Form 990

Départment of the Tressury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

2001
Open to Public Inspartien

Form 990 (2001)

51319001

A	For	the 20	D1 calendar year, or tax year period beginning and en	dıng	. 	
В	Che app	ck if licable	Please use IRS		D Employer	identification number
[Address Indeed or THE GLOBAL HUNGER PROJECT Print or THE GLOBAL HUNGER PROJECT				443282
(isme hange	type Number and street (or P.O. boy if mail is not delivered to street address)	Room/suite	E Telephone	number
[nital mute	Specific 15 EAST 26TH STREET	1401	(212	
[inai etum	Instruc- tions City or town, state or country, and ZIP + 4		F Accounting m	
	Jr	imended atum	MEW TORK, NI TOOTO		Other (specify	<u>, ▶</u>
[onding	Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts Trust offsets a completed Sebadula & (Form 000 or 000 F7)	H and I are not applica	able to section	
			must attach a completed Schedule A (Form 990 or 990-EZ)	H(a) is this a group in		
<u>G</u>	We	b site	►WWW.THP.ORG	H(b) If Yes, enter nu		.
	_			H(c) Are all affiliates i		N/A Yes No
<u>, </u>			In type (check only one) ► X 501(c) (3) ◄ (insert no)	(If "No," attach a		
K			e Light the organization's gross receipts are normally not more than \$25,000. The	H(d) is this a separate		
	-		on need not file a return with the IRS, but if the organization received a Form 990 Package, it should file a return without financial data. Some states require a complete return	ganization cover		p ruling? Yes X No
		iio iiiai	, it should not a total in without municial data. Outlie states require a sumption return	I Enter 4-digit GEI M Check ▶		ation is not required to attach
	Gro	es rece	eipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 8, 980, 508.	Sch B (Form 99		
_	Parl		Revenue, Expenses, and Changes in Net Assets or Fund Bala			
			Contributions, gifts, grants, and similar amounts received			
3 2002			Direct public support 1a	7,089,9	60.	
6			Indirect public support 1b	23,6	70.	
		C	Government contributions (grants)			
25		d	Total (add lines 1a through 1c)	<u></u>		
APR			(cash \$ 7,092,130 · noncash \$ 21,500 ·)		1d	7,113,630.
		2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	
$\boldsymbol{\mathcal{Q}}$		3	Membership dues and assessments		3	
影		4	Interest on savings and temporary cash investments		4	175,749.
CANNED .		5	Dividends and interest from securities	1	5	
હ ે ડ			Gross rents <u>6a</u>			
\mathcal{C}			Less rental expenses 6b		<u> </u>	
	g		Net rental income or (loss) (subtract line 6b from line 6a)		6c	
	Revenue		Other investment income (describe Gross amount from sale of assets other (A) Securities	(B) Other) 7	
(Ř		Gross amount from sale of assets other than inventory 1,654,918.8a	(B) Other	-	
			Less cost or other basis and sales expenses 1,660,041. 8b			
			Gain or (loss) (attach schedule) <5,123.>8c		-	
			Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 1	<u> </u>	84	<5,123.>
			Special events and activities (attach schedule)			
			Gross revenue (not including \$ of contributions			
	İ		reported on line 1a) 9a			
		b	Less direct expenses other than fundraising expenses 9b			
		C	Net income or (loss) from special events (subtract line 9b from line 9a)	1	9c	
	'		Gross sales of inventory, less returns and allowances 10a			
			Less cost of goods sold 10b	_		
		C	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line	10a)	10c	26 211
	- 1	11	Other revenue (tront Party) We file)		11	36,211.
_			Total revenue (add lines 1d, 2, 3, 4, 5, 6c 7, 8d, 9c, 10c, and 11)		12	7,320,467.
	နှစ် .	13	Program இருந்து நாரு இ49 இழியா (\$ }}? Management and general (from line 44, col ஹா (C))		13 14	5,514,970. 1,069,921.
	Ël				15	316,553.
	Ž.	16	Fundraising (from the 44 rectumn (D)) Payments to affiliates (attach schedule)		16	310/333.
,			Total expenses (add lines 16 and 44, column (A))		17	6,901,444.
_	-		Excess or (deficit) for the year (subtract line 17 from line 12)		18	419,023.
7	on l		Net assets or fund balances at beginning of year (from line 73, column (A))		19	4,629,260.
ž	(O)			STATEMENT		<1,368.>/
	<u>] :</u>	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	5,046,915.

