

Return of Organization Exempt From Income Tax

2008

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009

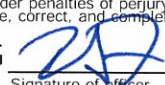
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	Freedom from Hunger 1644 DaVinci Court Davis, CA 95618	D Employer Identification Number 95-1647835
			E Telephone number (800) 708-2555
F Name and address of principal officer: Same As C Above			G Gross receipts \$ 8,137,145.
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) H (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J Website: G www.freedomfromhunger.org			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other G			H(c) Group exemption number G
L Year of Formation: 1946		M State of legal domicile: CA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Freedom from Hunger brings innovative and sustainable self-help solutions to the fight against chronic hunger and poverty. Together with local partners, we equip families with resources they need to build futures of health, hope and dignity.</u>		
	2 Check this box G <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	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of employees (Part V, line 2a)	5	58
	6 Total number of volunteers (estimate if necessary)	6	0
	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.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 8,414,625.	Current Year 7,457,488.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	76,111.	85,853.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,460.	-81,618.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,595,502.	7,461,723.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,919,005.	231,529.
	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)	2,960,873.	3,598,464.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	106,713.	97,125.
	b Total fundraising expenses (Part IX, column (D), line 25) G 527,537.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,511,865.	2,889,922.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,498,456.	6,817,040.
19 Revenue less expenses. Subtract line 18 from line 12	97,046.	644,683.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 5,279,374.	End of Year 6,070,641.
	21 Total liabilities (Part X, line 26)	2,314,325.	3,007,743.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,965,049.	3,062,898.

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: G  Signature of officer Date: 12/4/09

G Ron Forrest Chief Financial Officer
Type or print name and title.

Paid Preparer's Use Only	Preparer's signature G Steven J. Olds CPA	Date 12/04/09	Check if self-employed G <input type="checkbox"/>	Preparer's identifying number (see instructions) P00032941
	Firm's name (or yours if self-employed), address, and ZIP + 4 G Williams & Olds, CPA's 3100 Zinfandel Dr Suite 170 Rancho Cordova, CA 95670-6062	EIN G 01-0560769	Phone no. G (916) 858-1680	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

See Schedule O

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

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

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 \$ 1,374,705. including grants of \$ 188,108.) (Revenue \$ 64,722.)

Africa Programs - 3,021,648 persons benefited from poverty alleviation, increased health/nutrition/business knowledge and practice, and improved household food security and children's nutrition.

4b (Code:) (Expenses \$ 882,980. including grants of \$ 30,180.) (Revenue \$ 40,096.)

Southeast Asia Programs - 1,406,626 benefited from poverty alleviation, increased health/nutrition/business knowledge and practice, and improved household food security and children's nutrition.

4c (Code:) (Expenses \$ 628,642. including grants of \$ 3,813.) (Revenue \$ 37,638.)

Central & South America Programs - 1,406,626 persons benefited from poverty alleviation, increased health/nutrition/business knowledge and practice, and improved household food security and children's nutrition.

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

(Expenses \$ 2,461,259. including grants of \$ 9,428.) (Revenue \$)

4e Total program service expenses G \$ 5,347,586. (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)? If 'Yes,' complete Schedule A	1	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		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? If 'Yes,' complete Schedule C, Part III	5		
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? If 'Yes,' complete Schedule D, Part I	6		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? If 'Yes,' complete Schedule D, Part II	7		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		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? If 'Yes,' complete Schedule D, Part IV	9		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	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? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	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.? If 'Yes,' complete Schedule F, Part I	14b	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? If 'Yes,' complete Schedule F, Part II	15	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? If 'Yes,' complete Schedule F, Part III	16		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17	X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23	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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25	24a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
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? If 'Yes,' complete Schedule L, Part I	25a		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		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? If 'Yes,' complete Schedule L, Part II	26		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? If 'Yes,' complete Schedule L, Part III	27		X

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)? If 'Yes,' complete Schedule L, Part IV.....	28a	X
	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV.....	28b	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? If 'Yes,' complete Schedule L, Part IV.....	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.....	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.....	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.....	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.....	32	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? If 'Yes,' complete Schedule R, Part I.....	33	X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.....	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.....	35	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.....	36	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? If 'Yes,' complete Schedule R, Part VI.....	37	X

BAA

Form 990 (2008)

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.		
1a	77		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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.		
2a	58		
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: <u>G Various</u> 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 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.		
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 all 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 any distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
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:		
11a	Gross income from other 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.		

