

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2006Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)Open to Public
Inspection

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

A For the 2006 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
Instruc-
tions**C** Name of organization**THE GLOBAL HUNGER PROJECT**

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

5 UNION SQUARE WEST

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

NEW YORK, NY 10003**D** Employer identification number**94-2443282****E** Telephone number**(212) 251-9101****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 ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an or-
ganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****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 is not a 509(a)(3) supporting organization and its gross
receipts are normally **not** more than \$25,000. A return is not required, but if the organization
chooses to file a return, be sure to file a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **13,580,410.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

1	Contributions, gifts, grants, and similar amounts received:			
a	Contributions to donor advised funds	1a		
b	Direct public support (not included on line 1a)	1b	13,022,749.	
c	Indirect public support (not included on line 1a)	1c		
d	Government contributions (grants) (not included on line 1a)	1d		
e	Total (add lines 1a through 1d) (cash \$ 12,681,443. noncash \$ 341,306.)	1e	13,022,749.	
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	252,318.	
5	Dividends and interest from securities	5		
6a	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	<7,330.>	
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	
b	Less: cost or other basis and sales expenses	(B) Other	8b	
c	Gain or (loss) (attach schedule)	8c		
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a	Gross revenue (not including \$ 1,824,163. of contributions reported on line 1b)	9a	124,875.	
b	Less: direct expenses other than fundraising expenses	9b	124,875.	
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	0.	
10a	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 20)	11	187,798.	
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	13,455,535.	
13	Program services (from line 44, column (B))	13	8,452,718.	
14	Management and general (from line 44, column (C))	14	1,418,545.	
15	Fundraising (from line 44, column (D))	15	657,494.	
16	Payments to affiliates (attach schedule)	16		
17	Total expenses. Add lines 16 and 44, column (A)	17	10,528,757.	
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	2,926,778.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	11,716,039.	
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	21,999.	
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	14,664,816.	

623001
01-18-07

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

Form 990 (2006)

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.

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>251,280</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>			STATEMENT 5	
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 956,907.	634,173.	220,522.	102,212.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 2,301,206.	1,525,078.	530,316.	245,812.
27 Pension plan contributions not included on lines 25a, b, and c	27 165,670.	109,795.	38,179.	17,696.
28 Employee benefits not included on lines 25a - 27	28 269,791.	178,799.	62,174.	28,818.
29 Payroll taxes	29 134,421.	89,085.	30,978.	14,358.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34 126,992.	102,319.	13,744.	10,929.
35 Postage and shipping	35 83,306.	65,485.	11,812.	6,009.
36 Occupancy	36 587,797.	410,682.	126,164.	50,951.
37 Equipment rental and maintenance	37			
38 Printing and publications	38 511,796.	511,796.		
39 Travel	39 770,557.	555,457.	99,926.	115,174.
40 Conferences, conventions, and meetings	40 329,750.	286,436.	41,800.	1,514.
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 249,083.	238,514.	7,529.	3,040.
43 Other expenses not covered above (itemize). a b c d e f g SEE STATEMENT 4	43a 43b 43c 43d 43e 43f 43g 3,790,201.	 3,493,819.	 235,401.	 60,981.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 10,528,757.	8,452,718.	1,418,545.	657,494.

Joint Costs. Check ☐ if you are following SOP 98-2

Are 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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions)

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.

What is the organization's primary exempt purpose? ► SEE STATEMENT 10	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)	
a SEE STATEMENT 6	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,371,063.
b SEE STATEMENT 7	
(Grants and allocations \$ 100,000.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	4,323,388.
c SEE STATEMENT 8	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,165,986.
d SEE STATEMENT 9	
(Grants and allocations \$ 151,280.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	592,281.
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	8,452,718.

Form 990 (2006)

