

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

OMB No 1545-0047

2004Open to Public
Inspection

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

A For the 2004 calendar year, or tax year beginning and ending**B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization**THE GLOBAL HUNGER PROJECT**

Number and street (or P O box if mail is not delivered to street address)

15 EAST 26TH STREET

Room/suite

1401

City or town, state or country, and ZIP + 4

NEW YORK, NY 10010**D Employer identification number****94-2443282****E Telephone number****(212) 532-4255****F Accounting method**☐ Cash☒ Accrual

Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I Group Exemption Number ▶****M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**G Website:** ▶ **WWW.THP.ORG****J Organization type** (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **8,861,418.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	8,454,938.		
b	Indirect public support	1b	20,112.		
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ 7,833,758. noncash \$ 641,292.)	1d		8,475,050.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4		107,071.	
5	Dividends and interest from securities	5			
6 a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶ SEE STATEMENT 1)	7		145,072.	
8 a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
8 d	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	8d			
9 a	Gross revenue (not including \$ 1,321,160. of contributions reported on line 1a)	9a	134,225.		
b	Less direct expenses other than fundraising expenses	9b	134,225.		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		0.	
10 a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		8,727,193.	
13	Program services (from line 44, column (B))	13		5,978,689.	
14	Management and general (from line 44, column (C))	14		1,083,069.	
15	Fundraising (from line 44, column (D))	15		746,186.	
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17		7,807,944.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		919,249.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		6,864,176.	
20	Other changes in net assets or fund balances (attach explanation)	20		98,084.	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		7,881,509.	

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01-13-05

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

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Form 990 (2004)

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2004.05050 THE GLOBAL HUNGER PROJECT

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SCANNED AUG 17 2005

Revenue

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THE GLOBAL HUNGER PROJECT

94-2443282

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 351,773.5 • noncash \$)	3,517,735.	3,517,735.	STATEMENT 10	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	535,410.	267,978.	157,459.	109,973.
26	Other salaries and wages	1,241,953.	621,610.	365,246.	255,097.
27	Pension plan contributions	260,468.	130,367.	76,601.	53,500.
28	Other employee benefits	263,153.	131,710.	77,391.	54,052.
29	Payroll taxes	125,306.	62,717.	36,851.	25,738.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies				
34	Telephone	61,579.	16,660.	35,830.	9,089.
35	Postage and shipping	66,303.	45,035.	16,253.	5,015.
36	Occupancy	407,538.	203,977.	119,853.	83,708.
37	Equipment rental and maintenance				
38	Printing and publications	124,787.	123,634.	492.	661.
39	Travel	386,056.	254,240.	53,028.	78,788.
40	Conferences, conventions, and meetings	405,765.	374,839.	13,771.	17,155.
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	24,871.	12,449.	7,313.	5,109.
43	Other expenses not covered above (itemize)				
a					
b					
c					
d					
e	SEE STATEMENT 4	387,020.	215,738.	122,981.	48,301.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	7,807,944.	5,978,689.	1,083,069.	746,186.

Joint Costs. Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service AccomplishmentsWhat is the organization's primary exempt purpose? **SEE STATEMENT 5**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
 (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others)

a	SEE STATEMENT 6		
		(Grants and allocations \$ 2,264,575.)	2,816,506.
b	SEE STATEMENT 7		
		(Grants and allocations \$ 1,000.)	1,424,672.
c	SEE STATEMENT 8		
		(Grants and allocations \$ 994,160.)	1,318,450.
d	SEE STATEMENT 9		
		(Grants and allocations \$ 258,000.)	419,061.
e	Other program services (attach schedule)	(Grants and allocations \$)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		5,978,689.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	2,677,552.	45 3,004,069.
	46 Savings and temporary cash investments	3,107,590.	46 3,089,915.
	47 a Accounts receivable		
	47 b Less: allowance for doubtful accounts	3,000.	47c
	48 a Pledges receivable	1,429,194.	
	48 b Less: allowance for doubtful accounts	117,878.	48c 1,311,316.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable		
	51 b Less: allowance for doubtful accounts		51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	12,705.	53 83,954.
	54 Investments - securities STMT 11 STMT 12 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	157,207.	54 125,756.
	55 a Investments - land, buildings, and equipment basis		
	55 b Less: accumulated depreciation		55c
56 Investments - other SEE STATEMENT 13	10,000.	56 260,432.	
57 a Land, buildings, and equipment basis	265,628.		
57 b Less: accumulated depreciation STMT 14	164,076.	57c 101,552.	
58 Other assets (describe SEE STATEMENT 15)	312,889.	58 457,697.	
59 Total assets (add lines 45 through 58) (must equal line 74)	7,416,091.	59 8,434,691.	
Liabilities	60 Accounts payable and accrued expenses	372,868.	60 396,823.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	64 b Mortgages and other notes payable		64b
	65 Other liabilities (describe DEFERRED RENT)	179,047.	65 156,359.
66 Total liabilities (add lines 60 through 65)	551,915.	66 553,182.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	5,331,876.	67 5,912,947.
	68 Temporarily restricted	1,532,300.	68 1,968,562.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	6,864,176.	73 7,881,509.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	7,416,091.	74 8,434,691.


