.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 24,779.					
	b Membership dues	1b					
	c Fundraising events	1c 347,599.					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f 7,396,233.					
	g Noncash contributions included in lines 1a-1f	1g \$ 129,434.					
	h Total. Add lines 1a-1f	▶ 7,768,611.					
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f	▶					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	17,660.			17,660.	
	4 Income from investment of tax-exempt bond proceeds	▶					
	5 Royalties	▶					
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)	▶					
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	405,513.				
	c Gain or (loss)	7c	328,031.				
d Net gain or (loss)	▶	77,482.			77,482.		
8 a Gross income from fundraising events (not including \$ 347,599. of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b	106,657.					
c Net income or (loss) from fundraising events	▶	0.					
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities	▶						
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory	▶						
Miscellaneous Revenue	11 a MISCELLANEOUS	Business Code 900099	5,868.	5,868.			
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d	▶	5,868.				
12 Total revenue. See instructions	▶	7,869,621.	5,868.	0.	95,142.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,503,842.	2,503,842.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,019.	1,019.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	744,500.	744,500.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	385,911.	205,131.	142,189.	38,591.
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	1,402,181.	1,209,648.	30,546.	161,987.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	245,573.	214,091.	5,004.	26,478.
10 Payroll taxes	137,991.	112,919.	11,239.	13,833.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	27,000.	22,219.	1,293.	3,488.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	12,352.		12,352.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	765,284.	705,631.	5,783.	53,870.
12 Advertising and promotion	4,573.	4,573.		
13 Office expenses	147,489.	103,669.	3,375.	40,445.
14 Information technology				
15 Royalties				
16 Occupancy	166,280.	136,835.	7,967.	21,478.
17 Travel	10,344.	9,407.	126.	811.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	23,337.	23,267.	19.	51.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,394.	3,615.	211.	568.
23 Insurance	23,242.	19,170.	1,167.	2,905.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	77,906.	72,906.		5,000.
b OTHER	27,919.		27,919.	
c HUNGERTHON INVENTORY AD	21,120.	21,120.		
d DUES, FEES & SUBSCRIPTI	10,964.	7,233.	144.	3,587.
e All other expenses _____	21,832.	16,969.	897.	3,966.
25 Total functional expenses. Add lines 1 through 24e	6,765,053.	6,137,764.	250,231.	377,058.
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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	137,253.	1	73,103.
	2 Savings and temporary cash investments	1,624,626.	2	3,993,969.
	3 Pledges and grants receivable, net	204,023.	3	128,782.
	4 Accounts receivable, net	282,325.	4	291,418.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	88,925.	8	67,805.
	9 Prepaid expenses and deferred charges	6,007.	9	7,889.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 177,606.		
	b Less: accumulated depreciation	10b 176,052.	10c	1,554.
	11 Investments - publicly traded securities	935,585.	11	1,034,535.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	11,650.	15	8,270.
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,294,478.	16	5,607,325.	
Liabilities	17 Accounts payable and accrued expenses	512,926.	17	539,206.
	18 Grants payable	297,110.	18	1,454,560.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	810,036.	26	1,993,766.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,755,667.	27	2,871,713.
	28 Net assets with donor restrictions	728,775.	28	741,846.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,484,442.	32	3,613,559.
	33 Total liabilities and net assets/fund balances	3,294,478.	33	5,607,325.

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	7,869,621.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,765,053.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,104,568.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,484,442.
5	Net unrealized gains (losses) on investments	5	24,549.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,613,559.

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 on 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 on 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 on Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2021)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization WHYHUNGER, INC. Employer identification number ** - *** 5575

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).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
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...
11 An organization organized and operated exclusively to test for public safety.
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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2882257.	3377073.	2866142.	5935693.	7768611.	22829776.
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	2882257.	3377073.	2866142.	5935693.	7768611.	22829776.
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)						1527691.
6 Public support. Subtract line 5 from line 4.						21302085.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	2882257.	3377073.	2866142.	5935693.	7768611.	22829776.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	30,314.	11,866.	15,770.	18,070.	17,660.	93,680.
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.)						
11 Total support. Add lines 7 through 10						22923456.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	92.93 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	79.34 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. 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.

b 33 1/3% support tests - 2020. 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.