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.			
1 a	Enter the number of voting members of the governing body		
	1 a		25
b	Enter the number of voting members that are independent		
	1 b		25
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? See Schedule O	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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?		X
9 a	Does the organization have local chapters, branches, or affiliates?		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?		
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. See Schedule O	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		X

Section B. Policies

		Yes	No
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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. See Schedule O	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	X	
b	Other officers of key employees of the organization? See Schedule O. Describe the process in Schedule O. (see instructions)	X	
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		

Section C. Disclosures

- 17 List the states with which a copy of this Form 990 is required to be filed G CA NY
- 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. See Schedule O
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
G Freedom from Hunger 1644 DaVinci Court Davis CA 95618 (800)708-2555

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

1 a 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) or 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			
Auger, Richard C. Secretary/BOT	2	X		X			0.	0.	0.	
Breyer, Ellen L. Vice Chair/BOT	2	X		X			0.	0.	0.	
Bryan, Shari K. Trustee	2	X					0.	0.	0.	
Coker, William Z. Trustee	2	X					0.	0.	0.	
Desrochers, Richard Trustee	2	X					0.	0.	0.	
Doolley, Elizabeth Trustee	2	X					0.	0.	0.	
Dunford, Christopher, Ph.D. President	40			X			141,173.	0.	17,035.	
Reinsch Sinclair, Myka VP Program Serv	40			X			66,510.	0.	4,162.	
Foote, Sean Trustee	2	X					0.	0.	0.	
Freund, Deborah Trustee	2	X					0.	0.	0.	
Goshin, Arthur, MD, MPH Trustee	2	X					0.	0.	0.	
Hamm, William G. Trustee	2	X					0.	0.	0.	
Hest, Christopher VP, Ext. Affairs	40			X			138,510.	0.	2,237.	
Kelly, James VP, Operations	40			X			61,420.	0.	0.	
Leatherman, Sheila Trustee	2	X					0.	0.	0.	
Leslie, Joanne, Sc.D. Trustee	2	X					0.	0.	0.	
Marosits, Mark J. Trustee	2	X					0.	0.	0.	

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

(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			
McBurney, Thomas R. Trustee	2	X						0.	0.	0.
McNally, Ginger Trustee	2	X						0.	0.	0.
Medearis, Robert W. Trustee	2	X						0.	0.	0.
Monroe, Dennis Trustee	2	X						0.	0.	0.
Plimpton, Susan Trustee	2	X						0.	0.	0.
Porter, Beth M.A. VP Prog. Svcs.	40			X				106,216.	0.	0.
Pothel, L. Ralph, M.D. Trustee	2	X						0.	0.	0.
Reggie, Ed Michael Treasurer, BOT	2	X						0.	0.	0.
Rohan, Dennis M., Ph.D. Trustee	2	X						0.	0.	0.
Roth Catherine C. Trustee	2	X						0.	0.	0.
Stack, Kathleen E., M.S. VP Program Dev	40			X				99,231.	0.	3,998.
Thomas, J. Grover Jr. Chairman/BOT	2	X						0.	0.	0.
Udow Phillips, Marianne Trustee	2	X						0.	0.	0.
1b Total							G	637,435.	0.	30,720.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **G 3**

	Yes	No
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	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual	4	X
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	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
Sanky Perlowin Associates, Inc. 589 8th Ave, 10th Floor New York, NY	Website, Fundraising	174,166.