64b

65

66

67

68

69

70

71 72

74

158,642.

430,172.

3,173,921

1,455,339

4,629,260.

5,059,432

Part IV Balance Sheets Note Where required, attached schedules and amounts within the description column (A) (B) Beginning of year End of year should be for end-of-year amounts only 1,531,595. 1,439,382. 45 Cash - non-interest-bearing 45 1,236,474 421,087. 46 46 Savings and temporary cash investments 64,758 47 a Accounts receivable 47a 92,677. 64,758. Less allowance for doubtful accounts 47b 47c 849,666 48 a Pledges receivable 48a 699,666. 150,000 976,199 Less allowance for doubtful accounts 48ն 48c 49 Grants receivable 49 50 Receivables from officers, directors, trustees, 50 and key employees 51 a Other notes and loans receivable 51a 51b b Less allowance for doubtful accounts 51c 52 Inventories for sale or use 52 21,510 51,802. 53 Prepaid expenses and deferred charges 53 768,456. 459,697. Investments - securities STMT 9 STMT 10 ► Cost X FMV 54 54 55 a Investments - land, buildings, and 55 a equipment basis Less accumulated depreciation 55b 55c 56 Investments - other 56 275,862 57 a Land, buildings, and equipment basis 57a 95,761 188,734. 180,101. STMT 11 57b Less accumulated depreciation 57c 243,787. SEE STATEMENT 12 225,368. Other assets (describe 58 58 5,059,432. 5,541,861. 59 Total assets (add lines 45 through 58) (must equal line 74) 59 271,530. 294,510. 60 ŔΩ Accounts payable and accrued expenses 61 61 Grants payable Labilities 62 62 Deferred revenue 63 63 Loans from officers, directors, trustees, and key employees 64 a Tax-exempt bond liabilities 64a

5,541,861. Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

Net Assets or Fund Balances

65

67

68

70

71

72

73

b Mortgages and other notes payable

69 and lines 73 and 74

Temporanly restricted

Permanently restricted

Unrestricted

70 through 74

Total liabilities (add lines 60 through 65)

Capital stock, trust principal, or current funds

Other habilities (describe DEFERRED RENT

Organizations that follow SFAS 117, check here

Organizations that do not follow SFAS 117, check here and complete lines

Paid-in or capital surplus, or land, building, and equipment fund

column (A) must equal line 19, column (B) must equal line 21)

Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets / fund balances (add lines 66 and 73)

Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72,

200,436.

494,946.

3,984,131.

1,062,784.

5,046,915.

organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule

THE GLOBAL HUNGER PROJECT

94-2443282

Form 990 (2001)

Form 990 (2001)

Form	1 990 (2001) THE GLOBAL HUNGER PROJECT 94-24	43282		Page 5
Pa	ert VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		<u>X</u>
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77	<u> </u>	X
	If "Yes," attach a conformed copy of the changes			21
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<u>78a</u>		<u>X</u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79	ļ	<u>X</u>
۵۵ .	If "Yes," attach a statement		· •	
0U 2	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?	80a		χ̈́
h	If "Yes," enter the name of the organization	004		
	and check whether it is exempt OR nonexer	nnt .		
81 a	Enter direct or indirect political expenditures. See line 81 instructions.	Ö.		
	Did the organization file Form 1120-POL for this year?	81ь		Χ̈́
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than			
	fair rental value?	82a		<u>X</u>
t	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an	,	,	
	expense in Part II (See instructions in Part III)	;		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
t	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X_	 _
84 a		84a	ļ	X
t	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A			
0 E	22/2	84b		
85	7-1-	85a 85b	-	
ı,	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax			
	owed for the prior year	` `		
C	n N/A			
•	27/2	\neg		
6	N/2			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 851 N/A			
g	N/A	85g		
t	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues			
	allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) organizations Enter a initiation fees and capital contributions included on line 12 86a N/A			
t	Gross receipts, included on line 12 for public use of club facilities 86b N/A			
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A	_		1
t	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them) 876 N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership			
	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX			Х
80 -	1 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under	88		Λ
J3 6).		
t	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	_	Ì	•
_	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If "Yes," attach a statement explaining each transaction	89b		X
	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under	<u> </u>		
	sections 4912, 4955, and 4958	_		0.
C	Enter Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a	··· — · · · · · · · · · · · · · · · · ·			
t	Number of employees employed in the pay period that includes March 12, 2001		_	22
			4.0	c c
91	The books are in care of ► THE GLOBAL HUNGER PROJECT Telephone no ► (212	2) 532	-42	22
	Located at ► 15 EAST 26TH STREET, SUITE 1401, NEW YORK, NY ZIP+4	▶1001	n	
	LUCAIGU AL P 13 LANT ZOTH STREET, BOTTE 1401, NEW TORR, NI 21944	- 1001	-	
92	Section 4947(a)(1) nonexempt chantable trusts filing Form 990 in lieu of Form 1041- Check here		▶ □	7
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/	A	
1230	A1		_	

