

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)

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

OMB No. 1545-0047

2008Open to Public
Inspection**A For the 2008 calendar year, or tax year beginning****and ending****B Check if applicable**

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

Please use IRS label or print or type
See Specific Instructions**C Name of organization****STOP HUNGER NOW, INC.**

Doing Business As

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

2501 CLARK STREET, SUITE 301

Room/suite

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

RALEIGH, NC 27607**F Name and address of principal officer:****D Employer identification number****16-1541024****E Telephone number****919-839-0689****G Gross receipts \$ 13,219,614.****H(a) Is this a group return**for affiliates? ☐ Yes ☒ No**H(b) Are all affiliates included?** ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶**I Tax-exempt status:** ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J Website:** ▶ **WWW.STOPHUNGERNOW.ORG****K Type of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation: 1998 M State of legal domicile: DE****Part I Summary**

Governance	1	Briefly describe the organization's mission or most significant activities: THIS ORGANIZATION WAS ORGANIZED TO END HUNGER IN OUR LIFETIME BY PROVIDING FOOD AND LIFE-SAVING AID			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	12	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12	
	5	Total number of employees (Part V, line 2a)	5	15	
	6	Total number of volunteers (estimate if necessary)	6		
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	Expenses	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9	Program service revenue (Part VIII, line 2g)	8,253,014.	13,189,063.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,255.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,716.	10,135.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,271,730.	13,200,453.	
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,985,812.	11,590,069.	
14		Benefits paid to or for members (Part IX, column (A), line 4)			
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	477,917.	745,681.	
16a		Professional fundraising fees (Part IX, column (A), line 11e)			
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 212,846.			
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	705,822.	1,089,255.	
	18	Total expenses - add lines 13 through 17 (must equal Part IX, column (A), line 25)	8,169,551.	13,425,005.	
	19	Revenue less expenses - Subtract line 18 from line 12	102,179.	<224,552.>	
	20	Total assets (Part X, line 16)	Beginning of Year	End of Year	
	21	Total liabilities (Part X, line 26)	593,614.	466,267.	
	22	Net assets or fund balances. Subtract line 21 from line 20	46,533.	143,738.	
			547,081.	322,529.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign
Here

Signature of officer

Date

Type or print name and title

Paid
Preparer's
Use OnlyPreparer's
signatureFirm's name (or
yours if
self-employed),
address, and
ZIP + 4

Date

Check if
self-
employed ☐Preparer's identifying number
(see instructions)
LUNSFORD & STRICKLAND, P.A.
4325 LAKE BOONE TRAIL, STE 100
RALEIGH, NC 27607

EIN ▶

Phone no. ▶ **(919) 783-7073**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

THIS ORGANIZATION WAS ORGANIZED TO END HUNGER IN OUR LIFETIME BY PROVIDING FOOD AND LIFE-SAVING AID TO THE WORLD'S MOST DESTITUTE AND HUNGRY IN THE MOST SUSTAINABLE, EFFICIENT, AND EFFECTIVE MANNER.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes", describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes", describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 11,385,239. including grants of \$ 11,385,239.) (Revenue \$)
DISTRIBUTING IN-KIND DONATIONS OF FOOD, MEDICINE, MEDICAL SUPPLIES, AND OTHER LIFE-SAVING AID TO THOSE IN GREATEST NEED ALL OVER THE WORLD.

4b (Code:) (Expenses \$ 1,650,061. including grants of \$ 204,830.) (Revenue \$)
PROVIDING HIGH PROTEIN DEHYDRATED MEALS PACKAGED BY VOLUNTEERS FOR USE IN SCHOOL FEEDING PROGRAMS AND FOR CRISIS RELIEF, AND PROVIDING CASH GRANTS TO SUPPORT CAPACITY BUILDING INITIATIVES BY ORGANIZATIONS ESTABLISHED IN-COUNTRY.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 13,035,300. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U S ?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If "Yes," complete Schedule F Part I</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K</i> <i>If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	3	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	15	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	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)?		X
4b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
7d	If "Yes," indicate the number of Forms 8282 filed during the year.	3	
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter: N/A		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter: N/A		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year: N/A		