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.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a Total revenue, gains, and other support per audited financial statements	a 8,952,015.	a Total expenses and losses per audited financial statements	a 7,934,682.
b Amounts included on line a but not on line 12, Form 990		b Amounts included on line a but not on line 17, Form 990	
(1) Net unrealized gains on investments \$ <u><2,348.></u>		(1) Donated services and use of facilities \$ _____	
(2) Donated services and use of facilities \$ _____		(2) Prior year adjustments reported on line 20, Form 990 \$ _____	
(3) Recoveries of prior year grants \$ _____		(3) Losses reported on line 20, Form 990 \$ _____	
(4) Other (specify) STMT 16 \$ <u>92,945.</u>		(4) Other (specify) STMT 17 \$ <u>134,225.</u>	
Add amounts on lines (1) through (4)	b 90,597.	Add amounts on lines (1) through (4)	b 134,225.
c Line a minus line b	c 8,861,418.	c Line a minus line b	c 7,800,457.
d Amounts included on line 12, Form 990 but not on line a :		d Amounts included on line 17, Form 990 but not on line a :	
(1) Investment expenses not included on line 6b, Form 990 \$ _____		(1) Investment expenses not included on line 6b, Form 990 \$ _____	
(2) Other (specify) STMT 18 \$ <u><134,225.></u>		(2) Other (specify) STMT 19 \$ <u>7,487.</u>	
Add amounts on lines (1) and (2)	d <134,225.>	Add amounts on lines (1) and (2)	d 7,487.
e Total revenue per line 12, Form 990 (line c plus line d)	e 8,727,193.	e Total expenses per line 17, Form 990 (line c plus line d)	e 7,807,944.

Part V	List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)
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[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule  ☐ Yes ☒ No

	Yes	No
--	-----	----

[illegible]

Located at ► 15 EAST 26TH STREET, SUITE 1401, NEW YORK, NY ZIP +4 ► 10010

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here*
and enter the amount of tax-exempt interest received or accrued during the tax year

▶ | 92 | ▶ ☐ N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	107,071.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			18	145,072.	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01		
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		252,143.	0.
105 Total (add line 104, columns (B), (D), and (E))					252,143.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

I have prepared this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and I am not aware of any information of which preparer has any knowledge.

Date 7/25/05 STEVEN W. RUSSI CFO

Type or print name and title

Date _____ Check if _____

Preparer's SSN or PTIN _____

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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**

OMB No 1545-0047

2004

Name of the organization	Employer identification number
THE GLOBAL HUNGER PROJECT	94 2443282

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None")

(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 ----- OZONE PARK, NY	CONTROLLER 40	85,400.	12,810.	0.
JIM GOODMAN ----- PHILADELPHIA, PA	DEP.DIR.FR 40	90,000.	13,500.	0.
FITIGU TADESSE ----- NEW YORK, NY	VP AFRICA 40	122,200.	18,330.	0.
BADIUL MAJUMDAR ----- DHAKA, BANGLADESH	VP BANGLADESH 40	95,200.	14,280.	0.
LAURA BURT ----- CLAREMONT, CA	DIR US FNDNG 40	75,500.	11,325.	0.
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE ----- ----- ----- ----- ----- ----- ----- ----- ----- -----		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities **►** \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990

2d X

e Transfer of any part of its income or assets?

2e X

3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)

3a X

b Do you have a section 403(b) annuity plan for your employees?

