

PUBLIC DISCLOSURE COPY

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)

2018

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 2018 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 RISE AGAINST HUNGER, INC.		D Employer identification number 16-1541024
	Doing business as		E Telephone number 919-839-0689
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 59,328,383.
	3733 NATIONAL DR, STE 200		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code RALEIGH, NC 27612-4845		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
F Name and address of principal officer: CATHERINE DAY SAME AS C ABOVE		If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.RISEAGAINSTHUNGER.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1998	M State of legal domicile: DE

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: RISE AGAINST HUNGER, INC. IS AN INTERNATIONAL HUNGER RELIEF NON-PROFIT ORGANIZATION THAT IS DRIVEN		
	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	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	232
	6 Total number of volunteers (estimate if necessary)	6	50000
	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, line 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 48,950,632.	Current Year 59,243,503.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,578.	26,948.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	35,651.	28,710.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	49,002,861.	59,299,161.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	27,617,798.	36,422,910.
	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)	9,406,615.	10,669,609.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	156,233.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,648,129.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,732,648.	13,569,584.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	49,757,061.	60,818,336.	
19 Revenue less expenses. Subtract line 18 from line 12	-754,200.	-1,519,175.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 9,354,284.	End of Year 8,584,207.
	21 Total liabilities (Part X, line 26)	4,124,285.	4,873,383.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,229,999.	3,710,824.

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	
	CATHERINE DAY, INTERIM CEO Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name DENISE P. HILL	Preparer's signature 	Date 10/28/19	Check if self-employed <input type="checkbox"/> PTIN P00046615
	Firm's name ▶ ELLIOTT DAVIS, LLC/PLLC	Firm's EIN ▶ 57-0381582	Phone no. (803) 256-0002	
Firm's address ▶ 1901 MAIN STREET, SUITE 900		COLUMBIA, SC 29201		

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: RISE AGAINST HUNGER, INC. IS AN INTERNATIONAL HUNGER RELIEF NON-PROFIT ORGANIZATION THAT IS DRIVEN BY A VISION OF A WORLD WITHOUT HUNGER AND A MISSION TO END HUNGER IN OUR LIFETIME. RISE AGAINST HUNGER DISTRIBUTES FOOD AND OTHER LIFE-CHANGING AID TO THE WORLD'S MOST

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [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 \$ 33,901,493. including grants of \$ 33,412,614.) (Revenue \$) THROUGH OUR NOURISHING LIVES PORTFOLIO, THE ORGANIZATION WORKS ALONGSIDE COMMUNITIES TOWARD A FUTURE IN WHICH THEY CAN THRIVE, WHILE SUPPORTING SAFETY NET PROGRAMS THAT PROVIDE NOURISHMENT, SERVING AS A CONDUIT FOR SKILLS TRAINING OR SERVICES THAT SUPPORT THE JOURNEY OUT OF POVERTY. ONE IN THREE PEOPLE WORLDWIDE ARE ADVERSELY AFFECTED BY VITAMIN AND MINERAL DEFICIENCIES. THE ORGANIZATION MEALS ARE FORMULATED TO PROVIDE A COMPREHENSIVE ARRAY OF MINERALS AND MICRONUTRIENTS. THE MEALS INCLUDE ENRICHED RICE, SOY PROTEIN, DRIED VEGETABLES AND 18 ESSENTIAL VITAMINS AND NUTRIENTS. THE MEALS AND OTHER FORMS OF IN-KIND AID ARE DISTRIBUTED PRIMARILY TO SUPPORT TRANSFORMATIONAL DEVELOPMENT THROUGH SCHOOL MEALS PROGRAMS, VOCATIONAL TRAINING PROGRAMS, MEDICAL CLINICS AND ORPHANAGES IN DEVELOPING COUNTRIES. THE ORGANIZATION MEALS

4b (Code:) (Expenses \$ 572,658. including grants of \$) (Revenue \$) THROUGH OUR EMPOWERING COMMUNITIES PORTFOLIO, WE AIM TO INCREASE AGRICULTURAL PRODUCTION AND INCOMES THROUGH PROGRAMS PROMOTING IMPROVED AGRICULTURAL METHODS, BUSINESS SKILLS AND MARKET SYSTEMS. IN DEVELOPING COUNTRIES, FARMERS ARE SOME OF THE MOST FOOD-INSECURE MEMBERS OF SOCIETY. FARM YIELDS ARE CONSTRAINED BY AVAILABILITY AND AFFORDABILITY OF QUALITY SEEDS AND FERTILIZERS. CLIMATE CHANGE HAS MADE WEATHER PATTERNS UNPREDICTABLE, AFFECTING PLANTING AND HARVESTING SEASONS, AS WELL AS THE AVAILABILITY OF FODDER FOR ANIMAL HERDS. THOSE IN RURAL AREAS OFTEN LACK ACCESS TO MARKETS WHERE THEY CAN GET FAIR PRICES FOR THEIR PRODUCE. OUR PROJECTS HELP SMALLHOLDER FARMERS BUILD RESILIENCE TO THE SHOCKS AND STRESSES OF CLIMATE CHANGE BY PROMOTING ECOLOGICAL APPROACHES TO AGRICULTURE, AS WELL AS DIVERSIFICATION. FOR THOSE WHO DO

4c (Code:) (Expenses \$ 665,289. including grants of \$ 488,325.) (Revenue \$) THE ORGANIZATION CONTINUES ITS LEGACY OF COMMITMENT TO BOTH DOMESTIC AND INTERNATIONAL CRISIS RESPONSE AND RELIEF FROM FAMINE, NATURAL AND MANMADE DISASTERS AND HEALTH EPIDEMICS. THE ORGANIZATION RESPONDS TO SUDDEN AND ONGOING CRISES TO MEET IMMEDIATE NEEDS OF AFFECTED POPULATIONS AND SUPPORT THEIR TRANSITION TOWARD RECOVERY. THE ORGANIZATION HAS RESPONDED TO EMERGENCIES BY DISTRIBUTING FOOD ASSISTANCE, NUTRITIONAL SUPPORT, WATER FILTERS, HYGIENE KITS AND OTHER IN-KIND DONATIONS TO THOSE DISPLACED BY NATURAL DISASTERS AND MAN-MADE CRISES. IN BUILDING THE RESILIENCE OF VULNERABLE PEOPLE, THE ORGANIZATION WORKS HAND-IN-HAND WITH A HOST OF ORGANIZATIONS TO ENSURE THAT OUR MEALS AND OTHER LIFE-CHANGING AID CAN REACH COMMUNITIES IN CRISIS EFFECTIVELY AND ACCORDING TO NEED. TO DATE, THE EFFORTS OF THE

4d Other program services (Describe in Schedule O.) (Expenses \$ 18,751,500. including grants of \$ 2,521,971.) (Revenue \$)

4e Total program service expenses 53,890,940.