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

Schedule A

**Identification of Excess Contributions
Included on Part II, Line 5**

2021

**** Do Not File ****

***** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
GILEAD FOUNDATION	500,000.	41,531.
HARD ROCK CAFE FOUNDATION	628,098.	169,629.
SECUNDA FAMILY FOUNDATION	1,775,000.	1,316,531.
Total Excess Contributions to Schedule A, Part II, Line 5		1,527,691.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization WHYHUNGER, INC. Employer identification number ** - *** 5575

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and acquired after 7/25/06), and questions 3-9 regarding monitoring, expenses, and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, and 2 regarding reporting of art and historical treasures.

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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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	951,775.	803,554.	653,251.	694,440.	590,407.
b Contributions					
c Net investment earnings, gains, and losses	119,463.	158,269.	159,734.	-31,146.	112,953.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	12,352.	10,048.	9,431.	10,043.	8,920.
g End of year balance	1,058,886.	951,775.	803,554.	653,251.	694,440.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 82.0000 %
 - b Permanent endowment 9.0000 %
 - c Term endowment 9.0000 %
- 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 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		156,997.	155,443.	1,554.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,554.

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other, (A) through (H), and a Total row.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows include (1) through (9) and a Total row.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows include (1) through (9) and a Total row.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include 1. (1) Federal income taxes, (2) through (9), and a Total row.

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

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	8,130,953.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	24,549.	
b	Donated services and use of facilities	2b	142,478.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	106,657.	
e	Add lines 2a through 2d	2e		273,684.
3	Subtract line 2e from line 1	3		7,857,269.
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	12,352.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		12,352.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		7,869,621.

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	7,001,836.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	142,478.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	106,657.	
e	Add lines 2a through 2d	2e		249,135.
3	Subtract line 2e from line 1	3		6,752,701.
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	12,352.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		12,352.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		6,765,053.

Part XIII Supplemental Information.

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

PART 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.

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

Part XIII Supplemental Information (continued)

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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT BENEFIT TO DONOR EXPENSES	90,640.
DIRECT FUNDRAISING EXPENSES	16,017.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	106,657.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT BENEFIT TO DONOR EXPENSES	90,640.
DIRECT FUNDRAISING EXPENSES	16,017.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	106,657.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

WHYHUNGER, INC.

Employer identification number

-*5575

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA / CARIBBEAN	0	0	GRANTMAKING		234,000.
SOUTH AMERICA	0	0	GRANTMAKING		192,000.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		80,000.
NORTH AMERICA	0	0	GRANTMAKING		55,500.
EUROPE	0	0	GRANTMAKING		118,000.
EAST ASIA & THE PACIFIC	0	0	GRANTMAKING		25,000.
SOUTH ASIA	0	0	GRANTMAKING		40,000.
3 a Subtotal	0	0			744,500.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			744,500.

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Schedule F (Form 990) 2021

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	AGROECOLOGY & FOOD PRODUCTION	35,000.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	AGROECOLOGY & FOOD PRODUCTION	15,000.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	AGROECOLOGY & FOOD PRODUCTION	24,000.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	AGROECOLOGY & FOOD PRODUCTION	15,000.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	AGROECOLOGY & FOOD PRODUCTION	15,000.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	AGROECOLOGY & FOOD PRODUCTION	15,000.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	AGROECOLOGY & FOOD PRODUCTION	15,000.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	AGROECOLOGY & FOOD PRODUCTION	30,000.		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **44**