3b X

4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **►** _____

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
5 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	8,740,239.	6,081,564.	7,390,163.	7,302,143.	29,514,109.
6 Membership fees received					
7 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					
8 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	222,327.	121,058.	175,749.	138,945.	658,079.
9 Net income from unrelated business activities not included in line 18					
10 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
11 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.					
12 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	81,279.	49,538.	SEE STATEMENT 21 36,211.		167,028.
13 Total of lines 15 through 22	9,043,845.	6,252,160.	7,602,123.	7,441,088.	30,339,216.
14 Line 23 minus line 17	9,043,845.	6,252,160.	7,602,123.	7,441,088.	30,339,216.
15 Enter 1% of line 23	90,438.	62,522.	76,021.	74,411.	
16 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 606,784.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 3,704,598.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 30,339,216.
d Add: Amounts from column (e) for lines 18 <u>658,079.</u> 19 <u> </u> 22 <u>167,028.</u> 26b <u>3,704,598.</u>					26d 4,529,705.
e Public support (line 26c minus line 26d total)					26e 25,809,511.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 85.0698%
17 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) <u>N/A</u> (2002) <u> </u> (2001) <u> </u> (2000) <u> </u>					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) <u> </u> (2002) <u> </u> (2001) <u> </u> (2000) <u> </u>					
c Add: Amounts from column (e) for lines 15 <u> </u> 16 <u> </u> 17 <u> </u> 20 <u> </u> 21 <u> </u>					27c N/A
d Add: Line 27a total <u> </u> and line 27b total <u> </u>					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e) <u>27f</u> <u>N/A</u>					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
18 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

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

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

Yes No

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

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 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)

32 Does the organization maintain the following

a 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

d Copies of all material used by the organization or on its behalf to solicit contributions?

32d

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

a Students' rights or privileges?

33a

b Admissions policies?

33b

c Employment of faculty or administrative staff?

33c

d Scholarships or other financial assistance?

33d

e Educational policies?

33e

f Use of facilities?

33f

g Athletic programs?

33g

h Other extracurricular activities?

33h

If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)

34 a Does the organization receive any financial aid or assistance from a governmental agency?

34a

b Has the organization's right to such aid ever been revoked or suspended?

34b

If you answered "Yes" to either 34a or b, please explain using an attached statement

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, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

35

Schedule A (Form 990 or 990-EZ) 2004

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☒ **a** if the organization belongs to an affiliated groupCheck ☐ **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

(a)
Affiliated group
totals(b)
To be completed for ALL
electing organizations

N/A

36 Total lobbying expenditures to influence public opinion (grassroots lobbying)**36****37** Total lobbying expenditures to influence a legislative body (direct lobbying)**37****38** Total lobbying expenditures (add lines 36 and 37)**38****39** Other exempt purpose expenditures**39****40** Total exempt purpose expenditures (add lines 38 and 39)**40****41** Lobbying nontaxable amount Enter the amount from the following table -

If the amount on line 40 is -

The lobbying nontaxable amount is -

Not over \$500,000

20% of the amount on line 40

Over \$500,000 but not over \$1,000,000

\$100,000 plus 15% of the excess over \$500,000

Over \$1,000,000 but not over \$1,500,000

\$175,000 plus 10% of the excess over \$1,000,000

Over \$1,500,000 but not over \$17,000,000

\$225,000 plus 5% of the excess over \$1,500,000

Over \$17,000,000

\$1,000,000

41**42** Grassroots nontaxable amount (enter 25% of line 41)**42****43** Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36**43****44** Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38**44****Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 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
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** 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
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a Transfers from the reporting organization to a noncharitable exempt organization of**

(i) Cash

(II) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

[illegible]

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

► ☐ Yes ☒ No

b If "Yes," complete the following schedule

N/A

[illegible]

FORM 990	OTHER INVESTMENT INCOME	STATEMENT	1
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DESCRIPTION	AMOUNT
GAIN ON CHARITABLE REMAINDER TRUST	145,072.
TOTAL TO FORM 990, PART I, LINE 7	145,072.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GIRL CHILD EVENT	1,455,385.	1,321,160.	134,225.	134,225.	0.
TO FM 990, PART I, LINE 9	1,455,385.	1,321,160.	134,225.	134,225.	0.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
UNREALIZED LOSS ON SECURITIES HELD FOR INVESTMENT	<2,348.>
CHANGE IN CASH SURRENDER VALUE	100,432.
TOTAL TO FORM 990, PART I, LINE 20	98,084.

FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROFESSIONAL FEES	314,563.	250,288.	56,878.	7,397.
CORPORATE EXPENSES	91,383.	45,738.	26,875.	18,770.
DATA PROCESSING	31,006.	15,494.	9,154.	6,358.
OFFICE	76,806.	38,443.	22,587.	15,776.
TOTAL EXPENSES REPORTED ON LINE 9B	<134,225.>	<134,225.>		
OTHER EXPENSES	7,487.		7,487.	
TOTAL TO FM 990, LN 43	387,020.	215,738.	122,981.	48,301.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	5
	PART III		

EXPLANATION

THE SPECIFIC PURPOSE OF THE ORGANIZATION IS TO ACHIEVE 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 METHODOLOGY 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: MOBILIZING GRASSROOTS PEOPLE FOR SELF-RELIANT DEVELOPMENT, AND MOBILIZING COMMITTED LOCAL LEADERSHIP TO CLEAR AWAY BUREAUCRATIC OBSTACLES, AND MOBILIZE RESOURCES TO ENABLE GRASSROOTS ACTION TO SUCCEED.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	6
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DESCRIPTION OF PROGRAM SERVICE ONE

AFRICA: THE HUNGER PROJECT CARRIED OUT THREE INITIATIVES FOR AFRICA DURING 2004: THE EPICENTER STRATEGY, THE AFRICAN WOMAN FOOD FARMER INITIATIVE (AWFFI), AND THE "AIDS AND GENDER INEQUALITY WORKSHOP" TO EMPOWER GRASSROOTS PEOPLE TO KNOW THE FACTS ABOUT AIDS AND CHANGE THE DESTRUCTIVE BEHAVIORS THAT SPREAD THE DISEASE. THE HUNGER PROJECT HAS OFFICES IN BENIN, BURKINA FASO, ETHIOPIA, GHANA, MALAWI, SENEGAL, AND UGANDA, AND WORKS IN PARTNERSHIP WITH GENERAL UNION OF COOPERATIVES IN MOZAMBIQUE.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	2,264,575.	2,816,506.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	7
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DESCRIPTION OF PROGRAM SERVICE TWO

EDUCATION AND ADVOCACY: THE HUNGER PROJECT IS A GLOBAL MOVEMENT OF THOUSANDS OF COMMITTED INDIVIDUALS. THE EDUCATION AND ADVOCACY ACTIVITIES EMPOWER THESE INDIVIDUALS LIVING IN THE DEVELOPED WORLD TO UNDERSTAND THAT THE PERSISTENCE OF HUNGER IS A PERVASIVE ISSUE, FOR WHICH WE ALL HAVE A SHARED RESPONSIBILITY. THE PROGRAMS ARE DESIGNED TO CREATE EFFECTIVE SPOKESPERSONS, ACTIVISTS, LEADERS, AND INVESTORS FOR THE END OF HUNGER. EDUCATION AND ADVOCACY ACTIVITIES INCLUDE WORKSHOPS, CONFERENCE CALLS, TRIPS, SPECIAL EVENTS, A WEB SITE, AND MONTHLY PUBLICATIONS. IN 2004, MORE THAN 95 LOCAL EVENTS WERE ORGANIZED ACROSS THE UNITED STATES. IN ADDITION, THERE WERE TWO MAJOR INITIATIVES DURING 2004: THE WORK OF JOAN HOLMES AS A MEMBER OF THE UN MILLENNIUM PROJECT HUNGER TASK FORCE (HTF) AND THE GIRL CHILD EVENT.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B	1,000.	1,424,672.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	8
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DESCRIPTION OF PROGRAM SERVICE THREE

ASIA: THE HUNGER PROJECT HAS OFFICES IN INDIA AND BANGLADESH. IN 2004, THE HUNGER PROJECT CARRIED ITS "SOUTH ASIA INITIATIVE" - A PROGRAM FOCUSED ON EMPOWERING GRASSROOTS WOMEN LEADERS AS THE KEY CHANGE AGENTS FOR BROAD-BASED PROGRESS IN HUMAN DEVELOPMENT, SOCIAL JUSTICE, AND ECONOMIC GROWTH. THE INITIATIVE PROVIDES LEADERSHIP TRAINING FOR WOMEN LEADERS, CREATES ALLIANCES FOR ADVOCACY IN SUPPORT OF THESE WOMEN, AND INCREASES POSITIVE PRESS COVERAGE THROUGH THE SAROJINI NAIDU PRIZE IN INDIA AND 1,200 NATIONAL GIRL CHILD DAY EVENTS ACROSS BANGLADESH. DURING 2004, 11,650 ELECTED WOMAN REPRESENTATIVES TO INDIA'S LOCAL GOVERNMENTS WERE TRAINED IN INDIA, AND 4,395 WOMEN IN BANGLADESH PARTICIPATED IN THE 4-DAY "ANIMATOR" LEADERSHIP TRAINING.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C	994,160.	1,318,450.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	9
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DESCRIPTION OF PROGRAM SERVICE FOUR