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

	Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		
1a Enter the number of voting members of the governing body	1a	12
b Enter the number of voting members that are independent	1b	12
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a	X
b Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)	15b	X
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **NC, VA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
SUSAN MCGAHA - (919) 839-0689
2501 CLARK STREET, RALEIGH, NORTH CAROLINA 27607-7213

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID JOHNSTON BOARD MEMBER								0.	0.	0.
MICHAEL H BROWDER BOARD MEMBER								0.	0.	0.
STEVE HICKLE BOARD MEMBER		X		X				0.	0.	0.
DR. JERRY KRASNER BOARD MEMBER								0.	0.	0.
CLARK PLEXICO BOARD MEMBER		X		X				0.	0.	0.
TOM PROCTOR BOARD MEMBER		X		X				0.	0.	0.
DR. ADAM SAFFER BOARD MEMBER								0.	0.	0.
JACOB S BLASS BOARD MEMBER								0.	0.	0.
REGINALD PONDER BOARD MEMBER								0.	0.	0.
JO ELAINE HARRIS BOARD MEMBER		X		X				0.	0.	0.
REV. RAY A. BUCHANAN PRESIDENT	40.00			X				104,500.	0.	14,154.
RODNEY W BROOKS CEO	40.00			X				99,250.	0.	5,417.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								203,750.	0.	19,571.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

1

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	13189063.			
	g	Noncash contributions included in lines 1a-1f \$		11469655.			
	h	Total. Add lines 1a-1f		13189063.			
Program Service Revenue	2 a	SALES OF GOODS	Business Code 448000	1,255.	1,255.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,255.			
	3	Investment income (including dividends, interest, and other similar amounts)		11,673.			11,673.
4	Income from investment of tax-exempt bond proceeds						
5	Royalties						
Other Revenue	6 a	Gross Rents	(i) Real (ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		<1,538.>		<1,538.>	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
	Miscellaneous Revenue			Business Code			
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		13200453.	1,255.	0.	10,135.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	11,590,069.	11,590,069.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	229,546.	168,947.	32,411.	28,188.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	426,957.	281,333.	76,306.	69,318.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,025.	2,901.	1,348.	776.
9 Other employee benefits	29,232.	18,494.	5,857.	4,881.
10 Payroll taxes	54,921.	37,461.	9,235.	8,225.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	11,781.		11,781.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	129,392.	52,509.	7,533.	69,350.
13 Office expenses	26,670.	18,191.	4,485.	3,994.
14 Information technology	6,810.	4,644.	1,145.	1,021.
15 Royalties				
16 Occupancy	88,895.	86,987.	1,009.	899.
17 Travel	63,930.	43,606.	10,750.	9,574.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,277.	15,877.	3,914.	3,486.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SUPPLIES	663,195.	663,195.		
b CONTRACT LABOR	31,501.	21,486.	5,297.	4,718.
c INSURANCE	18,636.	12,711.	3,134.	2,791.
d POSTAGE	7,634.		6,107.	1,527.
e DUES AND SUBSCRIPTIONS	7,166.	4,888.	1,205.	1,073.
f All other expenses	10,368.	12,001.	<4,658.>	3,025.
25 Total functional expenses. Add lines 1 through 24f	13,425,005.	13,035,300.	176,859.	212,846.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	187,774.	1	103,126.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	2,750.	3	2,987.
	4 Accounts receivable, net		4	8,773.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	129,112.	7	84,112.
	8 Inventories for sale or use		8	75,806.
	9 Prepaid expenses and deferred charges	7,579.	9	35,689.
	10a Land, buildings, and equipment cost basis	10a 134,020.		
	b Less accumulated depreciation. Complete Part VI of Schedule D	10b 48,132.		
		64,892.	10c	85,888.
	11 Investments - publicly traded securities	198,622.	11	64,500.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	2,885.	15	5,386.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	593,614.	16	466,267.	
Liabilities	17 Accounts payable and accrued expenses	41,587.	17	121,488.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	4,946.	25	22,250.
	26 Total liabilities. Add lines 17 through 25	46,533.	26	143,738.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	317,677.	27	233,344.
	28 Temporarily restricted net assets	229,404.	28	89,185.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	547,081.	33	322,529.
	34 Total liabilities and net assets/fund balances	593,614.	34	466,267.