Part IV Balance Sheets (See the instructions)**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	4,615,362.	45	5,793,303.	
	46 Savings and temporary cash investments	2,952,533.	46	2,987,921.	
	47 a Accounts receivable	47a			
	b Less allowance for doubtful accounts	47b	47c		
	48 a Pledges receivable	48a	4,626,577.		
	b Less allowance for doubtful accounts	48b	1,320,727.	48c	3,305,850.
	49 Grants receivable		49		
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b		
	51 a Other notes and loans receivable	51a	724,768.		
	b Less allowance for doubtful accounts	51b		51c	724,768.
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		44,477.	53	177,811.
	54 a Investments - publicly-traded securities STMT 12 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		261,266.	54a	276,660.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b	
55 a Investments - land, buildings, and equipment, basis STMT 11	55a				
b Less accumulated depreciation	55b		55c		
56 Investments - other SEE STATEMENT 13		431,012.	56	603,988.	
57 a Land, buildings, and equipment, basis	57a	1,869,517.			
b Less accumulated depreciation STMT 14	57b	1,182,931.	57c	686,586.	
58 Other assets, including program-related investments (describe SEE STATEMENT 15)		752,097.	58	918,686.	
59 Total assets (must equal line 74) Add lines 45 through 58		12,419,604.	59	15,475,573.	
Liabilities	60 Accounts payable and accrued expenses	577,891.	60	723,763.	
	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		
	b Mortgages and other notes payable		64b		
	65 Other liabilities (describe DEFERRED RENT)		125,674.	65	86,994.
66 Total liabilities. Add lines 60 through 65		703,565.	66	810,757.	
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	8,754,663.	67	10,613,096.	
	68 Temporarily restricted	2,961,376.	68	4,051,720.	
	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 and column (B) must equal line 21)		11,716,039.	73	14,664,816.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		12,419,604.	74	15,475,573.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

a	Total revenue, gains, and other support per audited financial statements		a	13,602,409.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	10,210.	
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify): <u>SEE STATEMENT 16</u>	b4	11,789.	
	Add lines b1 through b4			b 21,999.
c	Subtract line b from line a			c 13,580,410.
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): <u>SEE STATEMENT 18</u>	d2	<124,875.>	
	Add lines d1 and d2			d <124,875.>
e	Total revenue (Part I, line 12) Add lines c and d			e 13,455,535.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
Line	Description	2018	2017	2016	2015
1	Total expenses per audited financial statements	\$1,234,567	\$987,654	\$765,432	\$543,210
2	Less: Expenses not deductible for tax purposes	(123,456)	(98,765)	(76,543)	(54,321)
3	Plus: Expenses disallowed under Section 179	234,567	198,765	176,543	154,321
4	Plus: Expenses disallowed under Section 179(e)(1)(B)	345,678	298,765	276,543	254,321
5	Plus: Expenses disallowed under Section 179(e)(2)(A)	456,789	398,765	376,543	354,321
6	Plus: Expenses disallowed under Section 179(e)(2)(B)	567,890	498,765	476,543	454,321
7	Plus: Expenses disallowed under Section 179(e)(2)(C)	678,901	598,765	576,543	554,321
8	Plus: Expenses disallowed under Section 179(e)(2)(D)	789,012	698,765	676,543	654,321
9	Plus: Expenses disallowed under Section 179(e)(2)(E)	890,123	798,765	776,543	754,321
10	Plus: Expenses disallowed under Section 179(e)(2)(F)	901,234	818,765	796,543	774,321
11	Plus: Expenses disallowed under Section 179(e)(2)(G)	1,012,345	918,765	896,543	874,321
12	Plus: Expenses disallowed under Section 179(e)(2)(H)	1,123,456	1,018,765	996,543	974,321
13	Plus: Expenses disallowed under Section 179(e)(2)(I)	1,234,567	1,118,765	1,096,543	1,074,321
14	Plus: Expenses disallowed under Section 179(e)(2)(J)	1,345,678	1,218,765	1,196,543	1,174,321
15	Plus: Expenses disallowed under Section 179(e)(2)(K)	1,456,789	1,318,765	1,296,543	1,274,321
16	Plus: Expenses disallowed under Section 179(e)(2)(L)	1,567,890	1,418,765	1,396,543	1,374,321
17	Plus: Expenses disallowed under Section 179(e)(2)(M)	1,678,901	1,518,765	1,496,543	1,474,321
18	Plus: Expenses disallowed under Section 179(e)(2)(N)	1,789,012	1,618,765	1,596,543	1,574,321
19	Plus: Expenses disallowed under Section 179(e)(2)(O)	1,890,123	1,718,765	1,696,543	1,674,321
20	Plus: Expenses disallowed under Section 179(e)(2)(P)	1,901,234	1,818,765	1,796,543	1,774,321
21	Plus: Expenses disallowed under Section 179(e)(2)(Q)	2,012,345	1,918,765	1,896,543	1,874,321
22	Plus: Expenses disallowed under Section 179(e)(2)(R)	2,123,456	2,018,765	1,996,543	1,974,321
23	Plus: Expenses disallowed under Section 179(e)(2)(S)	2,234,567	2,118,765	2,096,543	2,074,321
24	Plus: Expenses disallowed under Section 179(e)(2)(T)	2,345,678	2,218,765	2,196,543	2,174,321
25	Plus: Expenses disallowed under Section 179(e)(2)(U)	2,456,789	2,318,765	2,296,543	2,274,321
26	Plus: Expenses disallowed under Section 179(e)(2)(V)	2,567,890	2,418,765	2,396,543	2,374,321
27	Plus: Expenses disallowed under Section 179(e)(2)(W)	2,678,901	2,518,765	2,496,543	2,474,321
28	Plus: Expenses disallowed under Section 179(e)(2)(X)	2,789,012	2,618,765	2,596,543	2,574,321
29	Plus: Expenses disallowed under Section 179(e)(2)(Y)	2,890,123	2,718,765	2,696,543	2,674,321
30	Plus: Expenses disallowed under Section 179(e)(2)(Z)	2,901,234	2,818,765	2,796,543	2,774,321
31	Plus: Expenses disallowed under Section 179(e)(2)(AA)	3,012,345	2,918,765	2,896,543	2,874,321
32	Plus: Expenses disallowed under Section 179(e)(2)(AB)	3,123,456	3,018,765	2,996,543	2,974,321
33	Plus: Expenses disallowed under Section 179(e)(2)(AC)	3,234,567	3,118,765	3,096,543	3,074,321
34	Plus: Expenses disallowed under Section 179(e)(2)(AD)	3,345,678	3,218,765	3,196,543	3,174,321
35	Plus: Expenses disallowed under Section 179(e)(2)(AE)	3,456,789	3,318,765	3,296,543	3,274,321
36	Plus: Expenses disallowed under Section 179(e)(2)(AF)	3,567,890	3,418,765	3,396,543	3,374,321
37	Plus: Expenses disallowed under Section 179(e)(2)(AG)	3,678,901	3,518,765	3,496,543	3,474,321
38	Plus: Expenses disallowed under Section 179(e)(2)(AH)	3,789,012	3,618,765	3,596,543	3,574,321
39	Plus: Expenses disallowed under Section 179(e)(2)(AI)	3,890,123	3,718,765	3,696,543	3,674,321
40	Plus: Expenses disallowed under Section 179(e)(2)(AJ)	3,901,234	3,818,765	3,796,543	3,774,321
41	Plus: Expenses disallowed under Section 179(e)(2)(AK)	4,012,345	3,918,765	3,896,543	3,874,321
42	Plus: Expenses disallowed under Section 179(e)(2)(AL)	4,123,456	4,018,765	3,996,543	3,974,321
43					