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> ?	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 Revenue Procedure 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 temporarily restricted endowments, permanent endowments, or 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>	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)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 17; 1b Enter the number of voting members included in line 1a... 17; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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 in 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? X; 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 in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 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 in 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; 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? X

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AZ, AR, CA, CT, DE, DC, FL, GA, HI, ID, IL
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 [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records ROBERTA SORENSEN - 919-839-0689 3733 NATIONAL DR, STE 200, RALEIGH, NC 27612-4845

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANNE BANDER CHAIR	2.40	X		X				0.	0.	0.
(2) WALTER GASKIN VICE CHAIR	1.40	X		X				0.	0.	0.
(3) JESSICA GRAHAM SECRETARY	1.40	X		X				0.	0.	0.
(4) DAVID HOOD TREASURER	1.40	X		X				0.	0.	0.
(5) ABDULLAH ANTEPLI BOARD MEMBER	1.40	X						0.	0.	0.
(6) GEOFFREY GRIFFIN BOARD MEMBER	1.40	X						0.	0.	0.
(7) GREGORY GUIDOTTI BOARD MEMBER	1.40	X						0.	0.	0.
(8) ROBIN HAGER BOARD MEMBER	1.40	X						0.	0.	0.
(9) GINA LOFTEN BOARD MEMBER	1.40	X						0.	0.	0.
(10) ANNE MATTHEWS BOARD MEMBER	1.40	X						0.	0.	0.
(11) BART NORMAN BOARD MEMBER	1.40	X						0.	0.	0.
(12) MACK PARKER BOARD MEMBER	1.40	X						0.	0.	0.
(13) RICHARD SKINNER BOARD MEMBER	1.40	X						0.	0.	0.
(14) DONALD WIGHT BOARD MEMBER	1.40	X						0.	0.	0.
(15) WILL WILLIMON BOARD MEMBER	1.40	X						0.	0.	0.
(16) KATE DAY PAST CHAIR	2.40	X						0.	0.	0.
(17) RAY BUCHANAN EX-OFFICIO	1.40	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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RODNEY W BROOKS PRESIDENT & CEO	40.00			X				188,147.	0.	10,475.
(19) ROBERT DIXSON CHIEF FINANCIAL OFFICER	40.00			X				144,846.	0.	2,241.
(20) EDINER OGWANGI CHIEF IMPACT OFFICER	40.00			X				153,526.	0.	3,094.
(21) THOMAS BARBITTA CHIEF MARKETING OFFICER	40.00			X				145,611.	0.	6,420.
(22) PEGGY SHRIVER CHIEF MARKETING AND DEVELOPMENT OFFI	40.00			X				131,122.	0.	5,856.
(23) LAWRENCE SHEPHERD CHIEF OPERATING OFFICER	40.00			X				133,448.	0.	2,669.
(24) KAREN SANDERS EMPLOYEE	40.00					X		101,731.	0.	0.
1b Sub-total								998,431.	0.	30,755.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								998,431.	0.	30,755.

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 **7**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NC STRATEGIES, LLC, 555 FAYETTEVILLE ST. SUITE 201, RALEIGH, NC 27601	STRATEGIC FUNDRAISING SERVICES	156,233.

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 **1**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	59,243,503.				
	g Noncash contributions included in lines 1a-1f: \$		33,728,994.				
	h Total. Add lines 1a-1f		59,243,503.				
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)		30,622.			30,622.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses		25,548.			
		c Gain or (loss)		29,222.			
		d Net gain or (loss)		-3,674.			-3,674.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a SALE OF GOODS		448000	28,710.			28,710.	
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			28,710.				
12 Total revenue. See instructions			59,299,161.	0.	0.	55,658.	

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 ...	264,079.	264,079.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	36,158,831.	36,158,831.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	939,410.	364,924.	397,717.	176,769.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	7,877,276.	5,448,781.	1,655,209.	773,286.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	159,250.	102,011.	41,792.	15,447.
9 Other employee benefits	974,863.	652,027.	222,192.	100,644.
10 Payroll taxes	718,810.	480,769.	163,832.	74,209.
11 Fees for services (non-employees):				
a Management				
b Legal	45,587.	14,800.	25,374.	5,413.
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	156,233.			156,233.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,365,432.	494,017.	846,954.	24,461.
12 Advertising and promotion	295,701.		261,559.	34,142.
13 Office expenses	119,732.	88,854.	22,785.	8,093.
14 Information technology	451,405.	10,985.	390,812.	49,608.
15 Royalties				
16 Occupancy	1,484,211.	1,299,342.	184,869.	
17 Travel	1,068,228.	701,765.	175,888.	190,575.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	240,390.	50,411.	173,609.	16,370.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	152,772.	97,819.	54,953.	
23 Insurance	352,390.		352,390.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	7,457,623.	7,457,623.		
b PRINTING & REPRODUCTION	200,117.	60,516.	124,504.	15,097.
c REPAIRS & MAINTENANCE	94,093.	89,667.	4,426.	
d BANK SERVICE CHARGES	85,930.	2,431.	83,499.	
e All other expenses SEE SCH O	155,973.	51,288.	96,903.	7,782.
25 Total functional expenses. Add lines 1 through 24e	60,818,336.	53,890,940.	5,279,267.	1,648,129.
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	4,618,645.	1	3,207,354.
	2 Savings and temporary cash investments	2,016,335.	2	1,809,976.
	3 Pledges and grants receivable, net	267,856.	3	960,479.
	4 Accounts receivable, net	631,418.	4	719,473.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	770,413.	8	707,629.
	9 Prepaid expenses and deferred charges	425,815.	9	362,629.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,067,689.		
	b Less: accumulated depreciation	10b 534,243.	337,016.	10c 533,446.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	286,786.	15	283,221.
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,354,284.	16	8,584,207.	
Liabilities	17 Accounts payable and accrued expenses	1,794,071.	17	2,351,876.
	18 Grants payable		18	
	19 Deferred revenue	1,532,723.	19	1,530,604.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	797,491.	25	990,903.
	26 Total liabilities. Add lines 17 through 25	4,124,285.	26	4,873,383.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,971,881.	27	2,935,764.
	28 Temporarily restricted net assets	258,118.	28	775,060.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	5,229,999.	33	3,710,824.	
34 Total liabilities and net assets/fund balances	9,354,284.	34	8,584,207.	

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	59,299,161.
2	Total expenses (must equal Part IX, column (A), line 25)	2	60,818,336.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,519,175.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,229,999.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,710,824.

Part XII Financial Statements and Reporting

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

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

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **RISE AGAINST HUNGER, INC.** Employer identification number **16-1541024**

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	25278694.	33813389.	38790665.	48950632.	59243503.	206076883
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	25278694.	33813389.	38790665.	48950632.	59243503.	206076883
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)						4202495.
6 Public support. Subtract line 5 from line 4.						201874388

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	25278694.	33813389.	38790665.	48950632.	59243503.	206076883
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	516.	936.	1,640.	22,942.	30,622.	56,656.
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						206133539
12 Gross receipts from related activities, etc. (see instructions)					12	300,750.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	97.93 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	97.59 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2018

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

RISE AGAINST HUNGER, INC.

Employer identification number

16-1541024

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization RISE AGAINST HUNGER, INC.	Employer identification number 16-1541024
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>32,262,164.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,232,112.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization RISE AGAINST HUNGER, INC.	Employer identification number 16-1541024
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	DRUG AND MEDICAL SUPPLIES _____ _____ _____	\$ <u>32,262,164.</u>	<u>12/31/18</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization RISE AGAINST HUNGER, INC.	Employer identification number 16-1541024
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018
Open to Public Inspection

Name of the organization RISE AGAINST HUNGER, INC. **Employer identification number** 16-1541024

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	144,950.		74,794.	70,156.
d Equipment	922,739.		459,449.	463,290.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				533,446.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED VACATION PAYABLE	358,048.
(3) DEFERRED RENT	107,575.
(4) LEASE PAYABLE	266,732.
(5) PAYROLL LIABILITY	258,548.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	990,903.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	59,299,161.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	59,299,161.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	59,299,161.

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	60,818,336.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	60,818,336.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	60,818,336.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A), AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2).