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

Continuation Sheet for Form 990

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization Freedom from Hunger	Employer Identification number 95-1647835
--	---

Part I Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
Youngblood, Lawrence P. Trustee	2	X					0.	0.	0.	
O'Donnell, Paul V.P. VP Operations	40			X			24,375.	0.	3,288.	

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	1a 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	7,457,488.				
	g Noncash contribns included in lns 1a-1f:		\$ 74,946.				
h Total. Add lines 1a-1f:			G 7,457,488.				
PROGRAM SERVICE REVENUE	Business Code						
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f:			G				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		G 74,682.			74,682.	
	4 Income from investment of tax-exempt bond proceeds		G				
	5 Royalties		G				
			(i) Real	(ii) Personal			
	6a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)		G				
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		685,217.	1,376.			
	b Less: cost or other basis and sales expenses		665,579.	9,843.			
	c Gain or (loss)		19,638.	-8,467.			
	d Net gain or (loss)		G 11,171.			11,171.	
	8a 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		G				
	9a Gross income from gaming activities. See Part IV, line 19		a				
b Less: direct expenses		b					
c Net income or (loss) from gaming activities		G					
10a 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		G					
Miscellaneous Revenue		Business Code					
11a Miscellaneous				2,286.		2,286.	
b Loss on Sublease				-83,904.		-83,904.	
c							
d All other revenue							
e Total. Add lines 11a-11d:		G		-81,618.			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			G 7,461,723.	0.	0.	4,235.	

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.	231,529.	231,529.		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	591,038.	463,203.	119,542.	8,293.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	2,549,120.	2,058,888.	454,491.	35,741.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).				
9 Other employee benefits.	274,582.	213,801.	51,976.	8,805.
10 Payroll taxes.	183,724.	142,961.	36,386.	4,377.
11 Fees for services (non-employees).				
a Management.	8,100.	4,966.	3,134.	
b Legal.	15,381.	15,381.		
c Accounting.	16,365.		16,365.	
d Lobbying.				
e Prof fundraising svcs. See Part IV, ln 17.	97,125.			97,125.
f Investment management fees.				
g Other.	496,705.	461,980.	14,923.	19,802.
12 Advertising and promotion.	36,800.	36,800.		
13 Office expenses.	578,078.	259,560.	91,301.	227,217.
14 Information technology.				
15 Royalties.				
16 Occupancy.	241,860.	222,996.	18,864.	
17 Travel.	591,021.	545,880.	45,141.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	68,942.	55,041.	12,721.	1,180.
20 Interest.	27,648.		27,648.	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	74,805.	44,617.	20,828.	9,360.
23 Insurance.	148,631.	44,624.	27,116.	76,891.
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 <u>Field offices</u>	289,258.	289,258.		
b <u>Evaluation costs</u>	220,557.	220,557.		
c <u>List acquisition and process</u>	38,597.			38,597.
d <u>Currency exchange gains (loss)</u>	33,887.	33,887.		
e <u>Other personnel costs</u>	3,126.	1,496.	1,481.	149.
f All other expenses.	161.	161.		
25 Total functional expenses. Add lines 1 through 24f.	6,817,040.	5,347,586.	941,917.	527,537.
26 Joint Costs. Check here G <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	1,024,147.	1	465,630.
	2	Savings and temporary cash investments	866,509.	2	2,581,003.
	3	Pledges and grants receivable, net	38,666.	3	
	4	Accounts receivable, net	389,024.	4	404,673.
	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		7	
	8	Inventories for sale or use	16,683.	8	16,267.
	9	Prepaid expenses and deferred charges	126,602.	9	102,013.
	10a	Land, buildings, and equipment: cost basis	1,574,268.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	917,112.	10c	657,156.
	11	Investments - publicly-traded securities	1,633,991.	11	1,485,448.
	12	Investments - other securities. See Part IV, line 11	36,301.	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	419,552.	15	358,451.
16	Total assets. Add lines 1 through 15 (must equal line 34).	5,279,374.	16	6,070,641.	
LIABILITIES	17	Accounts payable and accrued expenses	506,670.	17	465,616.
	18	Grants payable		18	
	19	Deferred revenue	1,206,202.	19	1,742,127.
	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	401,453.	23	600,000.
	24	Unsecured notes and loans payable	200,000.	24	200,000.
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25.	2,314,325.	26	3,007,743.
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	2,188,015.	27	1,774,814.
	28	Temporarily restricted net assets	699,256.	28	1,210,306.
	29	Permanently restricted net assets	77,778.	29	77,778.
	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, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances.	2,965,049.	33	3,062,898.	
34	Total liabilities and net assets/fund balances.	5,279,374.	34	6,070,641.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If 'Yes' to 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?	X	
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?		X
3b	If 'Yes,' did the organization undergo the required audit or audits?		