3 Enter total number of other organizations or entities **0**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		CENTRAL AMERICA AND THE CARIBBEAN	AGROECOLOGY & FOOD PRODUCTION	15,000.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	AGROECOLOGY & FOOD PRODUCTION	10,000.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	AGROECOLOGY & FOOD PRODUCTION	15,000.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	AGROECOLOGY & FOOD PRODUCTION	15,000.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	AGROECOLOGY & FOOD PRODUCTION	15,000.		0.		
		EAST ASIA AND THE PACIFIC	AGROECOLOGY & FOOD PRODUCTION	25,000.		0.		
		EUROPE	AGROECOLOGY & FOOD PRODUCTION	33,000.		0.		
		EUROPE	AGROECOLOGY & FOOD PRODUCTION	15,000.		0.		
		EUROPE	AGROECOLOGY & FOOD PRODUCTION	15,000.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		EUROPE	AGROECOLOGY & FOOD PRODUCTION	15,000.		0.		
		EUROPE	AGROECOLOGY & FOOD PRODUCTION	40,000.		0.		
		NORTH AMERICA	AGROECOLOGY & FOOD PRODUCTION	15,000.		0.		
		NORTH AMERICA	AGROECOLOGY & FOOD PRODUCTION	20,000.		0.		
		NORTH AMERICA	AGROECOLOGY & FOOD PRODUCTION	15,000.		0.		
		SOUTH AMERICA	AGROECOLOGY & FOOD PRODUCTION	10,000.		0.		
		SOUTH AMERICA	AGROECOLOGY & FOOD PRODUCTION	15,000.		0.		
		SOUTH AMERICA	AGROECOLOGY & FOOD PRODUCTION	10,000.		0.		
		SOUTH AMERICA	AGROECOLOGY & FOOD PRODUCTION	15,000.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		SOUTH AMERICA	AGROECOLOGY & FOOD PRODUCTION	15,000.		0.		
		SOUTH AMERICA	AGROECOLOGY & FOOD PRODUCTION	15,000.		0.		
		SOUTH AMERICA	AGROECOLOGY & FOOD PRODUCTION	15,000.		0.		
		SOUTH AMERICA	AGROECOLOGY & FOOD PRODUCTION	20,000.		0.		
		SOUTH AMERICA	AGROECOLOGY & FOOD PRODUCTION	15,000.		0.		
		SOUTH AMERICA	AGROECOLOGY & FOOD PRODUCTION	15,000.		0.		
		SOUTH AMERICA	AGROECOLOGY & FOOD PRODUCTION	12,000.		0.		
		SOUTH AMERICA	AGROECOLOGY & FOOD PRODUCTION	15,000.		0.		
		SOUTH AMERICA	AGROECOLOGY & FOOD PRODUCTION	15,000.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		SOUTH ASIA	AGROECOLOGY & FOOD PRODUCTION	15,000.		0.		
		SOUTH ASIA	AGROECOLOGY & FOOD PRODUCTION	15,000.		0.		
		SOUTH ASIA	AGROECOLOGY & FOOD PRODUCTION	10,000.		0.		
		SUB-SAHARAN AFRICA	AGROECOLOGY & FOOD PRODUCTION	15,000.		0.		
		SUB-SAHARAN AFRICA	AGROECOLOGY & FOOD PRODUCTION	20,000.		0.		
		SUB-SAHARAN AFRICA	AGROECOLOGY & FOOD PRODUCTION	10,000.		0.		
		SUB-SAHARAN AFRICA	AGROECOLOGY & FOOD PRODUCTION	10,000.		0.		
		SUB-SAHARAN AFRICA	AGROECOLOGY & FOOD PRODUCTION	15,000.		0.		
		SUB-SAHARAN AFRICA	AGROECOLOGY & FOOD PRODUCTION	10,000.		0.		

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.

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.**

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

WHYHUNGER, INC.

Employer identification number

-*5575

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
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.
-
-
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-

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		COME TOGETHER (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	454,256.		454,256.
	2	Less: Contributions	347,599.		347,599.
	3	Gross income (line 1 minus line 2)	106,657.		106,657.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	86,460.		86,460.
	8	Entertainment	4,180.		4,180.
	9	Other direct expenses	16,017.		16,017.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			106,657.
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.