APPLICABLE ACCOUNTING STANDARDS PRESCRIBE A COMPREHENSIVE MODEL FOR HOW COMPANIES SHOULD RECOGNIZE, MEASURE, PRESENT, AND DISCLOSE IN THEIR FINANCIAL STATEMENTS UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN. UNDER THESE STANDARDS, TAX POSITIONS MUST INITIALLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE LIKELY THAN NOT THE

Part XIII Supplemental Information (continued)

POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. SUCH TAX POSITIONS MUST INITIALLY AND SUBSEQUENTLY BE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT WITH THE TAX AUTHORITY ASSUMING FULL KNOWLEDGE OF THE POSITION AND RELEVANT FACTS. THE ORGANIZATION DID NOT HAVE ANY UNRECOGNIZED TAX BENEFITS AND THERE WAS NO EFFECT ON ITS FINANCIAL CONDITION OR RESULTS OF OPERATIONS AS A RESULT OF ADOPTING THESE STANDARDS.

THE TAX YEARS FROM 2015 THROUGH 2018, ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE ORGANIZATION IS CURRENTLY NOT UNDER ANY FEDERAL OR STATE AUDITS. THERE WERE NO INTEREST OR PENALTIES FOR THE YEARS ENDED AND THE ORGANIZATION'S POLICY IS TO EXPENSE INTEREST AND PENALTIES, IF ANY, TO INCOME TAX EXPENSE AS INCURRED. THE ORGANIZATION DOES NOT EXPECT ANY MATERIAL CHANGES IN UNRECOGNIZED TAX BENEFITS IN THE NEXT TWELVE MONTHS. THE ORGANIZATION HAS NO UNRECOGNIZED TAX BENEFITS AS OF DECEMBER 31, 2018 AND 2017.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **RISE AGAINST HUNGER, INC.** Employer identification number **16-1541024**

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 & THE CARIBBEAN	0	0	PROGRAM SERVICES	PROVIDED FOOD, CLOTHING, MEDICAL SUPPLIES, AND HOUSEHOLD GOODS	29,920,848.
SOUTH ASIA	0	0	PROGRAM SERVICES	PROVIDED CASH GRANTS AND DISASTER RELIEF AND TRANSFORMATIONAL SUPPORT	484,376.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	PROVIDED MEDICAL SUPPLIES, CLOTHING, FOOD, HOUSEHOLD GOODS, AND CASH GRANTS	3,408,599.
EAST ASIA & THE PACIFIC	0	0	PROGRAM SERVICES	PROVIDED FOOD, CLOTHING, MEDICAL SUPPLIES, HOUSEHOLD GOODS, AND CASH GRANTS	1,746,374.
EUROPE	0	0	PROGRAM SERVICES	PROVIDED CASH GRANTS	598,634.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	MEDICAL SUPPLIES	0.
3 a Subtotal	0	0			36,158,831.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			36,158,831.

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

Schedule F (Form 990) 2018

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)
		SUB-SAHARAN AFRICA	PROVIDE MEDICAL SUPPLIES AND CLOTHING	0.		470.	NOURISHING LIVES	WHOLESALE VALUE
		SUB-SAHARAN AFRICA	PROVIDE MEDICAL SUPPLIES AND CLOTHING	0.		1,600.	NOURISHING LIVES	WHOLESALE VALUE
		SUB-SAHARAN AFRICA	PROVIDE MEDICAL SUPPLIES AND CLOTHING	0.		7,560.	NOURISHING LIVES	WHOLESALE VALUE
		SUB-SAHARAN AFRICA	PROVIDE MEDICAL SUPPLIES AND CLOTHING	0.		19,200.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL AND HOUSEHOLD SUPPLIES	0.		296.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL AND HOUSEHOLD SUPPLIES	0.		1,651.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL AND HOUSEHOLD SUPPLIES	0.		2,070.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL AND HOUSEHOLD SUPPLIES	0.		128.	NOURISHING LIVES	WHOLESALE VALUE

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

3 Enter total number of other organizations or entities ▶ _____

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	PROVIDE MEDICAL AND HOUSEHOLD SUPPLIES	0.		2,400.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL AND HOUSEHOLD SUPPLIES	0.		1,960.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL AND HOUSEHOLD SUPPLIES	0.		1,651.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL AND HOUSEHOLD SUPPLIES	0.		23,520.	NOURISHING LIVES	WHOLESALE VALUE
		EAST ASIA AND THE PACIFIC	PROVIDE MEDICAL SUPPLIES AND CLOTHING	0.		1,607.	NOURISHING LIVES	WHOLESALE VALUE
		EAST ASIA AND THE PACIFIC	PROVIDE MEDICAL SUPPLIES AND CLOTHING	0.		1,659.	NOURISHING LIVES	WHOLESALE VALUE
		EAST ASIA AND THE PACIFIC	PROVIDE MEDICAL SUPPLIES AND CLOTHING	0.		2,603.	NOURISHING LIVES	WHOLESALE VALUE
		EAST ASIA AND THE PACIFIC	PROVIDE MEDICAL SUPPLIES AND CLOTHING	0.		939.	NOURISHING LIVES	WHOLESALE VALUE
		SUB-SAHARAN AFRICA	PROVIDE MEDICAL SUPPLIES AND CLOTHING	0.		1,880.	NOURISHING LIVES	WHOLESALE VALUE

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)
		SUB-SAHARAN AFRICA	PROVIDE MEDICAL SUPPLIES AND CLOTHING	0.		38,990.	NOURISHING LIVES	WHOLESALE VALUE
		SUB-SAHARAN AFRICA	PROVIDE MEDICAL SUPPLIES AND CLOTHING	0.		470.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL SUPPLIES AND FOOD	0.		1,002.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL SUPPLIES AND CLOTHING	0.		1,591.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL SUPPLIES AND CLOTHING	0.		976,096.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL SUPPLIES	0.		3849426.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL SUPPLIES	0.		2525834.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL SUPPLIES AND CLOTHING	0.		576.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL SUPPLIES AND CLOTHING	0.		1,111.	NOURISHING LIVES	WHOLESALE VALUE

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	PROVIDE MEDICAL SUPPLIES AND CLOTHING	0.		3745665.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL SUPPLIES AND CLOTHING	0.		470.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL SUPPLIES	0.		2479247.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL SUPPLIES	0.		20,064.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL SUPPLIES	0.		1022431.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL SUPPLIES AND CLOTHING	0.		470.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL SUPPLIES AND CLOTHING	0.		1,878.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL SUPPLIES	0.		9248769.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL SUPPLIES AND CLOTHING	0.		470.	NOURISHING LIVES	WHOLESALE VALUE

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	PROVIDE MEDICAL SUPPLIES	0.		200.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL SUPPLIES AND CLOTHING	0.		470.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL SUPPLIES	0.		751.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL SUPPLIES	0.		858.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL SUPPLIES	0.		1,600.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL SUPPLIES	0.		5,201.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL SUPPLIES	0.		13,123.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL SUPPLIES	0.		554,341.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL SUPPLIES	0.		9,600.	NOURISHING LIVES	WHOLESALE VALUE

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	PROVIDE MEDICAL SUPPLIES	0.		4318862.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL SUPPLIES	0.		3,800.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL SUPPLIES	0.		636,057.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL SUPPLIES	0.		349,494.	NOURISHING LIVES	WHOLESALE VALUE
		EAST ASIA AND THE PACIFIC	PROVIDE FOOD	0.		5,400.	NOURISHING LIVES	WHOLESALE VALUE
		EAST ASIA AND THE PACIFIC	PROVIDE FOOD	0.		16,200.	NOURISHING LIVES	WHOLESALE VALUE
		EAST ASIA AND THE PACIFIC	PROVIDE FOOD	0.		185,440.	NOURISHING LIVES	WHOLESALE VALUE
		EAST ASIA AND THE PACIFIC	PROVIDE FOOD	0.		64,800.	NOURISHING LIVES	WHOLESALE VALUE
		SUB-SAHARAN AFRICA	PROVIDE MEDICAL AND HOUSEHOLD SUPPLIES	0.		990.	NOURISHING LIVES	WHOLESALE VALUE