Public Charity Status and Public Support

2008

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization Freedom from Hunger	Employer identification number 95-1647835
--	---

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 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 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 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 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?

	Yes	No
(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?	11 g (i)	
(ii) a family member of a person described in (i) above?	11 g (ii)	
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)	

h Provide the following information about the organizations the organization supports.

(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									

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) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	3,456,499.	3,335,708.	3,653,762.	8,364,310.	7,424,951.	26,235,230.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 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.						0.
4 Total. Add lines 1-3.	3,456,499.	3,335,708.	3,653,762.	8,364,310.	7,424,951.	26,235,230.
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).						3,785,692.
6 Public support. Subtract line 5 from line 4.						22,449,538.

Section B. Total Support

Calendar year (or fiscal year beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	3,456,499.	3,335,708.	3,653,762.	8,364,310.	7,424,951.	26,235,230.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	46,042.	56,735.	195,563.	174,417.	96,062.	568,819.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV.	751,257.	1,445,221.	3,189,759.	6,460.	2,286.	5,394,983.
11 Total support. Add lines 7 through 10.						32,199,032.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
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.						G <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	69.7 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	62.3 %
16a 33-1/3 support test ' 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.	G <input checked="" 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.	G <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.	G <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.	G <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.	G <input type="checkbox"/>	

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 yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
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						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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 **G**

b 33-1/3 support tests * 2007. If the organization did not check a box on line 14 or 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. **G**

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

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Area with horizontal dashed lines for supplemental information.

Freedom from Hunger

95-1647835

12/04/09

11:10AM

Part II, Line 10 - Other Income

Nature and Source	2008	2007	2006	2005	2004
TECHNICAL ASSISTANCE			3,186,983.	1,444,974.	753,737.
MISC. OTHER	2,286.	6,460.	2,776.	247.	-2,480.
Total	<u>\$ 2,286.</u>	<u>\$ 6,460.</u>	<u>\$3,189,759.</u>	<u>\$1,445,221.</u>	<u>\$ 751,257.</u>

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Employer identification number

Freedom from Hunger

95-1647835

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two yes/no questions regarding donor advisement.

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

Table with 2 columns: Question, Held at the End of the Year. Rows include purpose(s) of conservation easements, number of easements, and monitoring details.

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.

Table with 2 columns: Question, Amount. Rows include reporting requirements for art and historical treasures, and amounts for revenues and assets.

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:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? 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	77,778.				
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	77,778.				

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

- a Board designated or quasi-endowment G _____ %
- b Permanent endowment G 100.00 %
- c Term endowment G _____ %

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

	Yes	No
(i) unrelated organizations	3a(i)	X
(ii) related organizations	3a(ii)	X
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	X

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		145,437.		145,437.
b Buildings		766,195.	497,321.	268,874.
c Leasehold improvements		238,178.	114,586.	123,592.
d Equipment		424,458.	305,205.	119,253.
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) G				657,156.