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **WHYHUNGER, INC.** Employer identification number **** - *** 5575**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACCESS OF WEST MICHIGAN 1700 28TH ST SE GRAND RAPIDS, MI 49507	** - *** 5190	501(C)(3)	50,000.	0.			FIGHT HUNGER
AMERICAN FRIENDS SERVICE COMMITTEE 1501 CHERRY STREET PHILADELPHIA, PA 19102	** - *** 2010	501(C)(3)	10,000.	0.			FIGHT HUNGER
BLACK FARMER FUND 228 PARK AVENUE S #38732 NEW YORK, NY 10003	** - *** 0349	501(C)(3)	20,000.	0.			FIGHT HUNGER
BROAD STREET FOOD PANTRY 760 EAST BROAD STREET COLUMBUS, OH 43205	** - *** 0039		50,000.	0.			FIGHT HUNGER
CENTER FOR IDEAS, EQUITY AND TRANSFORMATIVE CHANGE - 1443 KIMWOOD DR. - JACKSON, MS 39211	** - *** 5603	501(C)(3)	51,000.	0.			FIGHT HUNGER
CITY BLOSSOMS 4 EDGESTONE COURT FLORISSANT, MO 63033	** - *** 1525	501(C)(3)	50,000.	0.			FIGHT HUNGER

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **53.**
- 3** Enter total number of other organizations listed in the line 1 table **4.**