LATIN AMERICA: THE HUNGER PROJECT HAS AN OFFICE IN MEXICO, AND WORKS IN PARTNERSHIP WITH ESTABLISHED ORGANIZATIONS IN BOLIVIA AND PERU THAT SHARE OUR VISION AND PHILOSOPHY. IN MEXICO, THE HUNGER PROJECT REDESIGNED ITS PROGRAM TO BE A DECENTRALIZED PROGRAM IN PARTNERSHIP WITH LOCAL GOVERNMENT IN INDIGENEOUS AREAS OF SIX STATES THAT MOBILIZES PEOPLE TO TAKE 35 KEY STRATEGIC ACTIONS FOR THE END OF HUNGER. IN BOLIVIA, THE HUNGER PROJECT WORKS WITH ACLO (ACTION CULTURAL LOYOLA), WHOSE RADIO STATIONS PROVIDE LITERACY AND AGRICUTURAL TRAINING TO QUECHUA-SPEAKING PEOPLE IN THE ANDES. IN PERU, THE HUNGER PROJECT WORKS WITH CHIRAPAQ, A NATIONAL NETWORK OF INDIGENEOUS PEOPLE TO STRENGTHEN WOMEN'S LEADERSHIP IN LOCAL DEMOCRACY. DURING 2004, CHIRAPAQ HOSTED THE FOURTH CONTINENTAL MEETING OF INDIGENEOUS WOMEN AND WAS CHOSEN TO REPRESENT ALL OF SOUTH AMERICA AT THE FINAL MEETINGS OF THE UN DECADE FOR INDIGENEOUS PEOPLES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D	258,000.	419,061.

FORM 990	CASH GRANTS AND ALLOCATIONS	STATEMENT	10
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CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GRANT	THE HUNGER PROJECT - INDIA	VASANT VIHAR, NEW DELHI 110057	NONE	600,700.
GRANT	THE HUNGER PROJECT - BANGLADESH	DHAKA 1209, BANGLADESH	NONE	393,460.
GRANT	THE HUNGER PROJECT - UGANDA	KAMPALA, UGANDA	NONE	350,000.
GRANT	THE HUNGER PROJECT - MALAWI	BLANTYRE, MALAWI	NONE	300,500.
GRANT	THE HUNGER PROJECT - SENEGAL	DAKAR, SENEGAL	NONE	335,804.
GRANT	THE HUNGER PROJECT - BURKINA FASO	OUAGADOUGOU, BURKINA FASO	NONE	335,760.
GRANT	THE HUNGER PROJECT - GHANA	ACCRA, REPUBLIC OF GHANA	NONE	284,000.

GRANT	THE HUNGER PROJECT - BENIN	COTONOU, REPUBLIC OF BENIN	NONE	319,881.
GRANT	THE HUNGER PROJECT - MEXICO	MEXICO DF 03100, COLONIA DEL VALLE	NONE	158,000.
GRANT	THE HUNGER PROJECT - ETHIOPIA	ADDIS ABABA, ETHIOPIA	NONE	223,630.
GRANT	ACLO - BOLIVIA	SUCRE, BOLIVIA	NONE	50,000.
GRANT	AFRICAN WOMAN FOOD FARMER	MAPUTO, MOZAMBIQUE	NONE	115,000.
GRANT	CHIRAPAQ - PERU	LIMA, PERU	NONE	50,000.
GRANT	MISCELLANEOUS	U.S.A.	NONE	1,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				3517735.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT 11
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
COMMON STOCK	COST	27,191.			27,191.
TO FORM 990, LINE 54, COL B		27,191.			27,191.

FORM 990	GOVERNMENT SECURITIES	STATEMENT 12
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DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US TREASURY NOTES	COST	98,565.		98,565.
TOTAL TO FORM 990, LINE 54, COL B		98,565.		98,565.