a Total expenses and losses per audited financial statements		a	10,653,632.
b Amounts included on line a but not on Part I, line 17:			
1 Donated services and use of facilities	b1		
2 Prior year adjustments reported on Part I, line 20	b2		
3 Losses reported on Part I, line 20	b3		
4 Other (specify) <u>SEE STATEMENT 17</u>	b4	124,875.	
Add lines b1 through b4		b	124,875.
c Subtract line b from line a		c	10,528,757.
d Amounts included on Part I, line 17, but not on line a :			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify) _____	d2		
Add lines d1 and d2		d	0.
e Total expenses (Part I, line 17) Add lines c and d		e	10,528,757.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

[illegible]

Part VI Other Information (continued)		Yes	No
82 a	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	X
b	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)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
	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	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	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
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	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	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit 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
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed <u>CA, NY, IL, CT, MA, NJ, NM, UT</u>		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	24
91 a	The books are in care of <u>THE GLOBAL HUNGER PROJECT</u> Telephone no. <u>(212) 251-9101</u> Located at <u>5 UNION SQUARE WEST, NEW YORK, NY</u> ZIP + 4 <u>10003</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country **N/A**

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 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	252,318.	
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	<7,330.>	
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 OTHER INCOME			01	187,798.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		432,786.	0.
105 Total (add line 104, columns (B), (D), and (E))					432,786.

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

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

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

Yes

X No

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

Yes

X No

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

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
-----	----

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

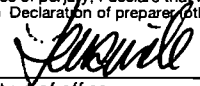
Yes	No
-----	----

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				


108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
-----	----

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.