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits?

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

STOP HUNGER NOW, INC.

Employer identification number

16-1541024

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

The organization is not a private foundation because it is (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete the Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5618528.	1411665.	4761343.	8253014.	13189063.	33233613.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					1,255.	1,255.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5	5618528.	1411665.	4761343.	8253014.	13190318.	33234868.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		145,636.	190,775.	320,000.	252,000.	908,411.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b		145,636.	190,775.	320,000.	252,000.	908,411.
8 Public support (Subtract line 7c from line 6)						32326457.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	5618528.	1411665.	4761343.	8253014.	13190318.	33234868.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,151.	16,142.	16,966.	16,716.	11,673.	76,648.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	15,151.	16,142.	16,966.	16,716.	11,673.	76,648.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	41,296.	134,504.				175,800.
13 Total support (Add lines 9, 10c, 11, and 12)						33487316.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	96.53 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	96.31 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	.23 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	.49 %

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☒

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

STOP HUNGER NOW, INC.

Employer identification number

16-1541024

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

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

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		134,020.	48,132.	85,888.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				85,888.

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
Federal income taxes	
ACCRUED VACATION PAYABLE	13,181.
LEASE PAYABLE	9,069.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)	22,250.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Schedule F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

Employer identification number

STOP HUNGER NOW, INC.

16-1541024

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

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

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
SOUTH AMERICA	0	0	PROGRAM SERVICES	CASH GRANTS	17,044.
CENTRAL AMERICA & THE CARIBBEAN	0	0	PROGRAM SERVICES	PROVIDED FOOD, MEDICAL SUPPLIES AND OTHER NEEDED ITEMS & CASH GRANTS	4383840.
SOUTH ASIA	0	0	PROGRAM SERVICES	CASH GRANTS	51,205.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	PROVIDED FOOD, MEDICAL SUPPLIES AND OTHER NEEDED ITEMS & CASH GRANTS	1978100.
EAST ASIA & THE PACIFIC	0	0	PROGRAM SERVICES	PROVIDED FOOD, MEDICAL SUPPLIES & NEEDED ITEMS & CASH GRANTS	5154880.
MIDDLE EAST & NORTH AFRICA	0	0	PROGRAM SERVICES	CASH GRANTS	5,000.
Totals					11590069

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

Schedule F (Form 990) 2008

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐

Use Schedule F-1 (Form 990) if additional space is needed

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA		0.		659,425.	PROVIDED MEDICAL SUPPLIES	WHOLESALE VALUE
			EAST ASIA & AFRICA	MYANMAR CYCLONE RELIEF & CHINA EARTHQUAKE RELIEF	7,500.	WIRE	0.		
			CENTRAL AMERICA & THE CARIBBEAN		0.		433,732.	PROVIDED MEDICAL SUPPLIES & CLOTHING	WHOLESALE VALUE
			CENTRAL AMERICA & THE CARIBBEAN, SUB-SAHARAN AFRICA	TO PROVIDE MEDICAL SUPPLIES, FOOD AND HUMANITARIAN AID	17,618.	CHECK	187,375.	MEDICAL SUPPLIES	
			EAST ASIA		0.		853,865.	PROVIDED MEDICAL SUPPLIES	WHOLESALE VALUE
			EAST ASIA & THE PACIFIC		0.		427,175.	PROVIDED MEDICAL SUPPLIES	WHOLESALE VALUE
			CENTRAL AMERICA & THE CARIBBEAN		0.		103,047.	PROVIDED CLOTHING, FOOD, MEDICAL & BABY SUPPLIES	WHOLESALE VALUE
			SOUTH ASIA	TO PURCHASE FOOD	20,000.	WIRE	0.		