Part VIII Analysis of Income-F			ed business income		by section 512 513 or 514	
Note Enter gross amounts unless otherwi	se -	(A)	(B)	(C)	(D)	(E)
Indicated		Business	Amount	Exctu-	Amount	Related or exempt
93 Program service revenue	<u> </u>	code		code		function income
a				+ +		· · · -
b						
c				+	-	_
d						
e		-				
f Medicare/Medicald payments	-			+		
g Fees and contracts from government agen-	cies					
4 Membership dues and assessments	<u> -</u>			+		
5 Interest on savings and temporary					175 740	
cash investments				14	175,749.	
6 Dividends and interest from securities			, n n	+		
7 Net rental income or (loss) from real estate)		<u></u>	1 1	- '*	
a debt-financed property				+		
b not debt-financed property						
Net rental income or (loss) from personal p	property	_		 		
9 Other investment income				+ +		
O Gain or (foss) from sales of assets				1	-5 100	
other than inventory				18	<5,123.	<u> </u>
1 Net income or (loss) from special events				+ +		-
2 Gross profit or (loss) from sales of invento	'Y			+ +		
3 Other revenue					26 211	
a OTHER			 	01	36,211.	<u> </u>
b			<u>-</u>	+ +		
·				╬-		
ď						_
6					206 927	
4 Subtotal (add columns (B), (D), and (E))	<u>L</u> _		0	•	206,837.	206 927
5 Total (add line 104, columns (B), (D), and					▶.	206,837
te Line 105 plus line 1d, Part I, should e				-4 D		
Part VIII Relationship of Activi					 	
Ine No Explain how each activity for which				ed important	ly to the accomplishment of	of the organization's
exempt purposes (other than by pr	roviding funds for	such purpo	<u> </u>			
					 	 _
	 					
		uberdiari	ies and Disregar	ded Enti	tioe (San Specific Instruc	tions on page 33)
Do-+ IV Information Regardin	n Tayahla Si		ies alia bisichai:	GOG EIIG		
Part IX Information Regardin		ubsidiai			rus i	(E)
(A) Name, address, and EIN of corporation.	(B) Percentage of		(C) Nature of activities		(D) Total income	(E) End-of-year
(A) Name, address, and EIN of corporation,	(B) Percentage of wnership interest		(C)			
Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of wnership interest %		(C)			End-of-year
(A) Name, address, and EIN of corporation.	(B) Percentage of wnership interest %		(C)			End-of-year
Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of wnership interest % %		(C)			End-of-year
Name, address, and EIN of corporation, partnership, or disregarded entity or N/A	(B) Percentage of wnership interest % % %		(C) Nature of activities	A Danie C	Total income	End-of-year assets
Name, address, and EIN of corporation, partnership, or disregarded entity N/A Part X Information Regarding	(B) Percentage of wnership interest % % % % g Transfers	Associa	(C) Nature of activities ted with Persona		Total income Total income	End-of-year assets critic Instructions on page 3
Name, address, and EIN of corporation, partnership, or disregarded entity or N/A	(B) Percentage of whereship interest % % % % g Transfers	Associa ectly or indi	(C) Nature of activities ted with Persona rectly, to pay premiums of	n a persona	Total income Total income	End-of-year assets