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

Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COOPERATION JACKSON P.O. BOX 1932 JACKSON, MO 39215	**-***3202	501(C)(3)	50,000.	0.			FIGHT HUNGER
DETROIT BLACK COMMUNITY FOOD SECURITY NETWORK, INC. - 11000 W. MCNICHOLS, SUITE 103 - DETROIT, MI 48221	**-***0762	501(C)(3)	100,000.	0.			FIGHT HUNGER
DETROIT FOOD POLICY COUNCIL 1420 WASHINGTON BLVD STE 230 DETROIT, MI 48226	**-***1401	501(C)(3)	50,000.	0.			FIGHT HUNGER
ENVIRONMENTALISM THROUGH INSPIRATION & NON VIOLENT ACTION (ETINA) - 578 WASHINGTON BLVD, #395 - MARINA DEL RAY, CA 90292	**-***8841	501(C)(3)	10,000.	0.			FIGHT HUNGER
FARM TRAINING COLLECTIVE NYC, LLC 505 8TH AVENUE NEW YORK, NY 10018	**-***7079	501(C)(3)	10,000.	0.			FIGHT HUNGER
FARM WORKERS SUPPORT COMMITTEE - CATA - PO BOX 510, 4 SOUTH DELSEA DRIVE - GLASSBORO, NJ 08028	**-***8350	501(C)(3)	50,000.	0.			FIGHT HUNGER
FARMWORKER ASSOCIATION OF FLORIDA, INC. - 1264 APOPKA BLVD - APOPKA, FL 32703	**-***3978	501(C)(3)	50,000.	0.			FIGHT HUNGER
FEDERATION OF SOUTHERN COOPERATIVES LAND ASSISTANCE FUND - 2769 CHURCH ST - EAST POINT, GA 30344	**-***6695	501(C)(3)	35,000.	0.			FIGHT HUNGER
FOOD FOR MAINE'S FUTURE INC 740 BROOKS ROAD KNOX, ME 04986	**-***1956		10,000.	0.			FIGHT HUNGER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRUIT OF THE SPIRIT MINISTRIES, KENNETT MISSOURI - 324 W. COMMERCIAL STREET - KENNETT, MO 63857	**-***1819	501(C)(3)	50,000.	0.			FIGHT HUNGER
FUSION PARTNERSHIPS INC. 1601 GUILDFORD AVENUE, 2 SOUTH BALTIMORE, MD 21202	**-***8413	501(C)(3)	95,000.	0.			FIGHT HUNGER
GOOD JOURNEY DEVELOPMENT FOUNDATION - 5046 VERNON AVENUE - ST. LOUIS, MO 63113	**-***5870	501(C)(3)	50,000.	0.			FIGHT HUNGER
GROWING HOME, INC. 825 WEST 69TH STREET, 2ND FLOOR CHICAGO, IL 60621	**-***9426	501(C)(3)	50,000.	0.			FIGHT HUNGER
HALEY HOUSE 23 DARTMOUTH STREET BOSTON, MA 02116	**-***7845	501(C)(3)	10,000.	0.			FIGHT HUNGER
HARRY CHAPIN FOUNDATION 16 GERARD STREET HUNTINGTON, NY 11743	**-***7851	501(C)(3)	12,500.	0.			FIGHT HUNGER
HIGHLANDER RESEARCH AND EDUCATION CENTER - 1959 HIGHLANDER WAY - NEW MARKET, TN 03820	**-***6373	501(C)(3)	61,000.	0.			FIGHT HUNGER
HOPI TUTSKWA PERMACULTURE INSTITUTE - PO BOX 967 - KYKOTSMOVI, AZ 86039	**-***3866	501(C)(3)	10,000.	0.			FIGHT HUNGER
INDIGENOUS EDUCATIONAL NETWORK OF TURTLE ISLAND - P.O. BOX 485 - BEMIDJI, MN 56619	**-***3476	501(C)(3)	25,000.	0.			FIGHT HUNGER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INQUIRING SYSTEMS, INC. 101 BROOKWOOD AVE #204 SANTA ROSA, CA 95404	**_***4840	501(C)(3)	70,000.	0.			FIGHT HUNGER
INSTITUTE FOR WASHINGTON'S FUTURE 203 W. HOLLY STREET SUITE 317 BELLINGHAM, WA 98225	**_***1421	501(C)(3)	50,000.	0.			FIGHT HUNGER
JOHN BARTRAM ASSOCIATION 5400 LINDBERGH BOULEVARD PHILADELPHIA, PA 19143	**_***3771	501(C)(3)	10,000.	0.			FIGHT HUNGER
LATIN AMERICAN AND CARIBBEAN COMMUNITY CENTER - 409 MORRIS PARK AVE - BRONX, NY 10460	**_***0935	501(C)(3)	25,000.	0.			FIGHT HUNGER
LOCAL MATTERS 633 PARSONS AVE COLUMBUS, OH 43206	**_***9644	501(C)(3)	50,000.	0.			FIGHT HUNGER
MANDELA PARTNERS 1344 7TH ST OAKLAND, CA 94670	**_***4129	501(C)(3)	10,000.	0.			FIGHT HUNGER
MARY MITCHELL FAMILY AND YOUTH CENTER, INC. - SOUTH BRONX FOOD HUB 2007 MAPES AVENUE - BRONX, NY 10460	**_***5032	501(C)(3)	30,000.	0.			FIGHT HUNGER