BAA

Part VII Investments' Other Securities See Form 990, Part X, line 12. N/A

(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. (Column (b) should equal Form 990 Part X, col. (B) line 12.) G		

Part VIII Investments' Program Related (See Form 990, Part X, line 13) N/A

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

Part IX Other Assets (See Form 990, Part X, line 15)

(a) Description	(b) Book value
Cash Surrender Value of Life Insurance	145,306.
Deposits	19,638.
Hitzler Trust	77,778.
Mattheman Trust	76,881.
Other	12,000.
Split Interest Agreements	26,848.
Total. Column (b) Total (should equal Form 990, Part X, col.(B), line 15) G	358,451.

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25) G	

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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	7,461,723.
2	Total expenses (Form 990, Part IX, column (A), line 25)	6,817,040.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	644,683.
4	Net unrealized gains (losses) on investments	-518,810.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV) See Part XIV	-28,024.
9	Total adjustments (net). Add lines 4-8	-546,834.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	97,849.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	7,037,254.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-518,810.
b	Donated services and use of facilities	2b	122,365.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV) See Part XIV	2d	-28,024.
e	Add lines 2a through 2d	2e	-424,469.
3	Subtract line 2e from line 1	3	7,461,723.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	7,461,723.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	6,939,405.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	122,365.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	122,365.
3	Subtract line 2e from line 1	3	6,817,040.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	6,817,040.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Part XIV Supplemental Information (continued)

Freedom from Hunger

95-1647835

12/04/09

11:10AM

Schedule D, Part XI, Line 8
Other Changes In Net Assets Or Fund Balances

Change in value of split interest agreements	\$	-28,024.
Total	\$	<u>-28,024.</u>

Schedule D, Part XII, Line 2d
Other Revenue Included In F/S But Not Included On Form 990

Change in Split Interest Agreements	\$	-28,024.
Total	\$	<u>-28,024.</u>

Statement of Activities Outside the United States

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

Name of the organization

Employer identification number

Freedom from Hunger

95-1647835

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
Cent. Amer. & Caribbean	0	0	Program services	CwE; SFC	34,528.
E. Asia & Pacific	0	0	Program services	CwE; MAHP	42,511.
North America	1	4	Program services	CwE	313,354.
South America	1	1	Program services	CwE; MAHP	280,760.
South Asia	1	10	Program services	CwE; MAHP	840,468.
Sub-Saharan Africa	3	13	Program services	CwE; HK; MAHP; SFC	
					1,374,706.
Totals..... G	6	28			2,886,327.

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. G 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)
			South Asia	MAHP	30,180.	Wire transfer			
			Sub-Saharan Africa						
				CwE	64,093.	Wire transfer			
			Sub-Saharan Africa						
				MAHP	30,614.	Wire transfer			
			Sub-Saharan Africa						
				MAHP	50,000.	Wire transfer			
			Sub-Saharan Africa						
				SFC	10,000.	Wire transfer			
			Sub-Saharan Africa						
				SFC	20,000.	Wire transfer			
			Sub-Saharan Africa						
				SFC	6,700.	Wire transfer			
			Sub-Saharan Africa						
				SFC	6,700.	Wire transfer			

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. G 6

3 Enter total number of other organizations or entities. G 2

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

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

Part I, Line 2 - Grantmakers Explanation For Grants Outside US

FFH requires written agreements and contracts for international grants. Such contracts contain stipulated objectives related to the FFH mission, a project budget, required periodic reporting of financial and operational progress, expected outcomes plus deliverables. FFH management maintains regular contact with grantees via email, phone and internet connections for updates on financial and operational progress as well as political and socio-economic trends. FFH staff conducts periodic field visits to ensure accurate reporting of expenditures against budget and maintain focus on mission and objectives. In general, all methods of communication and local visit will be used to ensure compliance with charitable activities, anti-terrorism legislation and Foreign Corrupt Practices Act among other non-profit compliance standards.