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)
		SUB-SAHARAN AFRICA	PROVIDE MEDICAL AND HOUSEHOLD SUPPLIES	0.		1,409.	NOURISHING LIVES	WHOLESALE VALUE
		SUB-SAHARAN AFRICA	PROVIDE MEDICAL AND HOUSEHOLD SUPPLIES	0.		838,936.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE VITAMINS	0.		2,405.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL AND HOUSEHOLD SUPPLIES	0.		7,099.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL AND HOUSEHOLD SUPPLIES	0.		18,084.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL AND HOUSEHOLD SUPPLIES	0.		939.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL AND HOUSEHOLD SUPPLIES	0.		290.	NOURISHING LIVES	WHOLESALE VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE MEDICAL AND HOUSEHOLD SUPPLIES	0.		290.	NOURISHING LIVES	WHOLESALE VALUE
		SUB-SAHARAN AFRICA	PROVIDE MEDICAL SUPPLIES	0.		942.	NOURISHING LIVES	WHOLESALE VALUE

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)
		SUB-SAHARAN AFRICA	PROVIDE MEDICAL SUPPLIES	0.		2348915.	NOURISHING LIVES	WHOLESALE VALUE
		SUB-SAHARAN AFRICA	PROVIDE MEDICAL SUPPLIES	0.		10,353.	NOURISHING LIVES	WHOLESALE VALUE
		SUB-SAHARAN AFRICA	PROVIDE MEDICAL SUPPLIES AND CLOTHING	0.		513.	NOURISHING LIVES	WHOLESALE VALUE
		SUB-SAHARAN AFRICA	PROVIDE MEDICAL SUPPLIES AND CLOTHING	0.		939.	NOURISHING LIVES	WHOLESALE VALUE
		SUB-SAHARAN AFRICA	PROVIDE MEDICAL SUPPLIES AND CLOTHING	0.		9,360.	NOURISHING LIVES	WHOLESALE VALUE
		EAST ASIA AND THE PACIFIC	PROVIDE MEDICAL SUPPLIES AND CLOTHING	0.		329.	NOURISHING LIVES	WHOLESALE VALUE
		SOUTH ASIA	MEAL PACKAGING INGREDIENTS AND CAPACITY BUILDING FUND	484,376.	WIRE	0.	NOURISHING LIVES	
		EUROPE (INCLUDING ICELAND & GREENLAND)	MEAL PACKAGING INGREDIENTS AND CAPACITY BUILDING FUND	598,634.	WIRE	0.	NOURISHING LIVES	
		EAST ASIA AND THE PACIFIC	MEAL PACKAGING INGREDIENTS AND CAPACITY BUILDING FUND	978,714.	WIRE	0.	NOURISHING LIVES	

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)
		EAST ASIA AND THE PACIFIC	MEAL PACKAGING INGREDIENTS	358,143.	WIRE	0.	NOURISHING LIVES	
		SUB-SAHARAN AFRICA	MEAL PACKAGING INGREDIENTS AND CAPACITY BUILDING FUND	102,104.	WIRE	0.	NOURISHING LIVES	

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

Schedule F (Form 990) 2018

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:

GRANT FUNDS RECEIVED ARE RECORDED IN A SALESFORCE.COM DATABASE TO ENSURE PROPER RECOGNITION OF THE AWARDING DONOR. FUNDS THAT ARE DESIGNATED FOR A SPECIFIC PURPOSE ARE RECORDED AS TEMPORARILY RESTRICTED FUNDS IN OUR ACCOUNTING SYSTEM AND ARE NOT RELEASED FROM RESTRICTION UNTIL THE FUNDS HAVE BEEN USED FOR THEIR DESIGNATED PURPOSE. REPORTING REQUIREMENTS ARE MAINTAINED IN OUR DATABASE AND REPORTS ON THE USE OF FUNDS ARE SUBMITTED TO DONORS IN A TIMELY MANNER.

PART I, LINE 3:

RISE AGAINST HUNGER USES THE ACCRUAL BASIS OF ACCOUNTING. THE ORGANIZATION ALSO FOLLOWS STATEMENT OF FINANCIAL ACCOUNTING STANDARDS (SFAS) NO. 117.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

RISE AGAINST HUNGER, INC.

Employer identification number

16-1541024

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			
NC STRATEGIES, LLC - 555 FAYETTEVILLE ST., SUITE 201,	STRATEGIC FUNDRAISING SERVICES		X	0.	156,233.	-156,233.
Total					156,233.	-156,233.

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
	11	Net income summary. Subtract line 10 from line 3, column (d)			

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: NC STRATEGIES, LLC

(I) ADDRESS OF FUNDRAISER:

555 FAYETTEVILLE ST., SUITE 201, RALEIGH, NC 27601

**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

2018

**Open to Public
Inspection**

Name of the organization **RISE AGAINST HUNGER, INC.** Employer identification number **16-1541024**

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ROSE HILL FIRE DEPARTMENT 108 E. MAIN STREET ROSE HILL, NC 28458			0.	10,461.	WHOLESALE VALUE	CLOTHING	TO PROVIDE SUPPLIES TO THOSE IN NEED
KINSTON AREA RECOVERY EFFORTS 327 N. QUEEN ST. STE. 109 KINSTON, NC 28501	82-2269542		0.	4,452.	WHOLESALE VALUE	HURRICANE RELIEF SUPPLIES	TO PROVIDE SUPPLIES TO THOSE IN NEED
USA WORLD HOPE INTERNATIONAL 1330 BRADDOCK PL #301 ALEXANDRIA, VA 22314	35-1985485		0.	9,111.	WHOLESALE VALUE	HURRICANE RELIEF SUPPLIES	TO PROVIDE SUPPLIES TO THOSE IN NEED
SALESIAN MISSIONS 2 LEFEVRE LANE NEW ROCHELLE, NY 10801	80-0522035		0.	26,049.	WHOLESALE VALUE	FOOD AND CLOTHING	TO PROVIDE SUPPLIES TO THOSE IN NEED
CONVOY OF HOPE 330 S. PATTERSON AVE. SPRINGFIELD, MO 65802	68-0051386		0.	214,006.	WHOLESALE VALUE	EMERGENCY RELIEF SUPPLIES	TO PROVIDE SUPPLIES TO THOSE IN NEED

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

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

Schedule I (Form 990) (2018)

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

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: **RISE AGAINST HUNGER, INC.**
 Employer identification number: **16-1541024**

Part I Questions Regarding Compensation

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

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

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

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

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input 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) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RODNEY W BROOKS PRESIDENT & CEO	(i)	188,147.	0.	0.	4,025.	6,450.	198,622.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) EDINER OGWANGI CHIEF IMPACT OFFICER	(i)	153,526.	0.	0.	3,094.	0.	156,620.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) THOMAS BARBITTA CHIEF MARKETING OFFICER	(i)	145,611.	0.	0.	2,970.	3,450.	152,031.	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)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A:

ROBERT DIXSON, TERMINATION DATE OF 08/31/18 - SEVERANCE OF \$39,035.25

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **RISE AGAINST HUNGER, INC.** Employer identification number **16-1541024**

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	X		121,602.	WHOLESALE VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	9	658,172.	WHOLESALE VALUE
20 Drugs and medical supplies	X	27	32,934,343.	WHOLESALE VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>COMPUTER & ED</u>)	X	5	14,877.	WHOLESALE VALUE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	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.		