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ 2001

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

THE GLOBAL HUNGER PROJECT

Employer Identification number 94 2443282

THE GLOBAL HUNGER PROJ	ECI		94 24432	.02
Part I Compensation of the Five Highest Paid En (See page 1 of the instructions. List each one. If there are none,		ficers, Directo	rs, and Trus	tees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
LENA ARIOLA	CONTROLLER			
OZONE PARK, NY 11417	40+	64,601.	9,690.	0.
CAROL COONROD	SPEC. EVENTS			
NEW YORK, NY 10003	40+	62,000.	9,300.	0.
FITIGU TADESSE	DIR. OF AF.			
NEW YORK, NY 10044	40+	108,598.	16,290.	0.
BADIUL MAJUMDAR	MANAGING DIR			
DHAKA 1209, BANGLADESH	40+	90,200.	13,530.	0.
PEG_THATCHER	DIR OF GLOBAL	4		
BROOKLYN, NY 11209	40+	78,998.	11,850.	0.
Total number of other employees paid over \$50,000	▶ 0	7	·	
Part II Compensation of the Five Highest Paid Inc. (See page 2 of the instructions List each one (whether individual)	-		al Services	
(a) Name and address of each independent contractor paid in	<u> </u>	(b) Type of s	ervice	(c) Compensation
HARPER & CASE, INC.		\=a=a\\ \\\		
NEW YORK, NY 10010		DESIGN AND PRINTING	'	50,347.
	-	· · · · · ·		
			:	
			į	
				<u> </u>
Total number of others receiving over		······································)	
\$50,000 for professional services	<u>▶</u> 0	<u> </u>	×	

For Paperwork Reduction Act Notice, see the instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2001

Pa	Support Schedule (C Note You may use th	iomplete only if you ch ie worksheet in the inst	ecked a box on line 11 tructions for convertin	u, 11, or 12) Use cash g from the accrual to th	method of acc he cash method	ountir of acc	ng counting
begin	dar year (or fiscal year ning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997		(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	7,302,143.	6,552,197.	5,608,279.	<u>6,493,0</u>	98.	25,955,717.
16	Membership fees received						
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose						
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalities, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	138,945.	103,748.	85,371.	45,4	73.	373,537.
19	Net income from unrelated business				-		
	activities not included in line 18						
20	Tax revenues levied for the organization a benefit and either paid to it or expended on its behalf				_		
21	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
22	Other Income Attach a schedule Do not Include gain or (loss) from sale of capital assets		-	SEE STATEME 147,052.		10.	202,062.
23	Total of lines 15 through 22	7,441,088.	6,655,945.	5,840,702.	6,593,5	81.	26,531,316.
24	Line 23 minus line 17	7,441,088.	6,655,945.	5,840,702.	6,593,5	81.	26,531,316.
25	Enter 1% of line 23	74,411.	66,559.				
26	Organizations described on lines 1	O or 11 a Enter 2% of	amount in column (e), lir	19 24	▶	26a	530,626.
b	Prepare a list for your records to sho	w the name of and amou	nt contributed by each p	erson (other than a goven	nmental		· ;
	unit or publicly supported organizati	. •	•	ded the amount shown in	line 26a		
	Do not file this list with your return					26b	82,656.
	Total support for section 509(a)(1) to				▶(26c	26,531,316.
d	Add Amounts from column (e) for li		$\frac{373,537}{300,062}$		<u></u>		650 255
			202,062.	82,6	<u>56.</u> ▶	26d	658,255.
e	Public support (line 26c minus line 2	•	line OSo (denominator)	١		268	25,873,061. 97.5190%
	Public support percentage (line 26)				*discountified some	261	
27	Organizations described on line 12 to show the name of, and total amout for each year N/A	ints received in each year		person * Do not file this I	lst with your return	n Ente	r the sum of such amounts
	(2000)	(1999)		(1998)		(1997)	
b	For any amount included in line 17 to amount received for each year, that to lines 5 through 11, as well as individ amount described in (1) or (2), enter (2000)	was more than the larger uals) Do not file this list	r of (1) the amount on lin with your return. After o	e 25 for the year or (2) \$5 computing the difference t	5,000 (Include in the petween the amour A	ne list d	organizations described in ived and the larger
C	Add Amounts from column (e) for la			16			1 27/2
	17			21	\	27c	N/A
d	Add Line 27a total		line 27b total			27d	N/A
e •	Public support (line 27c total minus	•	22 column (c)	▶ 27f	N/A	278	N/A
1	Total support for section 509(a)(2) t Public support percentage (lin				17/A	27g	N/A %
-	Investment income percentage			= =	tori)	27h	N/A %
					-		e a list for your records to

return. Do not include these grants in line 15.