Supplemental Information Regarding Fundraising or Gaming Activities

2008

G Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

Name of the organization

Employer identification number

Freedom from Hunger

95-1647835

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- Mail solicitations
- Email solicitations
- Phone solicitations
- In-person solicitations

- Solicitation of non-government grants
- Solicitation of government grants
- Special fundraising events

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Sanky Perlowin Associates, Inc.			X		174,166.	
Total				G	174,166.	0.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.
AL AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE
NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
REVENUE	1	Gross receipts				
	2	Less: Charitable contributions				
	3	Gross revenue (line 1 minus line 2)				
DIRECT EXPENSES	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses				
	8	Direct expense summary. Add lines 4- through 7 in column (d)				G
	9	Net income summary. Combine lines 3 and 8 in column (d)				G

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
		1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				G
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)				G

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If 'No,' Explain: -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If 'Yes,' Explain: -----		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		YES	NO
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility.....	13 a	%
b	An outside facility.....	13 b	%
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name: G _____		
	Address: G _____		
15a	Does the organization have a contact with a third party from whom the organization receives gaming revenue?.....	15 a	
b	If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.		
c	If 'Yes,' enter name and address:		
	Name: G _____		
	Address: G _____		
16	Gaming manager information		
	Name: G _____		
	Gaming manager compensation G \$ _____		
	Description of services provided: G _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?.....	17 a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: G \$ _____		

SCHEDULE J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

2008

Department of the Treasury
Internal Revenue Service

Attach to Form 990. To be completed by organizations that
answered 'Yes' to Form 990, Part IV, line 23.

Open to Public
Inspection

Name of the organization

Employer identification number

Freedom from Hunger

95-1647835

Part I Questions Regarding Compensation

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

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

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.....

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

3 Indicate which, if any, of the following organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- | | | | |
|---|----|--|---|
| a Receive a severance payment or change of control payment? | 4a | | X |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |

If 'Yes' to any of 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- | | | | |
|-----------------------------------|----|--|---|
| a The organization? | 5a | | X |
| b Any related organization? | 5b | | X |

If 'Yes' to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- | | | | |
|-----------------------------------|----|--|---|
| a The organization? | 6a | | X |
| b Any related organization? | 6b | | X |

If 'Yes' to line 6a or 6b, describe in Part III.

7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III	8		X
---	---	--	---

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other compensation				
Dunford, Christo	(i)	141,173.	0.	0.	17,035.	0.	158,208.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Transactions with Interested Persons

2008

Department of the Treasury
Internal Revenue Service

G Attach to Form 990 or Form 990-EZ.
G To be completed by organizations that answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

Open to Public
Inspection

Name of the organization Freedom from Hunger	Employer identification number 95-1647835
--	---

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 G \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization G \$ _____

Part II Loans to and/or From Interested Persons.
To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total				G \$ _____						

Part III Grants or Assistance Benefitting Interested Persons.
To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.
To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Christine Dodson	Spouse, Christo	48,576.	Salary		X

SCHEDULE M
(Form 990)

Non-Cash Contributions

OMB No. 1545-0047

2008

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

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

G Attach to Form 990.

Name of the organization

Employer identification number

Freedom from Hunger

95-1647835

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	18	42,408.	Sale price
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 G (Unreimb Travel)	X	55	27,383.	Actual cost
26 Other G (Furniture)	X	1	5,155.	Fair value
27 Other G ()				
28 Other G ()				

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

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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?		X
b If 'Yes,' describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If 'Yes,' describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Department of the Treasury
Internal Revenue Service

G 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.

Name of the organization

Freedom from Hunger

Employer identification number

95-1647835

Form 990, Part III, Line 1 - Organization Mission

At least one billion people live on an average income of a dollar a day per person-on good days, they may earn two dollars-on bad days, nothing. This is a grim existence, filled with anxiety about the next meal and heartbreaking choices.

Freedom from Hunger's self-help programs invest in women and their determination feed their children, safeguard their health and send them to school. Our combination of microfinance, practical education and access to health care, helps women earn and save more money, buy more and better food, and pay for health care.