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **26**

3 Enter total number of other organizations or entities **26**

Schedule F (Form 990) 2008

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information

SCHEDULE F, PART I, LINE 2: STOP HUNGER NOW RECEIVES GRANT FUNDS FROM ORGANIZATIONS IN THE U.S. BUT DOES NOT AWARD GRANTS TO ORGANIZATIONS IN THE U.S. GRANT FUNDS RECEIVED ARE RECORDED IN A SALESFORCE.COM DATABASE TO ENSURE PROPER RECOGNITION OF THE AWARDING DONOR. FUNDS THAT ARE DESIGNATED FOR A SPECIFIC PURPOSE ARE RECORDED AS TEMPORARILY RESTRICTED FUNDS IN OUR ACCOUNTING SYSTEM AND ARE NOT RELEASED FROM RESTRICTION UNTIL THE FUNDS HAVE BEEN USED FOR THEIR DESIGNATED PURPOSE. REPORTING REQUIREMENTS ARE MAINTAINED IN OUR DATABASE AND REPORTS ON THE USE OF FUNDS ARE SUBMITTED TO DONORS IN A TIMELY MANNER.

SCHEDULE F, PART I, LINE 3: STOP HUNGER NOW USED THE ACCRUAL BASIS OF ACCOUNTING. THE ORGANIZATION ALSO FOLLOWS STATEMENT OF FINANCIAL ACCOUNTING STANDARDS (SFAS) NO. 117.

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST	TO PURCHASE FOOD	5,000	WIRE	0.		
		CENTRAL AMERICA & THE CARIBBEAN		0.		957,170.	PROVIDED FOOD, CLOTHING & MEDICAL SUPPLIES	WHOLESALE VALUE
		EAST ASIA, SUB-SAHARAN AFRICA	TO PURCHASE MEDICAL SUPPLIES	10,000	WIRE	450,308	PROVIDED MEDICAL SUPPLIES	WHOLESALE VALUE
		SOUTH ASIA	HUNGER RELIEF	5,000	WIRE	0.		
		SUB-SAHARAN AFRICA, CENTRAL AMERICA, SOUTH AMERICA		24,925	WIRE	0.		
		EAST ASIA & CENTRAL AMERICA	HUNGER RELIEF TO PURCHASE FOOD, MEDICAL SUPPLIES, CLOTHING, AND OTHER RELIEF SUPPLIES	72,000	CHECK	0.		
		CENTRAL AMERICA & THE CARIBBEAN	TO PROVIDE HUMANITARIAN AID	5,350	WIRE	0.		
		EAST ASIA		0.		854,747	PROVIDED SUPPORT TO ORPHANAGE AND PROVIDED VO-TECH REHAB	WHOLESALE VALUE

Schedule F-1 (Form 990) 2008

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

NonCash Contributions

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

STOP HUNGER NOW, INC.

Employer identification number

16-1541024

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	180,000.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (_____)				
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,
describe in Part II

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

STOP HUNGER NOW, INC.

Employer identification number

16-1541024

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

TO THE WORLD'S MOST DESTITUTE AND HUNGRY IN THE MOST SUSTAINABLE,
EFFICIENT, AND EFFECTIVE MANNER.