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
23	Instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30	\	i
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known	~ <u>.</u>		•
	to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
		_	1	
		_ ′		
		_ [.		
32	Does the organization maintain the following	F		-
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			!
	admissions, programs, and scholarships?	32c_		
đ		32d	ļ	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		-		
		-		
33	Does the organization discriminate by race in any way with respect to			1
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b	-	
C	Employment of faculty or administrative staff?	33c	\vdash	
٥	Scholarships or other financial assistance?	33d		
8	Educational policies?	338	 	
I -	Use of facilities?	331		
9	Athletic programs?	33g	}	
ħ	Other extracurricular activities?	33h	-	-
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			`
		- [-	1	
		-	1	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	- 34a	1	
	Has the organization's right to such aid ever been revoked or suspended?	34a		
u	If you answered "Yes" to either 34a or b, please explain using an attached statement	340	ļ	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50,	Ì	1	1
	1975-2 C. B. 587, covering racial nondiscrimination? If "No." attach an evolunation	25		

Schedule A (Form 990 or 990-EZ) 2001

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- Grants to other organizations for lobbying purposes
- Direct contact with legislators, their staffs, government officials or a legislative body
- Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- Total lobbying expenditures (Add lines c through h)

If "Yes" to any of the above also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount
	Х	,
	X X	
	X	
	X	
	X	
	X	
,	,	0.

123141 12 29-01

Schedule A (Form 990 or 990-EZ) 2001

		THE GLOBAL HUNG			2443282	2	Page 6
Part \				Relationships With Nonch	aritable		
	d the reporting organization d	zations (See page 12 of the instructions) (See page 12 of the instructions) of the contract of	the following with any other	_			
	* *	section 501(c)(3) organizations) or in		litical organizations?	г		
	•	ganization to a noncharitable exempt	organization of			Yes	No
•	l) Cash				51a(l)		X
-	i) Other assets				a(ii)		Х
	her transactions						v
	· -	ets with a nonchantable exempt organ	iization		b(i)		X
•	•	noncharitable exempt organization			p(II)		X
-	i) Rental of facilities, equipme				b(iii)		X
•	r) Reimbursement arrangeme	ants			b(v)		X
-	Loans or loan guarantees Partermance of consecs or	r membership or fundraising solicitati	2000		p(A)		X
•	·	, mailing lists, other assets, or paid er			6		X
				always show the fair market value of the	<u> </u>		
	•	s given by the reporting organization		-			
-		nent show in column (d) the value of	-	-	ì	N/A	L
(a) Line no	(b) Amount involved	(c) Name of noncharitable exe		(d) Description of transfers, transactions, a	and sharing arra	angen	nents
		-					
				· <u> </u>			
				-			
		-	<u> </u>				
							
	<u> </u>						
	_			 			
	-			 			
C	the organization directly or in ode (other than section 501(c; "Yes," complete the following)(3)) or in section 527?	ne or more tax-exempt org	anizations described in section 501(c) of	the Yes	(X	∏ No
	(a Name of on)	(b) Type of organization	(c) Description of relati	onship		
				 			
		<u></u>		 			
		· · · · · · · · · · · · · · · · · · ·		-			
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of organization

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Employer identification number

TI	HE GLOBAL HUNGER PROJECT	94-2443282
Organization type (check o	one)	
Filers of	Section	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt chantable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt chantable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	s covered by the General rule or a Special rule (Note Only a section 501(c)(7), (8), or d a Special rule-see instructions)	(10) organization can check box(es)
For organizations	filing Form 990, 990-EZ, or 990 PF that received, during the year, \$5,000 or more (in more)	ney or property) from any one
Special Rules-		
sections 509(a)(1).	c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of /170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of line 1 of these forms. (Complete Parts I and II.)	
aggregate contrib	c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any on utions or bequests of more than \$1,000 for use exclusively for religious, charitable, scie prevention of cruelty to children or animals (Complete Parts I, II, and III)	- · · · · · · · · · · · · · · · · · · ·
some contribution \$1,000 (If this box chantable, etc., pi	c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any on is for use exclusively for religious, charitable, etc., purposes, but these contributions did it is checked, enter here the total contributions that were received during the year for an urpose. Do not complete any of the Parts unless the General rule applies to this organizations, charitable, etc., contributions of \$5,000 or more during the year.)	not aggregate to more than exclusively religious,
they must check the box in	at are not covered by the General rule and/or the Special rules do not file Schedule B (Fo In the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certif B (Form 990, 990-EZ, or 990-PF)	
_	Schedule E	G (Form 990, 990-EZ, or 990-PF) (2001)