Please Sign Here:  Date: 11/14/07

Type or print name and title: LENA ARIOLA, CFO/TREASURER

Paid Preparer's Use Only: Preparer's signature:  Date: NOV 09 2007 Check if self-employed: ☐ Preparer's SSN or PTIN (See Gen Inst X):

Firm's name (or yours if self-employed), address, and ZIP + 4: RSM-MCGLADREY, INC.
9737 WASHINGTONIAN BLVD., #400
GAITHERSBURG, MD 20878-7340

EIN: Phone no.: (301) 296-3600

Form 990 (2006)

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 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

2006

Name of the organization

THE GLOBAL HUNGER PROJECT

Employer identification number

94 2443282

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 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
JOANNA RYDER NEW YORK, NY	DIR US FNDNG 45.00	78,800.	32,864.	0.
JAMES GOODMAN NEW YORK, NY	DIR US FNDNG 45.00	80,000.	26,144.	0.
CAROL COONROD NEW YORK, NY	DIR US FNDNG 45.00	75,400.	19,119.	0.
MIMI EVANS NEW YORK, NY	DIR US PHILANTHROPY 45.00	131,341.	27,680.	0.
LAURA BURT NEW YORK, NY	DIR US FNDNG 45.00	81,800.	26,425.	0.
Total number of other employees paid over \$50,000 ▶	0			

Part II-A

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 II-B

Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other 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.) 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.	1		X
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-A, FORM 990	2d	X	
e Transfer of any part of its income or assets?	2e		X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b Did the organization make any taxable distributions under section 4966?	4b	N/A	
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A	
d Enter the total number of donor advised funds owned at the end of the tax year		N/A	
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/A	
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Schedule A (Form 990 or 990-EZ) 2006

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ▶					

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2006

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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	10,273,140.	8,306,685.	8,740,239.	6,081,564.	33,401,628.
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, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	199,599.	252,143.	222,327.	121,058.	795,127.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's 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 STATEMENT 20 81,279.	49,538.	130,817.
23 Total of lines 15 through 22	10,472,739.	8,558,828.	9,043,845.	6,252,160.	34,327,572.
24 Line 23 minus line 17	10,472,739.	8,558,828.	9,043,845.	6,252,160.	34,327,572.
25 Enter 1% of line 23	104,727.	85,588.	90,438.	62,522.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 686,551.
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 1,758,687.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 34,327,572.
d Add: Amounts from column (e) for lines: 18 795,127. 19 22 130,817. 26b 1,758,687.					26d 2,684,631.
e Public support (line 26c minus line 26d total)					26e 31,642,941.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 92.1794%
27 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: N/A					
(2005) (2004) (2003) (2002)					
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 11b, 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: N/A					
(2005) (2004) (2003) (2002)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					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)			27f N/A		
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 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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.

NONE

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

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

	Yes	No
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?	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? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
<hr/>		
<hr/>		
<hr/>		
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.)		
<hr/>		
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.)		
<hr/>		
<hr/>		
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) 2006

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 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 group.Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

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

36 Total lobbying expenditures to influence public opinion (grassroots lobbying)**37** Total lobbying expenditures to influence a legislative body (direct lobbying)**38** Total lobbying expenditures (add lines 36 and 37)**39** Other exempt purpose expenditures**40** Total exempt purpose expenditures (add lines 38 and 39)**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

42 Grassroots nontaxable amount (enter 25% of line 41)**43** Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36**44** Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38**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 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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 13 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**.)

Yes	No	Amount
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
		0.

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

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?

- | | |
|-----|----|
| 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
-------	--	---

- | | | |
|---|--|---|
| 6 | | X |
|---|--|---|

- N/A

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

- N/A

823152
01-18-07 Schedule A (Form 990 or 990-EZ) 2006

FORM 990	OTHER INVESTMENT INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
LOSS ON CHARITABLE REMAINDER TRUST		<7,330.>	
TOTAL TO FORM 990, PART I, LINE 7		<7,330.>	

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	2
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
FALL EVENT	1,949,038.	1,824,163.	124,875.	124,875.		0.
TO FM 990, PART I, LINE 9	1,949,038.	1,824,163.	124,875.	124,875.		0.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
DESCRIPTION		AMOUNT	
UNREALIZED GAIN ON SECURITIES HELD FOR INVESTMENT		10,210.	
CHANGE IN CASH SURRENDER VALUE		14,449.	
LOSS ON FOREIGN EXCHANGE		<2,660.>	
ADJUSTMENT FOR NET ASSETS OF FOREIGN AFFILIATES			
TOTAL TO FORM 990, PART I, LINE 20		21,999.	