MARYLAND PHILANTHROPY NETWORK INC. 1600 W. 41ST STREET, SUITE 700 BALTIMORE, MD 21211	**_***6863	501(C)(3)	20,000.	0.			FIGHT HUNGER
MIDWAY MUSIC SPEAKS 642 NORTH MADISON STREET BLOOMINGTON, IN 47404	**_***5158	501(C)(3)	50,000.	0.			FIGHT HUNGER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSISSIPPI ASSOCIATION OF COOPERATIVES - 233 HAMILTON STREET - JACKSON, MS 39202	**-***6373	501(C)(3)	50,000.	0.			FIGHT HUNGER
MOTHER HUBBARD'S CUPBOARD 1100 W. ALLEN BLOOMINGTON, IN 47403	**-***2414	501(C)(3)	50,000.	0.			FIGHT HUNGER
MUSED 727 LEONARD STREET, NW GRAND RAPIDS, MI 49504	**-***6822	501(C)(3)	50,000.	0.			FIGHT HUNGER
NATIONAL SAVE THE FAMILY FARM COALITION - C/O NAMA, 222 MAIN STREET, STOREFRONT - GLOUCESTER, MA 01930	**-***2620	501(C)(3)	15,000.	0.			FIGHT HUNGER
NATIVE AMERICAN FOOD SOVEREIGNTY ALLIANCE (NAFSA) - PO BOX 675 - FLAGSTAFF, AZ 86002	**-***8553	501(C)(3)	20,000.	0.			FIGHT HUNGER
NC ASSOCIATION OF BLACK LAWYERS LAND LOSS PREVENTION PROJECT - PO BOX 179 - DURHAM, NC 27701	**-***8982	501(C)(3)	30,000.	0.			FIGHT HUNGER
NIPMUC INDIAN DEVELOPMENT CORPORATION - 80 BRIGHAM HILL ROAD - GRAFTON, MA 01519	**-***2520	501(C)(3)	45,000.	0.			FIGHT HUNGER
ORGANIZACION BORICUA DE AGRICULTURA ECOLOGICA - CALLE MARGARITA #8 MONTE VERDE - SAN JUAN, PR 00926	**-***3502	501(C)(3)	50,000.	0.			FIGHT HUNGER
OUR KITCHEN TABLE 334 BURTON SE GRAND RAPIDS, MI 49507	**-***5859	501(C)(3)	325,000.	0.			FIGHT HUNGER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESIST INC. P.O. BOX 301240 BOSTON, MA 02130	**-***3182	501(C)(3)	20,000.	0.			FIGHT HUNGER
RURAL ADVANCEMENT FOUNDATION INTERNATIONAL-USA - P.O. BOX 640 - PITTSBORO, NC 27312	**-***4863	501(C)(3)	10,000.	0.			FIGHT HUNGER
SOUTHERN CONSERVATION PARTNERS, INC. - PO BOX 33222 - RALEIGH, NC 27636	**-***1285	501(C)(3)	64,900.	0.			FIGHT HUNGER
THE CAMPAIGN AGAINST HUNGER, INC. 2010 FULTON STREET BROOKLYN, NY 11233	**-***4854	501(C)(3)	25,000.	0.			FIGHT HUNGER
THE PRAXIS PROJECT INC. 1900 FRUITVALE AVENUE, SUITE 3D OAKLAND, CA 94601	**-***4814	501(C)(3)	30,000.	0.			FIGHT HUNGER
TINY SEED PROJECT, INC. 154 SILVER ROAD EAST HARDWICK, VT 05836	**-***7757	501(C)(3)	70,000.	0.			FIGHT HUNGER
UNIVERSITY OF MIAMI 1311 MILLER DRIVE CORAL GABLES, FL 33146	**-***4458	501(C)(3)	10,000.	0.			FIGHT HUNGER
URBAN ARTS EXPLORATORY AND MEDIATION CENTER - P.O. BOX 2646 - BATTLE CREEK, MI 49007	**-***1732	501(C)(3)	50,000.	0.			FIGHT HUNGER
URBAN CORE COLLECTIVE 413 HALL STREET, SE GRAND RAPIDS, MO 49507	**-***7869	501(C)(3)	50,000.	0.			FIGHT HUNGER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VILLAGE VOLUNTEERS P.O. BOX 643 MOUNTLAKE TERRACE, WA 98043	**-***2079	501(C)(3)	10,000.	0.			FIGHT HUNGER
YEYO ARTS COLLECTIVE, INC. 113 ELBRING DRIVE SAINT LOUIS, MO 63135	**-***8729	501(C)(3)	50,000.	0.			FIGHT HUNGER
ALMA CENTER, INC. 2821 VEL R. PHILLIPS AVE, SUITE 300 MILWAUKEE, WI 53212	**-***0524	501(C)(3)	50,000.	0.			FIGHT HUNGER
COMMUNITY RESPONSE PO BOX 28961 SAINT LOUIS, MO 63132	**-***1339	501(C)(3)	50,000.	0.			FIGHT HUNGER
ONEIDA EMERGENCY FOOD PANTRY N 7372 WATER CIRCLE PLACE ONEIDA, WI 54155	**-***1138		50,000.	0.			FIGHT HUNGER
FAMILY FARM DEFENDERS INC. PO BOX 1772 MADISON, WI 53701	**-***4573	501(C)(3)	30,000.	0.			FIGHT HUNGER