1 to 2 of Part I

Name of organization

Employer Identification number

THE	GLOBAL	HUNGER	PROJECT
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THE G	LOBAL HUNGER PROJECT	94	94-2443282		
Part I	Contributors (See Specific Instructions)				
(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
1		\$ 839,178.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)		
(a) No		(c) Aggregate contributions	(d) Type of contribution		
2		\$ <u>164,577.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)		
(a) No		(c) Aggregate contributions	(d) Type of contribution		
3		\$ 200,000.	Person X Payroll		
(a) No		(c) Aggregate contributions	(d) Type of contribution		
4		\$573,399.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)		
(a) No		(c) Aggregate contributions	(d) Type of contribution		
5		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)		
(a) No		(c) Aggregate contributions	(d) Type of contribution		
6		\$ <u>258,500.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)		

Name of organization

Employer identification number

Part I	Contributors (See Specific Instructions)		
(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 240,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution
(a) No		(c) Aggregate contributions	(d) Type of contribution
8		\$ 228,931.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		s	Person Payroll Noncash Complete Part II if there is a noncash contribution
(a) No	(b) Name, address and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Onncash Complete Part II if there is a noncash contribution
(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II if there is a noncash contribution

Asset	•				Description (of property		
lumber •	Date placed un servi	ce inc sec		Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
1	LEASEH		PROVEN 9.00				14 050 1	10 735
2	VARI FURNIT	IRE AN		19 PME	168,611. NT	·	14,050	18,735
	VARI	ESSL	5.00	19	84,484.		41,494.	6,449
3	COMPUT			13.0			10 170	
- ,	VARI	ESSL r. gan	3.00 PAGE 2	19	22,767.	3 1	12,179.	2,854
1	1017	790	· AGD	1	275,862.	, 0	•	28,038
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COST OR		
HER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
,660,041.	0.	<5,123.
,660,041.	0.	<5,123.
		AMOUNT
		AMOUNT
ENT		<1,368.
		<1,368.
-	,660,041. ,660,041. FUND BALAN	,660,041. 0. ,660,041. 0. FUND BALANCES S

EXPLANATION

THE SPECIFIC PURPOSE OF THE ORGANIZATION IS TO ACHEIVE THE SUSTAINABLE END OF WORLD HUNGER. TO DO THIS, THE ORGANIZATION BELIEVES THAT CONVENTIONAL TOP-DOWN AND CHARITABLE APPROACHES ARE INSUFFICIENT TO RESOLVING THE COMPLEX CHALLENGES OF ENDING HUNGER AND SO IT HAS DEVELOPED A DYNAMIC, DECENTRALIZED METHODOLIGY KNOWN AS THE "STRATEGIC PLANNING-IN-ACTION" (SPIA). APPLYING SPIA IN AFRICA, ASIA AND LATIN AMERICA, THE HUNGER PROJECT WORKS TO EMPOWER LOCAL PEOPLE TO CREATE LASTING SOCIETY-WIDE PROGRESS IN HEALTH, EDUCATION, NUTRITION, FAMILY INCOMES AND THE EMPOWERMENT OF WOMEN. IT USES A TWO-PRONG STRATEGY: MOBOLIZING GRASSROOTS PEOPLE FOR SELF-RELIANT DEVELOPMENT, AND MOBILIZING COMMITTED LOCAL LEADERSHIP TO CLEAR AWAY BUREAUCRATIC OBSTACLES, AND MOBOLIZE RESOURCES TO ENABLE GRASSROOTS ACTION TO SUCCEED.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT

DESCRIPTION OF PROGRAM SERVICE ONE

AFRICA - PROVIDES SKILLS AND LITERACY TRAINING, INCLUDING THE INTRODUCTION OF NEW CROPS AND OTHER INCOME-EARNING OPPORTUNITIES, AND ESTABLISHES RURAL BANKING AND CREDIT FACILITIES. A MAJOR INITIATIVE WAS LAUNCHED BEGINNING IN THE FIVE WEST AFRICAN COUNTRIES: THE AFRICAN WOMAN FOOD FARMER INITIATIVE. THIS PROGRAM IS COMMITTED TO THE ECONOMIC EMPOWERMENT OF AFRICA'S MOST IMPORTANT AND LEAST SUPPORTED PRODUCERS - THE 100 MILLION WOMEN WHO GROW AFRICA'S FOOD.