FORM 990	OTHER EXPENSES			STATEMENT	4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
PROFESSIONAL FEES	693,904.	523,311.	157,337.	13,256.	
CORPORATE EXPENSES	169,683.	113,236.	40,209.	16,238.	
DATA PROCESSING	67,647.	45,994.	15,424.	6,229.	
OFFICE	358,150.	326,661.	22,431.	9,058.	
DONOR RESEARCH	16,200.			16,200.	
DIRECT INVESTMENT	2,609,492.	2,609,492.			
TOTAL EXPENSES REPORTED ON LINE 9B	<124,875.>	<124,875.>			
TOTAL TO FM 990, LN 43	3,790,201.	3,493,819.	235,401.	60,981.	

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	5
----------	--	-----------	---

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
GRANT ACLO - BOLIVIA SUCRE, BOLIVIA	50,000.
GRANT CHIRAPAQ - PERU LIMA, PERU	101,280.
GRANTS OTHER GRANTS	100,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	251,280.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT

6

DESCRIPTION OF PROGRAM SERVICE ONE

EDUCATION AND ADVOCACY: INFLUENCING POLICYMAKERS AND EDUCATING A WORLDWIDE CONSTITUENCY OF COMMITTED INDIVIDUALS ARE HIGH PRIORITIES OF THE HUNGER PROJECT. DURING THE YEAR ENDED DECEMBER 31, 2006, THE HUNGER PROJECT ORGANIZED MORE THAN 100 LOCAL EVENTS ACROSS THE UNITED STATES. DURING THE YEAR ENDED DECEMBER 31, 2006, THE HUNGER PROJECT COMPLETELY REDESIGNED ITS WEBSITE OF MORE THAN 5,000 ARTICLES.

GRANTS

EXPENSES

TO FORM 990, PART III, LINE A

1,371,063.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT

7

DESCRIPTION OF PROGRAM SERVICE TWO

AFRICA: THE HUNGER PROJECT HAS OFFICES IN BENIN, BURKINA FASO, ETHIOPIA, GHANA, MALAWI, MOZAMBIQUE, SENEGAL AND UGANDA. THE HUNGER PROJECT CARRIED OUT THREE INTEGRATED INITIATIVES FOR AFRICA DURING THE YEAR ENDED DECEMBER 31, 2006, 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 EPICENTER STRATEGY MOBILIZES THE POPULATION OF CLUSTERS OF VILLAGES TO WORK TOGETHER TO MEET THEIR BASIC NEEDS. THE CENTERPIECE OF THE STRATEGY IS A MULTIPURPOSE BUILDING CREATED BY THE PEOPLE THEMSELVES THROUGH WHICH THEY CREATE AND OPERATE THEIR OWN PROGRAMS FOR HEALTH, EDUCATION, INCOME-GENERATING ACTIVITIES, NUTRITION, FOOD PRODUCTION AND PROCESSING, FOOD SECURITY AND MICROFINANCE. AS OF DECEMBER 31, 2006, THERE WERE 82 EPICENTERS ENCOMPASSING 3 MILLION PEOPLE AND MORE THAN 1,000 VILLAGES.

THE AFRICAN WOMAN FOOD FARMER INITIATIVE (AWFFI) IS THE MICROFINANCE COMPONENT OF THE EPICENTER STRATEGY. 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. DURING THE YEAR ENDED DECEMBER 31, 2006, AWFFI DISBURSED 12,523 LOANS TOTALING \$733,285.

TO CALL FORTH THE COMMITTED LEADERSHIP NEEDED IN AFRICA, THE HUNGER PROJECT AWARDS THE AFRICA PRIZE FOR LEADERSHIP WHICH, DURING THE YEAR ENDED DECEMBER 31, 2006, WAS AWARDED TO ELLEN JOHNSON SIRLEAF OF LIBERIA, THE FIRST WOMAN ELECTED PRESIDENT ON THE CONTINENT.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B	100,000.	4,323,388.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT

8

DESCRIPTION OF PROGRAM SERVICE THREE

ASIA: THE HUNGER PROJECT HAS OFFICES IN INDIA AND BANGLADESH. IN INDIA IN THE YEAR ENDED DECEMBER 31, 2006, THE HUNGER PROJECT CARRIED OUT ITS FOUR-PRONG STRATEGY TO EMPOWER ELECTED LOCAL WOMEN LEADERS AS KEY CHANGE AGENTS FOR HUMAN DEVELOPMENT, SOCIAL JUSTICE, AND ECONOMIC GROWTH. SINCE 2000, MORE THAN 55,000 INDIAN WOMEN LEADERS HAVE TAKEN OUR WOMEN'S LEADERSHIP WORKSHOP. IN BANGLADESH, WE CARRY OUT A 10-PRONG STRATEGY TO STRENGTHEN LOCAL DEMOCRACY AND EMPOWER WOMEN. WE HAVE TRAINED, AND CONTINUE TO EMPOWER, 87,526 VOLUNTEER ANIMATORS, OF WHOM 40% ARE WOMEN, FOCUSING THEIR EFFORTS IN 508 CLUSTERS OF VILLAGES.

GRANTS

EXPENSES

TO FORM 990, PART III, LINE C

2,165,986.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	9
----------	--	-----------	---

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 IMPLEMENTED ITS NEW DECENTRALIZED PROGRAM, IN PARTNERSHIP WITH LOCAL GOVERNMENT IN INDIGENOUS 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 (ACCION CULTURAL LOYOLA), WHOSE RADIO STATIONS PROVIDE LITERACY AND AGRICULTURAL TRAINING TO QUECHUA-SPEAKING PEOPLE IN THE ANDES. IN PERU, THE HUNGER PROJECT WORKS WITH CHIRAPAQ, A NATIONAL NETWORK OF INDIGENOUS PEOPLE TO STRENGTHEN WOMEN'S LEADERSHIP IN LOCAL DEMOCRACY.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D	151,280.	592,281.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	10
----------	--	-----------	----

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, SERVICE-DELIVERY APPROACHES ARE INSUFFICIENT TO RESOLVING THE COMPLEX CHALLENGES OF ENDING HUNGER AND SO IT HAS PIONEERED BOTTOM-UP STRATEGIES BASED ON PEOPLE'S SELF RELIANCE, LOCAL DEMOCRACY AND GENDER EQUALITY. IN AFRICA, ASIA AND LATIN AMERICA, THE HUNGER PROJECT EMPOWERS LOCAL PEOPLE TO CREATE LASTING SOCIETY-WIDE PROGRESS IN HEALTH, EDUCATION, NUTRITION, FAMILY INCOMES AND THE EMPOWERMENT OF WOMEN.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT 11
----------	---------------------------	--------------

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
COMMON STOCK	FMV	76,660.			76,660.
TOTAL TO FORM 990, LINE 54A, COL B		76,660.			76,660.

FORM 990	GOVERNMENT SECURITIES	STATEMENT 12
----------	-----------------------	--------------

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US TREASURY NOTES	FMV	200,000.		200,000.
TOTAL TO FORM 990, LINE 54A, COL B		200,000.		200,000.

FORM 990	OTHER INVESTMENTS	STATEMENT 13
----------	-------------------	--------------

DESCRIPTION	VALUATION METHOD	AMOUNT
CASH SURRENDER VALUE OF LIFE INSURANCE	MARKET VALUE	567,491.
OTHER MARKETABLE INVESTMENTS	MARKET VALUE	10,000.
ETHIOPIA	MARKET VALUE	26,497.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		603,988.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT 14
----------	--	--------------

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LEASEHOLD IMPROVEMENTS	168,611.	126,458.	42,153.
FURNITURE AND EQUIPMENT	84,484.	70,325.	14,159.
EQUIPMENT - DEVELOPING COUNTRIES	1,616,422.	986,148.	630,274.
TOTAL TO FORM 990, PART IV, LN 57		1,182,931.	686,586.

FORM 990	OTHER ASSETS	STATEMENT	15
DESCRIPTION		AMOUNT	
CHARITABLE REMAINDER TRUST		525,753.	
TRAVEL ADVANCES		747.	
ACCRUED INTEREST		18,757.	
OTHER ASSETS		373,429.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		918,686.	

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	16
DESCRIPTION		AMOUNT	
CHANGE IN CASH SURRENDER VALUE		14,449.	
LOSS ON FOREIGN EXCHANGE		<2,660.>	
TOTAL TO FORM 990, PART IV-A		11,789.	

