Department of the Treasury

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**Open to Public** 

2

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.											
Α	For the	e 2022 calend		, 20							
в	Check if	f applicable:	D Empl	oyer identification number							
	Address	s change	52-2	277575							
	Name c	hange	E Telepł	hone number							
	Initial re	turn	1220 L STREET NW	725	(202	)835-1240					
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code								
	Amende	ed return	WASHINGTON, DC 20005		G Gross	receipts \$6,820,978.					
	Applicat	tion pending	F Name and address of principal officer:	H(a) Is this a	group return fo	or subordinates? 🗌 Yes 🛛 No					
			NIRANJALI AMERASINGHE, 1220 L STREET NW, STE 725, WASHINGTON, DC 2	0005 <b>H(b)</b> Are al	l subordinat	es included? 🗌 Yes 🗌 No					
I	Tax-exe	empt status:	X         501(c)(3)         501(c) (         ) (insert no.)         4947(a)(1) or         527	lf "No	," attach a li	st. See instructions.					
	Website		CTIONAIDUSA.ORG	H(c) Group	exemption	number					
-		organization: 🗙	Corporation Trust Association Other L Year of form	nation: 200	0 M State	of legal domicile: DC					
P	art I	Summa									
	1		cribe the organization's mission or most significant activities: <u>ACTI</u>								
Ce		BUILDIN	G A JUST, EQUITABLE, AND SUSTAINABLE WORLD IN	SOLIDARI	TY WIT	H					
nar			TIES ON THE FRONTLINES OF POVERTY AND INJUSTI								
Governance	2		box $\[ \square \]$ if the organization discontinued its operations or disposed			s net assets.					
ő	3		voting members of the governing body (Part VI, line 1a)			9					
ۍ مې	4	Number of		9							
itie	5	Total numb		16							
Activities &	6		per of volunteers (estimate if necessary)		6	9					
Ă	7a		, , , , , , , , , , , , , , , , , , , ,		7a	0.					
	b	Net unrelat	ed business taxable income from Form 990-T, Part I, line 11		7b	0.					
				Prior Y		Current Year					
ne	8		ons and grants (Part VIII, line 1h)	6,19	5,744.	6,820,516.					
Revenue	9	-	ervice revenue (Part VIII, line 2g)								
Re	10		income (Part VIII, column (A), lines 3, 4, and 7d)	980.	462.						
	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.							
	12		ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,724.	6,820,978.					
	13 14		I similar amounts paid (Part IX, column (A), lines 1–3)	2,87	0,091.	3,128,641.					
	14		aid to or for members (Part IX, column (A), line 4)	1 42	0 0 4 1	1 4 9 1 4 9 2					
ses	15 16a		al fundraising fees (Part IX, column (A), line 11e)	1,43	0,241.	1,471,473.					
Expenses	b		aising expenses (Part IX, column (D), line 25) 453, 120.								
Ĕ	17		enses (Part IX, column (A), lines 11a–11d, 11f–24e)	66	0,202.	684,478.					
	18		nses. Add lines 13–17 (must equal Part IX, column (A), line 25)								
	19		ess expenses. Subtract line 18 from line 12		0,534. 6,190.	<u>5,284,592.</u> 1,536,386.					
r s				⊥,∠3		End of Year					
Net Assets or Fund Balances	20	Total asset	s (Part X, line 16)		5,088.	6,064,951.					
Asse	20		ties (Part X, line 26)		2,203.	1,475,680.					
Net.	22			und balances. Subtract line 21 from line 20							
				J 3,03.	2,005.	4,589,271.					

Signature Block Part II

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.

						07	/10/2023			
Sign	Signature of officer					Date				
Here	RICHARD	ATIC	N							
	Type or print name a	and title								
Paid	Print/Type prepa	rer's name	Preparer's signature			Check 🗙 if	PTIN			
Preparer	ROBERT E.	LANE			07/13/2	023	self-employed	P01622353		
Use Only		Lane & Company,	CPAs			Firm's	EIN 52-1	738520		
	Firm's address	5335 Wisconsin A	ve NW Ste 440,	Washington, I	DC 20015	Phone	eno. (202)6	17-2615		
May the IRS discuss this return with the preparer shown above? See instructions										
For Paperwork Reduction Act Notice, see the separate instructions. BAA REV 05/17/23 PRO Form 990 (2022)										