		GRANTS	EXPENSES	
TO FORM 990	, PART III, LINE A	1,971,346.	3,282,768	<u> </u>
				=
FORM 990	STATEMENT OF PROGRAM SERVICE	ACCOMPLISHMENTS	STATEMENT	 5

DESCRIPTION OF PROGRAM SERVICE TWO

EDUCATION AND ADVOCACY - CREATE EFFECTIVE SPOKESPERSONS, ACTIVISTS, LEADERS, AND INVESTORS FOR THE END OF HUNGER. EDUACTION AND ADVOCACY ACTIVITIES INCLUDE WORKSHOPS, CONFERENCE CALLS, TRIPS, SPECIAL EVENTS, A WEB SITE, AND MONTHLY PUBLICATIONS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B	1,000.	909,522.

18

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT

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DESCRIPTION OF PROGRAM SERVICE THREE

ASIA - IN INDIA THE GLOBAL HUNGER PROJECT WILL TRAIN WOMEN WHO HAVE BEEN ELECTED TO THE LOCAL GOVERNMENT. IN BANGLADESH THEIR HIGHEST PRIORITY IS TO GREATLY INCREASE THE NUMBER OF WOMEN WE TRAIN AS "ANIMATORS" - VOLUNTEERS WHO FORM WOMEN'S SELF-HELP GROUPS, CREATED THEIR OWN ENTERPRISES AND INCREASED THEIR INCOMES. WOMEN ANIMATORS HAVE FACILITATED OTHER WOMEN TO STEP OUT OF THEIR HOUSEHOLD, BECOME LITERATE AND LEARN THEIR LEGAL RIGHTS. CURRENTLY, 3,500 TRAINED VOLUNTEER ANIMATORS LIVE AND WORK IN ALL 64 DISTRICTS OF BANGLADESH.

TO FORM 990, PART III, LINE C

GRANTS

EXPENSES

679,000.

1,101,528.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT

7

DESCRIPTION OF PROGRAM SERVICE FOUR

LATIN AMERICA - WE ARE TRAINING VOLUNTEER ANIMATORS WHO ARE WORKING IN SOME OF THE POOREST AREAS OF THE COUNTRY. IN BOLIVIA THE GLOBAL HUNGER PROJECT IS WORKING WITH ACLO (ACCION CULTURAL LOYOLA), WHOSE RADIO STATIONS PROVIDE LITERACY AND AGRICULTURAL TRAINING TO QUECHUA-SPEAKING PEOPLE IN THE ANDES. IN PERU THE GLOBAL HUNGER PROJECT IS WORKING WITH DESCO(CENTRO DE ESTUDIOS Y PROMOCION DEL DESARROLLO) WHICH IS IMPLEMENTING A SPIA PROGRAM IN THE CENTRAL AMAZON REGION.

TO FORM 990, PART III, LINE D

GRANTS

EXPENSES

200,800.

221,152.

FORM 990	CASH GRANTS	S AND ALLOCATIONS	STA	TEMENT 8
CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GRANT	THE HUNGER PROJECT	VASANT VIHAR, NEW DELHI 110057	NONE	359,600
GRANT	THE HUNGER PROJECT - BANGLADESH	DHAKA 1209, BANGLADESH	NONE	319,400
GRANT	THE HUNGER PROJECT - UGANDA	KAMPALA, UGANDA	NONE	493,023
GRANT	THE HUNGER PROJECT - MALAWI	BLANTYRE, MALAWI	NONE	309,450
GRANT	THE HUNGER PROJECT - SENEGAL	DAKAR, SENEGAL	NONE	283,463
GRANT	THE HUNGER PROJECT - BURKINA FASO	OUAGADOUGOU, BURKINA FASO	NONE	197,678
GRANT	THE HUNGER PROJECT - GHANA	ACCRA, REPUBLIC OF GHANA	NONE	188,517
GRANT	AWFFI - MOZAMBIQUE	MAPUTO	NONE	161,000
GRANT	THE HUNGER PROJECT - BENIN	COTONOU, REPUBLIC OF BENIN	NONE	138,215
GRANT	INDIVIDUAL	DAR ES SALAAM, TANZANIA	NONE	50,000
GRANT	INDIVIDUAL	NDOLA, ZAMBIA	NONE	50,000
GRANT	INDIVIDUAL	ADDIS ABABA, ETHIOPIA	NONE	50,000
GRANT	INDIVIDUAL	HARARE, ZIMBABWE	NONE	50,000
GRANT	THE HUNGER PROJECT - MEXICO	MEXICO DF 03100	NONE	105,800
GRANT	DESCO - PERU	LIMA, PERU	NONE	50,000
GRANT	ACLO - BOLIVIA	SUCRE, BOLIVIA	NONE	45,000
GRANT	PANCHAMAMA	USA	NONE	500
GRANT	WORLD FOOD	USA	NONE	500
TOTAL INCLUDED	ON FORM 990, PART I	I, LINE 22		2852146