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

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

Part IV Supplemental Information

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.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
WHYHUNGER, INC.

Employer identification number
****-***575**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

3 Indicate which, if any, of the following the 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"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(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)	190,213.	0.	0.	0.	19,592.	209,805.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOY CURTIN SR. DIRECTOR OF FINANCE	(i)	157,613.	0.	0.	0.	18,493.	176,106.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ALISON COHEN SR DIR. OF PROGRAMS (THRU 11/21)	(i)	151,158.	0.	0.	0.	16,158.	167,316.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DEBORAH DEPOALA SR. DIRECTOR OF COMMUNICAT	(i)	139,835.	0.	0.	0.	17,738.	157,573.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **WHYHUNGER, INC.** Employer identification number ****-***5575**

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	14	129,434. 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 V, Donee Acknowledgement **29**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION REPORTS THE NUMBER OF CONTRIBUTIONS IN PART 1, COLUMN (B).

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

WHYHUNGER, INC.

Employer identification number

** - ***5575

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

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.

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

NUTRITIOUS FOOD IN THE U.S. AND AROUND THE WORLD.

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

ARTISTS AGAINST HUNGER AND POVERTY/HUNGERTON - 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. HUNGERTON 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.

EXPENSES: \$572,473 GRANTS \$264

GENERAL MEDIA FOR PROGRAM SERVICES - IMPLEMENTS THE ORGANIZATIONAL
STRATEGIC COMMUNICATIONS, MARKETING AND PROGRAMMATIC INITIATIVES THAT

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

Schedule O (Form 990) 2021

Name of the organization

WHYHUNGER, INC.

Employer identification number

-*5575

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: \$565,085 GRANTS \$639

EXPENSES \$ 1,137,555. INCLUDING GRANTS OF \$ 903. REVENUE \$ 0.

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.

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.

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

Name of the organization

WHYHUNGER, INC.

Employer identification number

-*5575

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.

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.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING:

PROGRAM SERVICE EXPENSES	700,351.
MANAGEMENT AND GENERAL EXPENSES	5,783.
FUNDRAISING EXPENSES	51,370.
TOTAL EXPENSES	757,504.

DIRECT MAIL CONSULTANT:

PROGRAM SERVICE EXPENSES	5,280.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	2,500.
TOTAL EXPENSES	7,780.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	765,284.

FORM 990, PART XII, LINE 2C

THERE WERE NO CHANGES TO THE OVERSIGHT OR SELECTION PROCESSES DURING

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

DECEMBER 31, 2021

PREPARED FOR:

WHYHUNGER, INC.
505 EIGHTH AVENUE
NEW YORK, NY 10018

PREPARED BY:

SHEEHAN & COMPANY, CPA, PC
165 ORINOCO DRIVE
BRIGHTWATERS, NY 11718

AMOUNT OF TAX:

BALANCE DUE OF \$275

MAKE CHECK PAYABLE TO:

DEPARTMENT OF LAW

MAIL TAX RETURN TO:

NYS OFFICE OF ATTORNEY GENERAL
CHARITIES BUREAU REGISTRATION SECTION
28 LIBERTY STREET
NEW YORK, NY 10005

RETURN MUST BE MAILED ON OR BEFORE:

NOVEMBER 15, 2022

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED
INDIVIDUAL(S).

THE ATTACHED COPY OF THE FEDERAL FORM 990 MUST BE PROPERLY SIGNED
AND DATED.

CHAR500

Annual Filing Checklist

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
 - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
 - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$1,000,000
- Audit Report if you received total revenue and support greater than \$1,000,000 and the fiscal year begins on or after July 1, 2021.
If the fiscal year begins before that date, an Audit Report is required if total revenue and support is greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com
Call: (212) 416-8401
Email: Charities.Bureau@ag.ny.gov

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).