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, LINE 32B:

RISE AGAINST HUNGER DOES HAVE A VEHICLE DONATION PROGRAM WHICH IS HANDLED BY A NON-PROFIT OUTSIDE COMPANY CALLED CHARITABLE AUTO RESOURCES, INC. (CARS, INC.). THEIR ADDRESS IS 4669 MURPHY CANYON ROAD #100, SAN DIEGO, CA 92123. THE PHONE NUMBER IS (877) 537-5277. NO VEHICLE DONATIONS WERE RECEIVED IN 2018.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

RISE AGAINST HUNGER, INC.

Employer identification number

16-1541024

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

BY A VISION OF A WORLD WITHOUT HUNGER AND A MISSION TO END HUNGER IN
OUR LIFETIME. RISE AGAINST HUNGER DISTRIBUTES FOOD AND OTHER
LIFE-CHANGING AID TO THE WORLD'S MOST VULNERABLE, AND WORKS TO CREATE A
GLOBAL COMMITMENT TO MOBILIZE THE NECESSARY RESOURCES. THE ORGANIZATION
ACCOMPLISHES ITS MISSION BY DISTRIBUTING NUTRITIOUS MEALS TO RECIPIENTS
AROUND THE GLOBE. THE ORGANIZATION MOBILIZES VOLUNTEERS WORLDWIDE IN
THE MOVEMENT TO END HUNGER THROUGH ITS HANDS-ON MEAL PACKAGING PROGRAM.
ALONG WITH MEALS, THE ORGANIZATION PROCURES AND DONATES IN-KIND AID
THAT IS DISTRIBUTED TO THOSE IN NEED, AND PROVIDES FUNDING AND
TECHNICAL SUPPORT FOR PROJECTS THAT SUPPORT SUSTAINABLE COMMUNITY
DEVELOPMENT AND BUILD CAPACITY AMONG PARTNER ORGANIZATIONS.

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

VULNERABLE, AND WORKS TO CREATE A GLOBAL COMMITMENT TO MOBILIZE THE
NECESSARY RESOURCES. RISE AGAINST HUNGER UTILIZES MULTIPLE PLATFORMS
FOR ENGAGING KEY STAKEHOLDERS TO ACHIEVE ITS MISSION AND VISION FOR A
WORLD WITHOUT HUNGER. THE ORGANIZATION'S POPULAR COMMUNITY-SUPPORTED
MEAL PACKAGING EVENTS ARE IDEAL FOR CORPORATE SOCIAL RESPONSIBILITY OR
VOLUNTEER SERVICE PROJECTS FOR COMMUNITY LEADERS AND VOLUNTEERS FROM
LOCAL CORPORATIONS, FAITH CONGREGATIONS, SCHOOLS, COLLEGES AND
UNIVERSITIES AND CIVIC ORGANIZATIONS WHO PACKAGE HIGH-PROTEIN, HIGHLY
NUTRITIOUS MEALS.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE ORGANIZATION HAS A GROWING PORTFOLIO OF PROGRAMS AIMED AT

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

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

Name of the organization RISE AGAINST HUNGER, INC.	Employer identification number 16-1541024
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ELIMINATING CHRONIC HUNGER AND MALNUTRITION THROUGH SUSTAINABLE COMMUNITY DEVELOPMENT AND LIVELIHOOD SUPPORT IN ORDER TO BUILD RESILIENCE AGAINST FOOD INSECURITY. THE ORGANIZATION UNDERSTANDS THAT FOOD SECURITY IS ACHIEVED THROUGH A COMPLEX AND DYNAMIC SET OF CONDITIONS, AND SUSTAINABLY ENDING HUNGER MEANS ELIMINATING CHRONIC UNDERNUTRITION WHILE POSITIONING VULNERABLE COMMUNITIES FOR RESILIENCE FROM SHOCKS AND SLOW ONSET STRESSES. THE ORGANIZATION PROGRAMS WORK TO ACHIEVE THESE OVERARCHING GOALS: 1) VULNERABLE POPULATIONS HAVE THE CAPACITY TO BE FOOD SECURE, 2) FOOD SYSTEMS ARE EQUITABLE AND RESILIENT AND 3) AND ENABLING POLICY ENVIRONMENT PROMOTES FOOD SECURITY. TRANSLATING THESE GOALS INTO A PRACTICAL FORMAT, THE ORGANIZATION DEVELOPED A FOUR PILLAR APPROACH TO ENDING HUNGER THROUGH A PATHWAYS TO ENDING HUNGER LENSE. THE FOUR PILLARS NOURISHING LIVES, EMPOWERING COMMUNITIES, RESPONDING TO EMERGENCIES AND GROWING THE MOVEMENT ALL WORK HAND-IN-HAND TO DELIVER A WORLD WITHOUT HUNGER BY 2030.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: ARE PROVIDED IN SCHOOLS BOLSTERING ENROLLMENT AND ATTENDANCE OF STUDENTS AND IN COMMUNITY EMPOWERMENT PROGRAMS TO OFFSET PRODUCTIVE TIME LOST WHILE ATTENDING TRAINING SESSIONS. MEALS DISTRIBUTED IN HOSPITALS AND CLINICS MAY SUPPORT PATIENTS' NUTRITIONAL NEEDS AND COMPLEMENT THEIR TREATMENT. IN 2018, THE NOURISHING LIVES PORTFOLIO MANAGED PROJECTS AND PARTNERSHIPS TO BUILD MORE EFFICIENT AND SUSTAINABLE IMPACT. WORLDWIDE, 477,395 PEOPLE WERE SERVED THROUGH ACTIVITIES OF THIS PORTFOLIO, WITH THE ORGANIZATION FOOD ASSISTANCE DISTRIBUTED IN 22 COUNTRIES. OVERALL, IN SUPPORTING TRANSFORMATIONAL DEVELOPMENT, AROUND 35.2% OF BENEFICIARIES RECEIVED THE ORGANIZATION FOOD ASSISTANCE IN SCHOOL SETTINGS, FOLLOWED BY 23.5% IN GENERAL

Name of the organization RISE AGAINST HUNGER, INC.	Employer identification number 16-1541024
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FEEDING AND 16.6% PROGRAMS EMPHASIZING MATERNAL HEALTH. THE REMAINING BENEFICIARIES WERE PRIMARILY REACHED THROUGH MEDICAL, CHILD AND YOUTH DEVELOPMENT, COMMUNITY EMPOWERMENT AND VOCATIONAL SKILLS TRAINING PROGRAMS. IN THE NOURISHING LIVES PORTFOLIO, THE ORGANIZATION MEALS ARE DISTRIBUTED TO 56.03 % MALES AND 43.97% FEMALES, WITH 70.7% OF THE FOOD ASSISTANCE USED BY YOUTH AND YOUNG ADULTS. IT'S ALSO IMPORTANT TO HIGHLIGHT THAT 12% OF BENEFICIARIES CONSUMING THE ORGANIZATION FOOD ASSISTANCE ARE CHILDREN UNDER THE AGE OF 5, WITH THIS LIFE STAGE BEING EXTREMELY CRITICAL FOR HOLISTIC DEVELOPMENT AND GROWTH. AS THE ORGANIZATION ALIGNS WITH U.N. SUSTAINABLE DEVELOPMENT GOAL #2 TARGETS AND INDICATORS, WHICH SPECIFICALLY ADDRESSES ENDING MALNOURISHMENT IN CHILDREN UNDER 5 YEARS OF AGE, IT IS IMPERATIVE THAT WE CONTINUE TO FOCUS ON REACHING THIS CRUCIAL AGE GROUP.