FORM 990	NON-GOVER	NMENT SECUR	ITIE	s 		STATE	MENT	9
DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	PUI Ti	THER BLICLY RADED URITIES	OTHER SECURITI	N	TOTAL ON-GO CURIT	V'I
COMMON STOCK OTHER - PARTNERSHIP MONEY MARKET	21,500.				10,00		21,5 10,0 128,1	00.
TO FM 990, LN 54 COL B	21,500.				138,19	97.	159,6	97.
FORM 990	GOVE	RNMENT SECU	RITI	ES		STATE	MENT	10
DESCRIPTION		U.S. GOVERNME	NT		E AND GOV'T		L GOV	
GOVERNMENT OBLIGATIONS		300,	000.				300,0	00.
TOTAL TO FORM 990, LINE 5	54, COL B	300,	000.				300,0	00.
FORM 990 DEPRECIATION	ON OF ASSE	rs not held	FOR	INVEST	MENT	STATE	MENT	11
DESCRIPTION		COST OR OTHER BASI	S	ACCUMUI DEPREC		воок	VALU	E
LEASEHOLD IMPROVEMENTS FURNITURE AND EQUIPMENT COMPUTERS	-	168,6 84,4 22,7	84.	•	32,785. 47,943. 15,033.		135,8 36,5 7,7	41.
TOTAL TO FORM 990, PART	IV, LN 57	275,8	62.		95,761.		180,1	01.
FORM 990	O'	THER ASSETS	<u>.</u>			STATE	MENT	12
DESCRIPTION						AM	OUNT	
DEPOSITS CHARITABLE REMAINDER TRUS	ST				_		12,2 213,1	
TOTAL TO FORM 990, PART	IV. LINE 5	8. COLUMN B			-		225,3	68

SCHEDULE A	OTHER INC	OME	ST	ATEMENT 13
DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
SOFTWARE LICENSE FEE	0.	0.	0. 147,052.	55,010.
TOTAL TO SCHEDULE A, LINE 22	0.	0.	147,052.	55,010.

THE GLOBAL HUNGER PROJECT LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME & ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSES ACCT AND OTHER ALLOWANCES
Joan Holmes New York, NY 10023	President Full time employee 40 +	209,274	25,500	None
Dr Peter Bourne Washington, DC 20008	Chairman 40 hrs/year	None	None	None
Jean Augustine Ottawa, Ontario K.I.A.016 Canada	Director 40 hrs/year	None	None	None
V Mohini Giri New Delhi 110 016 India	Director 40 hrs/year	None	None	None
Speciosa Wandira Kazibwe, MD Kampala, Uganda	Director 64 hrs/year	None	None	None
George Mathew, PhD New Delhi 110 070 India	Director 48 hrs/year	None	None	None
Chief Bisi Ogunleyc Akure Ondo State Nigeria	Director 24 hrs/year	None	None	None
H M Queen Noor of Jordan % Tracy Presock Potomac, MD 20854	Honorary Member 0	None	None	None
Javier Perez de Cuellar San Isidro, Lima 27 Peru	Director 40 hrs/year	None	None	None

THE GLOBAL HUNGER PROJECT LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME & ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSES ACCT AND OTHER ALLOWANCES
Mary Robinson 1211 Geneva 10	Honorary Member 0	None	None	None
Amartya Sen, PhD Cambridge, CB2 1TQ United Kingdom	Honorary Member 0	None	None	Nопе
Gcorge M Weiss New York, NY 10021	Director Chair Audit & Finance 88 hrs/year	None	None	None
Dr M S Swamınathan Teynampet, Madras 600 018 India	Chair Emeritus 0	None	None	None
John Coonrod New York, NY 10003	Vice President Full time employee 40 +	101,200	15,180	None
George A Woodring Brooklyn, NY 11215	CFO/Treasurer Full time employee 40 +	116,800	17,520	None
Charles Deull New York, NY 10010	Secretary 88 hrs/year	None	None	None
Maria C. Scharin New York, NY. 10014	Assistant Secretary Assistant Treasurer Full time employee	52,900	7,935	None