We share our proven programs by training and collaborating with local partners who expand our reach and ensure that services are delivered effectively and sustainably.

Families living in poverty face staggering obstacles. Yet they survive-because of their individual resilience and resourcefulness and because they have each other.

To build on their capacity and determination to help themselves and each other, Freedom from Hunger partners with local organizations to give the poor access to microfinance loans and saving services, and combines the microfinance with practical education and access to health care.

Microfinance is one of the most powerful self-help support services ever created. It provides credit and saving services that are affordable, flexible and reliable enough to allow the very poor to reduce the day-to-day uncertainties of cash management, to save money over time, and to borrow for vital needs and opportunities, such as starting or growing a tiny business to earn more money.

Benefits for chronically hungry families, especially the children, are greater when microfinance is offered to the women of these families, when they come together in

Name of the organization

Employer identification number

Freedom from Hunger

95-1647835

Form 990, Part III, Line 1 - Organization Mission (continued)

their own saving and credit groups that meet regularly in their own villages or neighborhoods and when they reinforce each other's loan repayment and saving discipline. Recognizing this potential of microfinance since 1988, Freedom from Hunger is one of the pioneers of microfinance for groups of women in very poor rural areas of Africa, Asia and Latin America.

Microfinance programs have now helped tens of millions of very poor families, worldwide, to meet their immediate financial service needs. Billions of dollars have been loaned and repaid-on time-with enough interest to support the costs of lending. Individual microfinance organizations have grown to serve tens of thousands, even millions of poor clients-and they continue to grow.

Microfinance alone is not enough for the very poor to climb out of poverty. Knowing this from the start of our commitment to microfinance, Freedom from Hunger designed practical adult education that engages women at their microfinance group meetings-for better health, nutrition, business and money management. To further add value to microfinance, we are now developing new ways to offer the women access to health care services and medicines, when these are locally available and of good quality. This latest innovation recognizes that illness and injury are among the leading reasons people cannot escape poverty and chronic hunger.

Rigorous studies have documented that women who participate in Freedom from Hunger's value-added microfinance programs have more money and assets available in the household, a greater sense of personal empowerment to take action in the family and community, better business practices, better health practices, and better nourished, healthier children.

Name of the organization

Freedom from Hunger

Employer identification number

95-1647835

Form 990, Part III, Line 1 - Organization Mission (continued)

Freedom from Hunger does not act alone. We teach local organizations to provide value-added microfinance to groups of women. This leverage through collaboration allows our staff of fewer than 50 professionals to offer our programs to 1.5 million women in 16 developing countries of Africa, Asia and Latin America. We offer other organizations two types of value-added microfinance-Credit with Education for microfinance institutions and credit unions and Saving for Change for non-financial service organizations that help women form their own independent savings and credit groups.

Form 990, Part III, Line 4d - Other Program Services Description

Global Programs - 679,031 persons benefited from programs originating at the International Center. Programs include the development and dissemination of education on topics such as health, nutrition, family planning, financial education for the poor, and better business. Other projects include research, hunger awareness activities, progress tracking, impact research and new program development.

Credit with Education

Benin, Bolivia, Burkina Faso, Ecuador, Ghana, Guatemala, Haiti, India, Madagascar, Mali, Mexico, Peru, the Philippines, Togo

Pioneered in 1989 by Freedom from Hunger, Credit with Education was the first microfinance service to prove that participatory education about nutrition, health and business management could be sustainably incorporated into women's repayment meetings to achieve greater impact for large numbers of chronically hungry families.

Credit with Education is now delivered by 25 local organizations (credit unions and federations of credit unions, rural banks and microfinance institutions) in 14

Name of the organization

Freedom from Hunger

Employer identification number

95-1647835

Form 990, Part III, Line 4d - Other Program Services Description (continued)

countries worldwide.