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

NOT GROW THEIR OWN FOOD, INCOME IS A KEY DETERMINANT IN ACQUIRING ADEQUATE NUTRITION. THROUGH BUSINESS TRAINING, WE HELP INDIVIDUALS INCREASE THEIR EARNING POTENTIAL AND THUS THEIR CONSISTENT ACCESS TO FOOD. IN 2018, OUR OBJECTIVES WERE TO BOLSTER LONG-TERM SUSTAINABILITY PROJECTS THROUGH EFFICIENT USE OF RESOURCES, STRATEGICALLY STEWARDING PARTNERSHIPS AND FUNDS TO STRENGTHEN STRATEGY FORMULATION AND DECISION-MAKING. THE ORGANIZATION'S COMMITMENT TO TACKLE COMPLEX, UNDERLYING ISSUES THAT GIVE RISE TO HUNGER AND FOOD INSECURITY WAS ATTESTED THROUGH SEVEN ON-THE-GROUND PROJECTS IN BURKINA FASO, CAMBODIA, HAITI, INDIA, KENYA, NICARAGUA AND VIETNAM. THROUGH THESE INITIATIVES, 1,422 INDIVIDUALS RECEIVED DIRECT SUPPORT, WHICH CASCADED TO 7,110 INDIRECT BENEFICIARIES, SUCH AS FAMILY MEMBERS WHO BENEFITED FROM THE INCREASED FOOD PRODUCTION AND INCOME GENERATED. THE EMPOWERING

Name of the organization RISE AGAINST HUNGER, INC.	Employer identification number 16-1541024
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COMMUNITIES PROJECTS FOCUS ON SEVERAL OVERARCHING THEMES AIMED FOR GREATER IMPACT: INCREASED FOOD PRODUCTION, SKILLS TRAINING, ACCESS TO WATER, BUSINESS FINANCING, NUTRITION TRAINING, CLIMATE CHANGE ADAPTATION AND INCREASED INCOMES. OVERALL, THE SUPPORT FROM THE ORGANIZATION FOR PROJECTS WITH WORK TOWARDS ADDRESSING THESE COMPLEX ISSUES DIRECTLY AFFECTING FOOD INSECURITY AND HUNGER HAS HAD AN EXPONENTIAL GROWTH SINCE INCEPTION OF OUR PATHWAYS TO END HUNGER IN 2016 REFLECTING THE CHANGING NATURE AND UNDERSTANDING OF FOOD SECURITY.

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

ORGANIZATION HAVE BEEN CONCENTRATED IN RESPONDING TO SUDDEN ONSET DISASTERS SUCH AS FLASH FLOODS, HURRICANES AND EARTHQUAKES, AND RESPONDING TO SLOW-ONSET DISASTERS OR EMERGENCIES DEFINED BY THEIR GRADUAL TRAJECTORY, OFTEN BASED ON A CONFLUENCE OF DIFFERENT EVENTS, BY RESPONDING TO PROTRACTED CRISIS OR COMPLEX EMERGENCIES DEFINED BY A SIGNIFICANT PROPORTION OF THE POPULATION BEING ACUTELY VULNERABLE TO DEATH, DISEASE AND DISRUPTION OF LIVELIHOODS OVER A PROLONGED PERIOD OF TIME. TO BETTER PREPARE TO EFFECTIVELY RESPOND TO MOMENTS OF CRISIS, THE ORGANIZATION INITIATED PROJECTS TO READY ITSELF FOR AND REDUCE THE LENGTH OF TIME IN RESPONDING AN EMERGENCIES BY PREPOSITIONING SUPPLIES AND INITIATING STRATEGIC PARTNERSHIPS WITH LIKE-MINDED ORGANIZATIONS. IN 2018, THE ORGANIZATION REACHED 133,238 PEOPLE EXPERIENCING HUMANITARIAN CRISIS IN 14 COUNTRIES. WE PROVIDED \$4.2 MILLION IN CRISIS RELIEF ASSISTANCE IN THE FORM OF THE ORGANIZATION MEALS, CASH GRANTS, GIFTS IN KIND AND SUPPORT FOR TRANSPORT, SHIPPING AND HANDLING, PROVIDING LIFE-SAVING ASSISTANCE IN COLLABORATION WITH 10 PARTNERS AND THE ORGANIZATION CONFEDERATION MEMBER LOCATIONS.

Name of the organization RISE AGAINST HUNGER, INC.	Employer identification number 16-1541024
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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE ORGANIZATION ENGAGED 430,000 PEOPLE AROUND THE WORLD TO END HUNGER THROUGH ITS EXPANDING MEAL-PACKAGING PROGRAM, ENABLING PEOPLE WHO WANT TO MAKE A DIFFERENCE TO ENGAGE IN HANDS-ON SERVICE, AS WELL AS TO TO USE THEIR VOICES TO SUPPORT OUR ADVOCACY ACTIVITIES. THE ORGANIZATION HAS ENGAGED PEOPLE AROUND THE WORLD TO END HUNGER THROUGH THE FORMATION OF INDEPENDENT NON-GOVERNMENTAL ORGANIZATION ("NGO") AFFILIATES. IN 2018, THE ORGANIZATION HAD AFFILIATE MEMBERS IN SOUTH AFRICA, ITALY, THE PHILIPPINES, MALAYSIA AND INDIA. ORGANIZATION AFFILIATES HAVE ACCESS TO THE ORGANIZATION KNOWHOW, BRANDING, AND OPERATIONAL SUPPORT. IN 2018, THE ORGANIZATION CONTINUED TO BOLSTER THE THREE OVERARCHING PRIORITIES NAMELY; A) CREATE ACCESS TO EARLY CHILDHOOD NUTRITION FOR ALL; B) ESTABLISH SUSTAINABLE FOOD PRODUCTION SYSTEMS AND RESILIENT AGRICULTURAL PRACTICES AND; C) SECURE ADEQUATE RESOURCES FOR FOOD SECURITY AROUND THE WORLD. WHILE THE ORGANIZATION SERVES AN INCREDIBLE NUMBER OF PEOPLE EACH YEAR, THE GLOBAL NEED IS FAR GREATER THAN THOSE WE CAN REACH THROUGH OUR PROGRAMS ALONE. THE NEED IS GREAT, AND THE ORGANIZATION ACKNOWLEDGES THAT BY RAISING OUR COLLECTIVE VOICES, WE CAN TOUCH MORE LIVES, INCREASE OUR IMPACT AND ULTIMATELY END HUNGER BY 2030.

EXPENSES \$ 18,751,500. INCLUDING GRANTS OF \$ 2,521,971. REVENUE \$ 0.

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

THE MANAGEMENT AND GOVERNING BODY OF RISE AGAINST HUNGER ARE PROVIDED A DRAFT COPY OF FORM 990 TO REVIEW PRIOR TO ITS SUBMISSION. AFTER A WEEKS TIME, IF NO CHANGES ARE SUGGESTED IT IS ASSUMED TO BE READ AND ACCEPTED.

Name of the organization RISE AGAINST HUNGER, INC.	Employer identification number 16-1541024
---	--

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

RISE AGAINST HUNGER (RAH) REQUIRES THAT ANY POTENTIAL CONFLICT OF INTEREST BE DISCLOSED FULLY, AND ON A TIMELY BASIS, TO THE BOARD OF DIRECTORS. RAH VIEWS TIMELY DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST NECESSARY TO ENSURE THAT RAH'S RESOURCES ARE USED IN THE MOST JUDICIOUS MANNER AND THAT THE GOALS OF RAH ARE NOT COMPROMISED IN ANY WAY. RAH DIRECTORS AND STAFF MUST AVOID ALL CONFLICTS OF INTEREST AND THE APPEARANCE OF CONFLICT OF INTERESTS TO ENSURE RAH'S INTEGRITY. SPECIFIC CONDITIONS FOR CONFLICTS OF INTEREST OR POTENTIAL CONFLICTS OF INTEREST WILL BE IDENTIFIED IN THE BOARD AND STAFF CONFLICT OF INTEREST POLICY.