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	17
DESCRIPTION		AMOUNT	
FUND RAISING EXPENSES REPORTED ON LINE 9B		124,875.	
TOTAL TO FORM 990, PART IV-B		124,875.	

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	18
DESCRIPTION		AMOUNT	
FUND RAISING EXPENSES REPORTED ON LINE 9B		<124,875.>	
TOTAL TO FORM 990, PART IV-A		<124,875.>	

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 19
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DR. PETER G. BOURNE NEW YORK, NY	CHAIRMAN 1.00	0.	0.	0.
V. MOHINI GIRI NEW YORK, NY	DIRECTOR 1.00	0.	0.	0.
SPECIOSA WANDIRA KAZIBWE, M.D. NEW YORK, NY	DIRECTOR 1.00	0.	0.	0.
GEORGE MATHEW, PHD. NEW YORK, NY	DIRECTOR 1.00	0.	0.	0.
H.M. QUEEN NOOR OF JORDAN NEW YORK, NY	HONORARY MEMBER 0.25	0.	0.	0.
JAVIER PEREZ DE CUELLAR NEW YORK, NY	HONORARY MEMBER 0.25	0.	0.	0.
AMARTYA SEN, PH.D. NEW YORK, NY	HONORARY MEMBER 0.25	0.	0.	0.
GEORGE WEISS NEW YORK, NY	DIRECTOR 3.00	0.	0.	0.
DR. M.S. SWAMINATHAN NEW YORK, NY	CHAIR EMERITUS 0.25	0.	0.	0.
CHARLES DEULL NEW YORK, NY	SECRETARY 3.00	0.	0.	0.
STEVEN J. SHERWOOD NEW YORK, NY	DIRECTOR 2.00	0.	0.	0.

THE GLOBAL HUNGER PROJECT

94-2443282

JOAQUIM A. CHISSANO NEW YORK, NY	DIRECTOR 1.00	0.	0.	0.
CECILIA LORIA SAVINON NEW YORK, NY	DIRECTOR 1.00	0.	0.	0.
JOAN HOLMES NEW YORK, NY	PRESIDENT 45.00	251,453.	41,901.	0.
JOHN COONROD NEW YORK, NY	COO/VICE PRESIDENT 45.00	123,300.	26,630.	0.
MARIA SCHARIN NEW YORK, NY	ASST. SECRETARY/TREASURER 45.00	65,300.	17,657.	0.
FITIGU TADESSE NEW YORK, NY	VP AFRICA 45.00	132,900.	42,161.	0.
BADIUL MAJUMDAR NEW YORK, NY	VP SOUTH ASIA 45.00	95,200.	36,615.	0.
LENA ARIOLA NEW YORK, NY	CFO/TREASURER 35.00	88,713.	35,077.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		756,866.	200,041.	0.

SCHEDULE A	OTHER INCOME			STATEMENT 20
DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
OTHER	0.	0.	81,279.	49,538.
TOTAL TO SCHEDULE A, LINE 22	0.	0.	81,279.	49,538.

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 ☒
 - 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).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete **Part I** only ☐

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

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 section 501(c)(3) corporation required to file Form 990-T) extension of time until **AUGUST 15, 2007**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2006** 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.	3a	\$
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.	3b	\$
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.	3c	\$ 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. 12-2006)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.	
Type or print	Name of Exempt Organization THE GLOBAL HUNGER PROJECT
File by the extended due date for filing the return. See instructions	Employer identification number 94-2443282
	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):

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- 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 is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2007**.
- 5 For calendar year **2006**, or other tax year beginning _____, and ending _____.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN WILL NOT BE AVAILABLE UNTIL AFTER THE FIRST EXTENDED DUE DATE.

- | | | |
|---|----|---------------|
| 8a 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. | 8a | \$ |
| b If this application is for Form 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 and any amount paid previously with Form 8868. | 8b | \$ |
| c Balance Due. Subtract line 8b from line 8a. 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. | 8c | \$ N/A |

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **ACCOUNTANT** Date **3/10/07**

Notice to Applicant. (To Be Completed by the IRS)

- ☐ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name WILMA WALDRON
	Number and street (include suite, room, or apt. no.) or a P.O. box number 6701 DEMOCRACY BOULEVARD, SUITE 600
	City or town, province or state, and country (including postal or ZIP code) BETHESDA, MD 20817

823832
05-01-07