Microfinance and Health Protection (MAHP)

Benin, Bolivia, Burkina Faso, India, the Philippines

MAHP is in the fourth year of a five-year grant from the Bill & Melinda Gates

Foundation, which supports Freedom from Hunger's initiative to develop and test the

ability of microfinance institutions to do more for their clients by improving

access to health care and health products. Not only does MAHP improve the health of

women clients and their families, it improves the health of microfinance

organizations, because their clients (and their families) become ill less often and

recover more quickly and therefore are better able to repay loans and take new

loans. Clients of the five MAHP partners are gaining access to health savings

accounts, micro-insurance for health care, group rates at private clinics and/or the

ability to buy health products while attending repayment meetings.

Saving for Change

Burkina Faso, Mali, Senegal

Many women living in rural areas are beyond the reach of microfinance institutions.

That's why Freedom from Hunger has joined with Oxfam America and Strømme Foundation

of Norway to develop Saving for Change, a microfinance approach that enables groups

of women to deposit and safeguard savings—often just a few pennies a week. When

savings accumulate, the women in the group act as their own bankers, approving small

loans to each other from their own pooled savings. The program is so simple and

successful that Freedom from Hunger created picture-based curricula to train

low-literacy village women to replicate the groups in neighboring villages, giving

ever more women a chance to benefit. At the end of FY09, there were more than 8,483

Name of the organization

Employer identification number

Freedom from Hunger

95-1647835

Form 990, Part III, Line 4d - Other Program Services Description (continued)

savings groups-of these, approximately half were started by village women.

HealthKeepers

Ghana

The HealthKeepers program-our innovative use of door-to-door sales to improve access to vital health products-trained 253 HealthKeepers to bring insecticide-treated mosquito nets, oral rehydration solution, water purification tablets, soap, reading glasses, antiseptic solution and more to their friends and neighbors and educate them on the proper use of each item. In the process, the HealthKeepers found a new way to earn money for their families, and their customers gained reliable access to affordable products that can save their lives.

Training, Collaboration and Influence

Worldwide

How does an organization with a staff of 46 help nearly 1.5 million families?

Collaboration and training. Freedom from Hunger's 72 local partners are using our methods, curricula and technical assistance to provide microfinance, education and health protection services to women living in very poor, rural areas in 16 countries. To spread the word further, Freedom from Hunger actively promotes value-added microfinance to other organizations at workshops, conferences and trainings around the world. Each year, more organizations are using our methods and materials, or creating their own distinctive versions, to add new services for women who need more than loans to break free from poverty.

Name of the organization

Employer identification number

Freedom from Hunger

95-1647835

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

The organization's president, Christopher Dunford, is married to one of the organization's program managers, Christine Dodson.

Form 990, Part VI, Line 10 - Form 990 Review Process

The Form 990 workpapers are prepared by the Finance Director and Chief Financial Officer. The draft Form 990 is then prepared by an independent CPA firm.

Subsequently, the draft Form 990 is presented to the Audit Committee for review and acceptance. Once accepted, an electronic version of the Form 990 is provided to the Board of Trustees. The Audit Committee presents the Form 990 at the annual Board of Trustee meeting. The Board of Trustees is given 7 days to provide comments or ask questions prior to filing.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

FFH maintains a Conflicts of Interest Policy for Trustees, Officers, Employees and Volunteers. Upon commencement of duties and annually thereafter, Trustees, Officers, Employees and Volunteers sign a conflict of interest statement. Any conflict of interest is disclosed to the Board of Trustees and included in the minutes to reflect that any interested person is not present during final discussion or vote and did not vote.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees

A Compensation Committee meets annually to discuss and review officer and key employee compensation. The Compensation Committee reviews salaries based upon independent salary surveys for the industry and region. The Compensation Committee then reports directly, in private session, to the Chair.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

FFH makes its Form 990 and annual reports available on our website. Other governing documents, policies and audited financial statements are available upon request.