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

THE BOARD OF DIRECTORS OF RISE AGAINST HUNGER AND MORE SPECIFICALLY THE EXECUTIVE COMMITTEE COMPLETES A PERFORMANCE REVIEW ANNUALLY TO DETERMINE PERFORMANCE BASED COMPENSATION OF THE PRESIDENT AND THE CEO OF RISE AGAINST HUNGER.

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

AL, AZ, AR, CA, CT, DE, DC, FL, GA, HI, ID, IL, IA, IN, KS, KY, LA, ME, MD, MA, MI, MN, MS, NV, MT, NE, NC, NH, NJ, NM, NY, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

RISE AGAINST HUNGER MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990, AND ANNUAL REPORT AVAILABLE UPON REQUEST. MANY OF THESE DOCUMENTS ARE ALSO AVAILABLE ON ITS WEBSITE.

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

DUES & SUBSCRIPTIONS:

Name of the organization RISE AGAINST HUNGER, INC.	Employer identification number 16-1541024
---	--

PROGRAM SERVICE EXPENSES	20,469.
MANAGEMENT AND GENERAL EXPENSES	47,999.
FUNDRAISING EXPENSES	2,116.
TOTAL EXPENSES	70,584.

POSTAGE:

PROGRAM SERVICE EXPENSES	27,170.
MANAGEMENT AND GENERAL EXPENSES	26,129.
FUNDRAISING EXPENSES	5,666.
TOTAL EXPENSES	58,965.

TELEPHONE & INTERNET:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	22,270.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	22,270.

LICENSES & PERMITS:

PROGRAM SERVICE EXPENSES	3,649.
MANAGEMENT AND GENERAL EXPENSES	505.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,154.

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A 155,973.

FORM 990, PART XII, LINE 2C:

RISE AGAINST HUNGER DID NOT CHANGE ITS AUDIT OVERSIGHT OR SELECTION
PROCESS DURING THE YEAR.

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.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. RISE AGAINST HUNGER, INC.	Employer identification number (EIN) or 16-1541024
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. 3733 NATIONAL DR, STE 200	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. RALEIGH, NC 27612-4845	

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 990-T (corporation)	07
Form 990-BL	02	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

ROBERTA SORENSEN

- The books are in the care of ▶ **3733 NATIONAL DR, STE 200 - RALEIGH, NC 27612-4845**
Telephone No. ▶ **919-839-0689** 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 EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2018** 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-BL, 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-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev. 1-2019)

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to page size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "PageScaling" selection box in the Adobe "Print" dialog.

STATE COPY

California Exempt Organization Annual Information Return

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name: **RISE AGAINST HUNGER, INC.** California corporation number: **3368446**

Additional information. See instructions. FEIN: **16-1541024**

Street address (suite or room): **3733 NATIONAL DR, STE 200** PMB no. _____

City: **RALEIGH** State: **NC** ZIP code: **27612-4845**

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

A First Return Yes No

B Amended Return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final Information Return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
If "Yes," what is the parent's name? _____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter the gross receipts from nonmember sources \$ _____

L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required

M Is the organization a Limited Liability Company? Yes No

N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

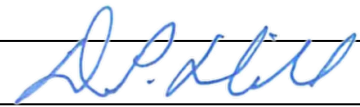
P Is federal Form 1023/1024 pending? Yes No
Date filed with IRS _____

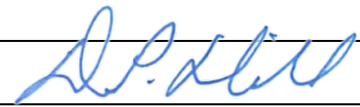
Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	84,880	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	59,243,503	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B STMT 2	4	59,328,383	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	29,222	00
	7	Total costs. Add line 5 and line 6	7	29,222	00
	8	Total gross income. Subtract line 7 from line 4	8	59,299,161	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	60,818,337	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-1,519,176	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Filing fee \$10 or \$25. See General Information F	15	N/A	00
	16	Penalties and Interest. See General Information J	16		00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17		00

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer:  Title: **INTERIM CEO** Date: _____ Telephone: **919-839-0689**

Preparer's signature:  Date: **10/28/19** Check if self-employed: PTIN: **P00046615**

Paid Preparer's Use Only

Firm's name (or yours, if self-employed) and address: **ELLIOTT DAVIS, LLC/PLLC**
1901 MAIN STREET, SUITE 900
COLUMBIA, SC 29201 Firm's FEIN: **57-0381582** Telephone: **(803) 256-0002**

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

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

828951 12-12-18

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00		
	2	Interest	•	2	30,622	00		
	3	Dividends	•	3		00		
	4	Gross rents	•	4		00		
	5	Gross royalties	•	5		00		
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 3	•	6	25,548	00	
	7	Other income	SEE STATEMENT 4	•	7	28,710	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		•	8	84,880	00	
	9	Contributions, gifts, grants, and similar amounts paid	STATEMENT 9	•	9	36,422,910	00	
	10	Disbursements to or for members		•	10		00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 5	•	11	939,411	00	
	12	Other salaries and wages		•	12	7,877,276	00	
	Expenses and Disbursements	13	Interest	•	13		00	
		14	Taxes	•	14	718,810	00	
		15	Rents	•	15	1,484,211	00	
		16	Depreciation and depletion (See instructions)		•	16	152,772	00
		17	Other Expenses and Disbursements	SEE STATEMENT 6	•	17	13,222,947	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		•	18	60,818,337	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		6,634,980		• 5,017,330
2 Net accounts receivable		631,418		• 719,473
3 Net notes receivable				•
4 Inventories		770,413		• 707,629
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments				•
10 a Depreciable assets	830,671		1,067,689	
b Less accumulated depreciation	(493,655)	337,016	(534,243)	533,446
11 Land				•
12 Other assets	STMT 7	980,457		• 1,606,329
13 Total assets		9,354,284		8,584,207
Liabilities and net worth				
14 Accounts payable		1,794,071		• 2,351,876
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities	STMT 8	2,330,214		2,521,507
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		5,229,999		• 3,710,824
22 Total liabilities and net worth		9,354,284		8,584,207

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1 Net income per books	• -1,519,176	7 Income recorded on books this year not included in this return	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•	Subtract line 9 from line 6	-1,519,176
6 Total. Add line 1 through line 5	-1,519,176		

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
KRAFT HEINZ COMPANY FOUNDATION	200 E RANDOLPH 75TH FLOOR STE 7600 CHICAGO, IL 60601	12/31/18	1,232,112.
TOTAL INCLUDED ON LINE 3			1,232,112.

CA 199

NONCASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 2

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
MAP INTERNATIONAL	4700 GLYNCO PKWY BRUNSWICK, GA 61525		
PROPERTY DESCRIPTION	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT
DRUG AND MEDICAL SUPPLIES	12/31/18	32,262,164.	32,262,164.
TOTAL INCLUDED ON LINE 3			32,262,164.

CA 199

GROSS AMOUNT FROM SALE OF ASSETS

STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	141,130.	111,908.	0.	25,548.
TOTAL TO FORM 199, PAGE 2, LN 6	141,130.	111,908.	0.	25,548.

CA 199	OTHER INCOME	STATEMENT 4
DESCRIPTION		AMOUNT
SALE OF GOODS		28,710.
TOTAL TO FORM 199, PART II, LINE 7		28,710.

CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT 5
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ANNE BANDER 3733 NATIONAL DR, STE 200 RALEIGH, NC 27612-4845	CHAIR 2.40	0.
WALTER GASKIN 3733 NATIONAL DR, STE 200 RALEIGH, NC 27612-4845	VICE CHAIR 1.40	0.
JESSICA GRAHAM 3733 NATIONAL DR, STE 200 RALEIGH, NC 27612-4845	SECRETARY 1.40	0.
DAVID HOOD 3733 NATIONAL DR, STE 200 RALEIGH, NC 27612-4845	TREASURER 1.40	0.
ABDULLAH ANTEPLI 3733 NATIONAL DR, STE 200 RALEIGH, NC 27612-4845	BOARD MEMBER 1.40	0.

RISE AGAINST HUNGER, INC.

16-1541024

GEOFFREY GRIFFIN 3733 NATIONAL DR, STE 200 RALEIGH, NC 27612-4845	BOARD MEMBER 1.40	0.
GREGORY GUIDOTTI 3733 NATIONAL DR, STE 200 RALEIGH, NC 27612-4845	BOARD MEMBER 1.40	0.
ROBIN HAGER 3733 NATIONAL DR, STE 200 RALEIGH, NC 27612-4845	BOARD MEMBER 1.40	0.
GINA LOFTEN 3733 NATIONAL DR, STE 200 RALEIGH, NC 27612-4845	BOARD MEMBER 1.40	0.
ANNE MATTHEWS 3733 NATIONAL DR, STE 200 RALEIGH, NC 27612-4845	BOARD MEMBER 1.40	0.
BART NORMAN 3733 NATIONAL DR, STE 200 RALEIGH, NC 27612-4845	BOARD MEMBER 1.40	0.
MACK PARKER 3733 NATIONAL DR, STE 200 RALEIGH, NC 27612-4845	BOARD MEMBER 1.40	0.
RICHARD SKINNER 3733 NATIONAL DR, STE 200 RALEIGH, NC 27612-4845	BOARD MEMBER 1.40	0.
DONALD WIGHT 3733 NATIONAL DR, STE 200 RALEIGH, NC 27612-4845	BOARD MEMBER 1.40	0.
WILL WILLIMON 3733 NATIONAL DR, STE 200 RALEIGH, NC 27612-4845	BOARD MEMBER 1.40	0.
KATE DAY 3733 NATIONAL DR, STE 200 RALEIGH, NC 27612-4845	PAST CHAIR 2.40	0.
RAY BUCHANAN 3733 NATIONAL DR, STE 200 RALEIGH, NC 27612-4845	EX-OFFICIO 1.40	0.

<u>RISE AGAINST HUNGER, INC.</u>		<u>16-1541024</u>
RODNEY W BROOKS 3733 NATIONAL DR, STE 200 RALEIGH, NC 27612-4845	PRESIDENT & CEO 40.00	202,043.
ROBERT DIXSON 3733 NATIONAL DR, STE 200 RALEIGH, NC 27612-4845	CHIEF FINANCIAL OFFICER 40.00	150,124.
EDINER OGWANGI 3733 NATIONAL DR, STE 200 RALEIGH, NC 27612-4845	CHIEF IMPACT OFFICER 40.00	159,081.
THOMAS BARBITTA 3733 NATIONAL DR, STE 200 RALEIGH, NC 27612-4845	CHIEF MARKETING OFFICER 40.00	146,572.
PEGGY SHRIVER 3733 NATIONAL DR, STE 200 RALEIGH, NC 27612-4845	CHIEF MARKETING AND DEVELO 40.00	136,360.
LAWRENCE SHEPHERD 3733 NATIONAL DR, STE 200 RALEIGH, NC 27612-4845	CHIEF OPERATING OFFICER 40.00	145,231.
KAREN SANDERS 3733 NATIONAL DR, STE 200 RALEIGH, NC 27612-4845	EMPLOYEE 40.00	0.
TOTAL TO FORM 199, PART II, LINE 11		<u>939,411.</u>

CA 199	OTHER EXPENSES	STATEMENT 6
DESCRIPTION		AMOUNT
SUPPLIES		7,457,623.
PRINTING & REPRODUCTION		200,117.
REPAIRS & MAINTENANCE		94,093.
BANK SERVICE CHARGES		85,930.
DUES & SUBSCRIPTIONS		70,584.
POSTAGE		58,965.
TELEPHONE & INTERNET		22,270.
LICENSES & PERMITS		4,154.
PENSION PLAN CONTRIBUTIONS		159,250.
OTHER EMPLOYEE BENEFITS		974,863.
LEGAL FEES		45,587.
PROFESSIONAL FUNDRAISING FEES		156,233.
OTHER PROFESSIONAL FEES		1,365,432.
ADVERTISING AND PROMOTION		295,701.
OFFICE EXPENSES		119,732.
INFORMATION TECHNOLOGY		451,405.
TRAVEL		1,068,228.
CONFERENCES AND CONVENTIONS		240,390.
INSURANCE		352,390.
TOTAL TO FORM 199, PART II, LINE 17		13,222,947.

CA 199	OTHER ASSETS	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	267,856.	960,479.
PREPAID EXPENSES AND DEFERRED CHARGES	425,815.	362,629.
DEPOSITS	80,505.	92,242.
OTHER RECEIVABLES	206,281.	190,979.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	980,457.	1,606,329.

CA 199	OTHER LIABILITIES	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCRUED VACATION PAYABLE	334,083.	358,048.
DEFERRED RENT	110,356.	107,575.
LEASE PAYABLE	55,521.	266,732.
PAYROLL LIABILITY	297,531.	258,548.
DEFERRED REVENUE	1,532,723.	1,530,604.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	2,330,214.	2,521,507.

CA 199

CASH CONTRIBUTIONS, GIFTS, GRANTS
AND SIMILAR AMOUNTS PAID

STATEMENT 9

ACTIVITY CLASSIFICATION

FOOD, MEDICAL SUPPLIES AND OTHER EMERGENCY ASSISTANCE

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VARIOUS FOREIGN AID ORGANIZATIONS		NONE	2,521,971.

TOTAL FOR THIS ACTIVITY

2,521,971.

ACTIVITY CLASSIFICATION

CASH GRANTS FOR PURCHASE AND SHIPMENT OF RELIEF SUPPLIES & BUILDING GRANTS

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VARIOUS FOREIGN AID ORGANIZATIONS		NONE	33,900,939.

TOTAL FOR THIS ACTIVITY

33,900,939.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9

36,422,910.

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 (916) 210-6400

WEB SITE ADDRESS:
www.ag.ca.gov/charities/

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Section 12586 and 12587, California Government Code
 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 0163525 RISE AGAINST HUNGER, INC. <small>Name of Organization</small> 3733 NATIONAL DR, STE 200 <small>Address (Number and Street)</small> RALEIGH, NC 27612-4845 <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. 3368446 Federal Employer I.D. No. 16-1541024
---	---

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Receipts	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2018 ending 12/31/2018) list:
 Gross annual revenue \$ 59,299,161 Total assets \$ 8,584,207

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenue?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. STMT 10	X	
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number **919-839-0689**

Organization's e-mail address **SDILLE@RISEAGAINSTHUNGER.ORG**

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.

CATHERINE DAY	INTERIM CEO	
<small>Signature of authorized officer</small>	<small>Printed Name</small>	<small>Title</small>
		<small>Date</small>

CA RRF-1

EXPLANATION OF VEHICLE DONATIONS
PART B, LINE 8

STATEMENT 10

RISE AGAINST HUNGER DOES HAVE A VEHICLE DONATION PROGRAM WHICH IS HANDLED BY A NON-PROFIT OUTSIDE COMPANY CALLED CHARITABLE AUTO RESOURCES, INC. (CARS, INC.). THEIR ADDRESS IS 4669 MURPHY CANYON ROAD #100, SAN DIEGO, CA 92123. THE PHONE NUMBER IS (877) 537-5277. NO VEHICLE DONATIONS WERE RECIEVED IN 2018.