Briefly deache the organization's mission:         SEE SCHEDULE 0         Image: Schedule 0         Did the organization serve conducting, or make significant changes in how it conducts, any program services?         Image: Schedule 0         Description: Schedule 0         Momers: Schedule 0         Momers: Schedule 0         Momers: Schedule 0         Momers: Schedule 0         Becalization: Schedule 0         Description: Schedule 0         Schedule 0         Description: Schedule 0         Momers: Schedule 0         Momers: Schedule 0         Schedule 0         Becalizatis 0         Becalization: Schedule 0 </th <th>rt</th> <th>III Statement of Program Service Accomplishments</th> <th></th> <th></th>	rt	III Statement of Program Service Accomplishments		
SEE SCHEDULE 0         2       Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27       The services in the services on Schedule 0.         2       Did the organization cease conducting, or make significant changes in how it conducts, any program services, any program services accomplishments for each of its three largest program services, as measured expenses. Section 501c(X) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe the total expenses. Section 501(c)(X) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe the total expenses. Sci CINNALD EXPERISING THEAL INFORMATION OF THE INFORMATION OF THEAL SCI CONTENTS. LINCUPSRUE OF THE NEEDS AND REAL TISS. OF THE WOMEN AND GIRLES. IN THEIR COMMUNITUES. NOMEN OFFER CRUCIAL INSCIENTS.         10       OT THEIR LOCAL CONTENTS. LINCUPSRUE OF THE NEEDS AND REAL TISS. OF THE WOMEN AND GIRLES. IN THEIR COMMUNITUES. NOMEN OFFER CRUCIAL INSCIENTS.         11       IN. MERGENCIES. BECAUSE NE KNOW. THAT. MOMEN HAVE A. SITEONG, UNDERSTANDING.         12       OT THEIR LOCAL CONTENTS. LINCUPSRUE OF THE NEEDS AND REAL TISS.         13       NOMEN AND GIRLES. IN THEIR COMMUNITUES. NOMEN OFFER CRUCIAL INSCIENTS.         14       NORTHER ENSPORED TO THE RESPONDED TO THEE         15       MORA HUMAHITABEN CHERAREDNESS. IN 2022. ACTIONAID RESPONDED TO THEE         16       MORAN AND GIRLES. IN THE RAST APRICAL. IN ALL INSCIENCE AND ARKE HAR.         17       IN DERISION MAKINE PROCESSES. THE WAR ON UKRAINE. THE EARTHOUARE IN ACTI		Check if Schedule O contains a response or note to any line in this Part III		🗙
2       Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E27		Briefly describe the organization's mission:		
prior Form 990 or 990-E27         □ Yes         □		SEE SCHEDULE O		
prior Form 390 or 390-E27         □ Yes ⊠ N           If "Yes," describe these new services on Schedule 0.         □ Yes ⊠ N           If "Yes," describe these changes on Schedule 0.         □ Yes ⊠ N           If "Yes," describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(6):03 and 501(6):04 organizations are required to report the amount of grants and allocations to othe the total expenses. Section 501(6):03 and 501(6):04 organizations are required to report the amount of grants and allocations to othe the total expenses. Section 501(6):03 and 501(6):04 organizations are required to report the amount of grants and allocations to othe the total expenses. Section 501(6):03 and 501(6):04 organizations are required to report the amount of grants and allocations to othe the total expenses. Section 501(6):05 and 502(7). The united statement.				
prior Form 990 or 990-E27         □ Yes         □				