FORM 990, PART VI, SECTION A, LINE 10: STOP HUNGER NOW IS PROVIDED A DRAFT
COPY OF FORM 990 TO REVIEW PRIOR TO ITS SUBMISSION. AFTER STOP HUNGER NOW
REVIEWS THE DRAFT, THE FORM 990 IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: STOP HUNGER NOW (SHN) REQUIRES
THAT ANY POTENTIAL CONFLICT OF INTEREST BE DISCLOSED FULLY, AND ON A TIMELY
BASIS, TO THE BOARD OF DIRECTORS. SHN VIEWS TIMELY DISCLOSURE OF POTENTIAL
CONFLICTS OF INTEREST NECESSARY TO ENSURE THAT SHN'S RESOURCES ARE USED IN
THE MOST JUDICIOUS MANNER AND THAT THE GOALS OF SHN ARE NOT COMPROMISED IN
ANY WAY.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS OF STOP
HUNGER NOW AND MORE SPECIFICALLY THE PERSONNEL COMMITTEE COMPLETES A
PERFORMANCE REVIEW ANNUALLY TO DETERMINE PERFORMANCE BASED COMPENSATION OF
THE PRESIDENT AND THE CEO OF STOP HUNGER NOW.

FORM 990, PART VI, SECTION C, LINE 19: STOP HUNGER NOW MAKES IT'S
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990, AND ANNUAL
REPORT AVAILABLE UPON REQUEST. MANY OF THESE DOCUMENTS ARE ALSO AVAILABLE
ON ITS WEBSITE.

Book Asset Detail 1/01/08 - 12/31/08

Asset *	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group: Goldsboro Sharehouse											
72	Forklift	7/16/08	0.00	0.00c	0.00	0.00	0.00	0.00	0.00		0 0
No Group											
Group: Goldsboro Sharehouse											
56	Forklift	11/14/07	11,635.75	0.00	0.00	387.86	2,327.15	2,715.01	8,920.74	S/L	5 0
71	2002 INTL 4000 (Truck)	2/26/08	21,324.89	0.00c	0.00	0.00	3,554.15	3,554.15	17,770.74	S/L	5 0
Goldsboro Sharehouse											
Group: NC Operation Sharehouse											
47	FORKLIFT	12/06/05	12,000.00	0.00	0.00	5,000.00	2,400.00	7,400.00	4,600.00	S/L	5 0
50	Ford E350 Box Van	9/14/06	17,709.60	0.00	0.00	4,722.56	3,541.92	8,264.48	9,445.12	S/L	5 0
51	Dockboard	1/03/06	996.00	0.00	0.00	199.20	99.60	298.80	697.20	S/L	10 0
52	Bag Sealer	1/13/06	903.00	0.00	0.00	180.60	90.30	270.90	632.10	S/L	10 0
70	Pallet Racks	12/01/08	3,500.00	0.00c	0.00	0.00	58.33	58.33	3,441.67	S/L	5 0
73	FORKLIFT	7/16/08	10,000.00	0.00c	0.00	0.00	833.33	833.33	9,166.67	S/L	5 0
NC Operation Sharehouse											
Group: Office Equipment											
5	Refrigerator	12/02/97	195.93	0.00	0.00	195.93	0.00	195.93	0.00	S/L	10 0
9 *	TV/VCR	5/20/98	395.28	0.00	0.00	378.83	16.45	395.28	0.00	S/L	10 0
10	BackPack for Travel	4/30/98	400.00	0.00	0.00	386.67	13.33	400.00	0.00	S/L	10 0
14	2 Desks - Donated	6/01/98	500.00	0.00	0.00	479.17	20.83	500.00	0.00	S/L	10 0
22	Computer Desk	1/09/98	459.75	0.00	0.00	459.75	0.00	459.75	0.00	S/L	10 0
35 *	HP 7840 Refurbished	3/13/01	826.76	0.00	0.00	826.76	0.00	826.76	0.00	S/L	5 0
37	Satellite Phone	11/30/01	515.00	0.00	0.00	515.00	0.00	515.00	0.00	S/L	5 0
38	Computer	12/04/02	598.59	0.00	0.00	598.59	0.00	598.59	0.00	S/L	5 0
41	Display Unit	5/08/02	1,283.99	0.00	0.00	1,146.43	137.56	1,283.99	0.00	S/L	7 0
42	Oak Bookcases	12/04/02	2,150.00	0.00	0.00	1,092.92	215.00	1,307.92	842.08	S/L	10 0
43	Sharp Projector - Donated	10/14/04	962.99	0.00	0.00	625.95	192.60	818.55	144.44	S/L	5 0
44	TOSHIBA LAPTOP-RAY	1/14/05	2,599.68	0.00	0.00	1,559.82	519.94	2,079.76	519.92	S/L	5 0
45	COPIER	7/02/05	900.00	0.00	0.00	450.00	180.00	630.00	270.00	S/L	5 0
46	LAPTOP-CHAD	10/17/05	506.12	0.00	0.00	219.31	101.22	320.53	185.59	S/L	5 0
48	LAPTOP-JEAN	12/07/05	854.94	0.00	0.00	356.23	170.99	527.22	327.72	S/L	5 0
49	Phone - Ray	4/06/06	518.90	0.00	0.00	181.62	103.78	285.40	233.50	S/L	5 0
54	Lenovo Thinkpad	1/31/07	2,283.56	0.00	0.00	418.65	456.71	875.36	1,408.20	S/L	5 0
55	Lenovo Thinkpad - Goldsboro	10/03/07	1,499.89	0.00	0.00	74.99	299.98	374.97	1,124.92	S/L	5 0
57	Server	7/26/07	7,850.46	0.00	0.00	654.21	1,570.09	2,224.30	5,626.16	S/L	5 0
58	Saleforce Software	12/08/07	5,000.00	0.00	0.00	138.89	1,666.67	1,805.56	3,194.44	Amort	3 0
59	Metasoft Systems	2/21/07	2,995.00	0.00	0.00	499.17	599.00	1,098.17	1,896.83	S/L	5 0
60	Lenovo T61 Laptop for operation st	1/25/08	1,334.08	0.00c	0.00	0.00	244.58	244.58	1,089.50	S/L	5 0
61	Lenovo T61 Laptop for operation st	1/25/08	1,334.08	0.00c	0.00	0.00	244.58	244.58	1,089.50	S/L	5 0
64	HP dc7700 Bookkeeper Desktop	5/22/08	534.57	0.00c	0.00	0.00	62.37	62.37	472.20	S/L	5 0
65	Viewsonic Projector	5/06/08	519.82	0.00c	0.00	0.00	69.31	69.31	450.51	S/L	5 0