FORM 990	OTHER INVESTMENTS	STATEMENT 13
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DESCRIPTION	VALUATION METHOD	AMOUNT
PARTNERSHIP	MARKET VALUE	10,000.
CASH SURRENDER VALUE OF LIFE INSURANCE	COST	250,432.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		260,432.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT 14
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LEASEHOLD IMPROVEMENTS	168,611.	88,989.	79,622.
FURNITURE AND EQUIPMENT	84,484.	62,554.	21,930.
COMPUTERS	12,533.	12,533.	0.
TOTAL TO FORM 990, PART IV, LN 57	265,628.	164,076.	101,552.

FORM 990	OTHER ASSETS	STATEMENT 15
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DESCRIPTION	AMOUNT
DEPOSITS	2,825.
CHARITABLE REMAINDER TRUST	439,368.
TRAVEL ADVANCES	2,288.
ACCRUED INTEREST	13,216.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	457,697.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 16
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DESCRIPTION	AMOUNT
CHANGE IN CASH SURRENDER VALUE	100,432.
EXPENSES PRESENTED NET OF INCOME ON FINANCIAL STATEMENT	<7,487.>
TOTAL TO FORM 990, PART IV-A	92,945.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 17
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DESCRIPTION	AMOUNT
FUND RAISING EXPENSES REPORTED ON LINE 9B	134,225.
TOTAL TO FORM 990, PART IV-B	134,225.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT 18
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DESCRIPTION	AMOUNT
FUND RAISING EXPENSES REPORTED ON LINE 9B	<134,225.>
TOTAL TO FORM 990, PART IV-A	<134,225.>

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT 19
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DESCRIPTION	AMOUNT
EXPENSES PRESENTED NET OF INCOME ON FINANCIAL STATEMENT	7,487.
TOTAL TO FORM 990, PART IV-B	7,487.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 20

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DR. PETER G. BOURNE NEW YORK, NY	CHAIRMAN .75	0.	0.	0.
V. MOHINI GIRI NEW YORK, NY	DIRECTOR .75	0.	0.	0.
SPECIOSA WANDIRA KAZIBWE, M.D. NEW YORK, NY	DIRECTOR 1.5	0.	0.	0.
GEORGE MATHEW, PHD. NEW YORK, NY	DIRECTOR 1.5	0.	0.	0.
H.M. QUEEN NOOR OF JORDAN NEW YORK, NY	HONORARY MEMBER 0	0.	0.	0.
JAVIER PEREZ DE CUELLAR NEW YORK, NY	HONORARY MEMBER .75	0.	0.	0.
AMARTYA SEN, PH.D. NEW YORK, NY	HONORARY MEMBER 0	0.	0.	0.
GEORGE WEISS NEW YORK, NY	DIRECTOR 1.7	0.	0.	0.
DR. M.S. SWAMINATHAN NEW YORK, NY	CHAIR EMERITUS 0	0.	0.	0.
CHARLES DEULL NEW YORK, NY	SECRETARY 1.7	0.	0.	0.
STEVEN J. SHERWOOD NEW YORK, NY	DIRECTOR 1.7	0.	0.	0.

THE GLOBAL HUNGER PROJECT

94-2443282

JOAN HOLMES NEW YORK, NY	PRESIDENT 40	232,010.	30,750.	0.
JOHN COONROD NEW YORK, NY	COO/VICE PRESIDENT 40	113,300.	16,995.	0.
GEORGE WOODRING NEW YORK, NY	CFO/TREASURER 40	130,100.	19,515.	0.
MARIA SCHARIN NEW YORK, NY	ASST. SECRETARY/TREASURER 40	60,000.	9,000.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>535,410.</u>	<u>76,260.</u>	<u>0.</u>

SCHEDULE A	OTHER INCOME			STATEMENT 21
DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
OTHER	81,279.	49,538.	36,211.	0.
TOTAL TO SCHEDULE A, LINE 22	<u>81,279.</u>	<u>49,538.</u>	<u>36,211.</u>	<u>0.</u>

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization THE GLOBAL HUNGER PROJECT	Employer identification number 94-2443282
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. 15 EAST 26TH STREET, NO. 1401	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10010	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **THE GLOBAL HUNGER PROJECT**
Telephone No. ► **(212) 532-4255** 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 will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **AUGUST 15, 2005** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2004** or
► ☐ tax year beginning _____, and ending _____
- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Caution. If you are going to make an electronic fund withdrawal 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 12-2004)