prior Form 390 or 390-E27         □ Yes ⊠ N           If "Yes," describe these new services on Schedule 0.         □ Yes ⊠ N           If "Yes," describe these changes on Schedule 0.         □ Yes ⊠ N           If "Yes," describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(6):03 and 501(6):04 organizations are required to report the amount of grants and allocations to othe the total expenses. Section 501(6):03 and 501(6):04 organizations are required to report the amount of grants and allocations to othe the total expenses. Section 501(6):03 and 501(6):04 organizations are required to report the amount of grants and allocations to othe the total expenses. Section 501(6):03 and 501(6):04 organizations are required to report the amount of grants and allocations to othe the total expenses. Section 501(6):05 and 502(7). The united statement.	,	Did the organization undertake any significant program services during the year which were not listed on the		
<ul> <li>3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?</li></ul>			🗌 Yes	🗙 No
services?       □ Yes [X] Number 2010         If "Yes," describe these changes on Schedule 0.         Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe the total expenses. AcritoNAID EMPHASIZES THE IMPORTANCE OF MOMEN'S LEADERSHIP         Image: The image of the i		If "Yes," describe these new services on Schedule O.		
<ul> <li>bescribe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe the total expenses, and revenue, if any, for each program service reported.</li> <li>ic (Code:</li></ul>	3		🗌 Yes	🗵 No
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe the total expenses, and revenue, if any, for each program service reported. Ia (Code: ) (Expenses \$ 2,838,048, including grants of \$ 2,584,217.) (Revenue \$ 0.) WOMEN'S RIGHTS: A.CTIONATL EMPHASIZES. THE. IMPORTANCE OF MOMEN'S LEADERSHIP. IN EMERGENCIES BECAUSE ME KNOW, THAT WOMEN HAVE A STRONG UNDERSTANDING OF. THEIR LOCAL CONTEXTS, INCLUSIVE OF THE IMPORTANCE OF MOMEN'S LEADERSHIP. IN EMERGENCIES BECAUSE ME KNOW, THAT WOMEN HAVE A STRONG UNDERSTANDING OF. THEIR LOCAL CONTEXTS, INCLUSIVE OF THE IMPERS AND REALITIES OF THE WOMEN AND GIRLS IN THEIR CONDUCTIVE OF THE IMPERS AND TAKE PART. IN DECISION MAKING PROCESSES THAT MIGHT, INCREASE THE LINELLINSIGHTS NECESSARY TO FURTHER ENGAGE IN OTHER RESPONSE EFFORTS AND TAKE PART. IN DECISION MAKING PROCESSES THAT MIGHT, INCREASE THE LARATHOUAKE IN AFGRANISTAN, AND FUTURE PREPARENNESS IN A022. ACTIONALD, RESPONDED TO, THREE MAJOR HUMANITARIAN CRIESS: THE WAR ON UKRAINE. THE BARTHOUAKE IN AFGRANISTAN, AND THE DROUGHT IN RAST AFRICA. IN ALL INSTANCES. OUR EFFORTS. WERE, WOMEN AND YOUNG PEOPLE-LED AND PRIORITIZED THE MOST. See Part III. IN 4.4 statement. BU (Code: ) (Expenses 5 562,335. including grants of \$ 90,640.) (Revenue \$ 0.) FOOD AND AGRICULTURE: IN 2022, WE RAISED AWARDNESS ON THE DRIVERS OF THE GLOBAL FOOD CRISIS AND ADVOCATED FOR REAL SOLUTIONS. MOST NOTABLY, ACTIONAL COMMUNITIES IN AFRICA. ASIA. LATIN AMERICA. AND THE MIDDLE FAST WERE DISFROPORTIONNTELY AFFECTED BY PRICE RISES CAUSED BY THE MAR ON HKRAIME, MANY FAX, DOUBLE, TRIFLE. OR. INS OWE CASES FOUR THEM DIDLE FAST WERE DASTROGORTIONNTELY AFFECTED BY PRICE RISES CAUSED BY THE MAR ON HKRAIME, MANY FAX, DOUBLE, TRIFLE. OR. INS OWE CASES FOUR THEM SHART. THEY WERE PAYING FOR FOOD, FUEL, AND FERTILIZER BEFORE. THE WAR DEGAN. ACTIONALD USR THIS RESEARCH FOR LOCAL, NATIONAL, AND GLOBAL ADVOCACY POINTING TONARDE REAL SOLUTIONS THAT PULL PEOPLE OTT OF CRISIS AND PRE		If "Yes," describe these changes on Schedule O.		