FYE: 12/31/2008

Asset *	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group: Office Equipment (continued)											
66	Sony VAI0 Laptop (Ray)	4/18/08	2,028 24	0 00c	0 00	0 00	270 43	270 43	1,757 81	S/L	5 0
67	Lenovo T400 Laptop (HR Coordina	11/13/08	1,182 36	0 00c	0 00	0 00	39 41	39 41	1,142 95	S/L	5 0
68	Lenovo Thinkpad Laptop (Raleigh (6/19/08	1,315 14	0 00c	0 00	0 00	131 51	131 51	1,183 63	S/L	5 0
	Office Equipment		41,545 13	0 00c	0 00	11,258 89	7,326 34	18,585 23	22,959 90		
	*Less: Dispositions		1,222 04	0 00	0 00	1,205 59	0 00	1,222 04	0 00		
	Net Office Equipment		40,323 09	0 00c	0 00	10,053 30	7,326 34	17,363 19	22,959 90		
Group: VA Operation Sharehouse											
53	Truck	7/03/06	14,428 45	0 00	0 00	4,328 54	2,885 69	7,214 23	7,214 22	S/L	5 0
69	Lenovo Thinkpad Laptop (Lynchbu	4/24/08	1,199 34	0 00c	0 00	0 00	159 91	159 91	1,039 43	S/L	5 0
	VA Operation Sharehouse		15,627 79	0 00c	0 00	4,328 54	3,045 60	7,374 14	8,253 65		
	Grand Total		135,242 16	0 00c	0 00	26,077 65	23,276 72	49,354 37	85,887 79		
	Less: Dispositions		1,222 04	0 00	0 00	1,205 59	0 00	1,222 04	0 00		
	Net Grand Total		134,020 12	0 00c	0 00	24,872 06	23,276 72	48,132 33	85,887 79		