WOMEN'S. RIGHTS: ACTIONALD EMPHASIZES THE IMPORTANCE OF WOMEN'S LEADERSHIP.         IN EMERGENCIES BECAUSE WE KNOW THAT WOMEN HAVE A STRONG UNDERSTANDING         OF THEIR LOCAL CONTEXTS. INCLUSIVE OF THE NEES AND REALITIES OF THE         WOMEN AND GIRLS IN THEIR COMMUNITIES. WOMEN OFFER CRUCTAL INSIGHTS         NECESSARY TO FUETHER ENGAGE IN OTHER RESPONSE EFFORTS AND TAKE PART         IN DECISION MAKING PROCESSES. THAT MIGHT INCREASE THE LIKELHHOD OF         EECOVERY AND FUTURE PREPARENNESS. IN 2022, ACTIONALD RESPONDED TO THREE         MAJOR HUMANITARIAN CRISES: THE WAR ON UKRAINE. THE RARTHOUAKE IN         AFGHANISTAN. AND THE DEOUGHT IN EAST AFRICA. IN ALL INSTANCES. OUR         EFFORTS WERE NOMEN AND YOUNG PEOPLE-LED AND PRIORITIZED THE MOST         See Part III. LO.4. A Statement.         Mb (Code:)(Expenses 5, 552,335, including grants of \$0,640,)(Revenue \$0,)         OF THE GLOBAL FOOD CRISIS AND ADVOCATED FOR REAL SOLUTIONS. MOST NOTABLY,         ACTIONALD CONDUCTED RESEARCH IN 140 INFFERENT COUNTRIES AND FOUND THAT         LOCAL COMMUNITIES IN AFRICA, ASIA, LATIN AMERICA, AND THE MIDDLE EAST         WERE DISPEOPORTIONATELY AFFECTED BY PRICE RISES CAUSED BY THE WAR ON         UKRAINE, MANY DOUBLE. TRIFLE. OR IN SOME CASES FOUR TIMES. WHAT         THEY WERE PAYING FOR OCOD, FUEL, AND FERTILIZER BEFORE THE WAR ON         UKRAINE, MANY TONATELY AFFECTED BY PRICE RISES. AND THE MIDDLE EAST         WERE DISPEOPORTIONATELY AFFECTED BY RICE RISES CAUSED BY THE WAR ON	ł	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo		
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OF_THEIR_LOCAL_CONTEXTSINCLUSIVE_OF_THE_NEEDS_AND_REALITIES_OF_THE         WOMEN_AND_GIRLE_IN_THEIR_ENCOMMUNITIESMOMEN_OFFER_CRUCAL_INSIGHTS         NECCESSARY_TO_FUTHER_ENCOMMUNITIESMOMEN_OFFER_CRUCAL_INSIGHTS         NECCESSARY_TO_FUTHER_ENCOMENT.INCERER_EFFORTS_AND_TAKE_PART         IN_DECISION_MAKING_PROCESSES_THAT_MIGHT_INCREASE_THE_LIKELIHOD_OF         RECOVERY_AND_FUTURE_PREPAREDNESS_IN_2022.ACTIONALD_RESPONDED_TO_THREE         MAJOR_HUMANITABLEN_CRISES_THE MAR ON_UKRAINE.THE EARTHOUAKE_IN         AFGHANISTAN_AND_THE_DROUGHT_IN_EAST_AFRICAIN_ALL_INSTANCESOUR         EFFORTS_WERE_WOMEN_AND_YOUNG_PEOPLE-LED_AND_PRIORITIZED_THE_MOST         See_Part_IIILD_4A_statement         Ub       (Code:) (Expenses562.335.including grants of \$90.640.) (Revenue \$0.)         FOOD_AND_AGRICULTURE: IN_2022.WE RAISED AWARENESS ON THE DRIVERS       0.)         OF_THE GLOBAL FOOD_CRISIS AND ADVOCATED FOR REAL SOLUTIONS. MOST NOTABLY,         ACTIONALD_CONDUCTED_RESEARCH_IN_14_DIFFERENT_COUNTINES_AND_FOUND_THAT_         LOCAL_COMMUNITIES_IN AFRICA_ASIA_LATIN AMERICA_AND THE MIDDLE_EAST         WERE DISPROPRICTIONATELY AFFECTED BY PRICE_RISES_CAUSED BY THE WAR ON         UKRAINE, MAND_RUDUEL_ITTIPLE, OR IN SOME CASES FOUR TIMES WARD         VERTION_THES REAL_SOLUTIONS_THAT_PULL_PROFLE_OUT_CRISIS_AND         PREVENT_FUTURE_STRUGGLE_INCLUDING_UNIVERSAL_SOCIAL PROTECTION         See_Part_III.LD_4 Statement         IC       (Code:) (Expens				
WOMEN AND GIRLS IN THEIR COMMUNITIES. WOMEN OFFER CRUCIAL INSIGHTS.         NECESSARY TO FURTHER ENGAGE IN OTHER RESPONSE REFORTS AND TAKE PART         IN DECISION MAKING PROCESSES THAT NIGHT INCRASEE THE LIKELIHOOD OF         RECOVERY AND FUTURE PREPARENESS. IN 2022. ACTIONALD RESPONDED TO THREE         MAJOR HUMANITARIAN CRISES: THE WAR ON UKRAINE. THE EARTHQUAKE IN         AFGHANISTAN, AND THE DROUGHT IN EAST AFRICA. IN ALL INSTANCES. OUR         EFFORTS WERE WOMEN AND YOUNG PEOPLE-LED AND PRIORITIZED THE MOST         See Part III. ID. 4a. statement.         Std (Code: ) (Expenses \$ 562,335. including grants of \$ 90,640.) (Revenue \$ 0.)         FOOD AND AGRICULTURE: IN 2022. WE RAISED AWARENESS ON THE DRIVERS         OF THE GLOBAL FOOD CRISIS AND ADVOCATED FOR REAL SOLUTIONS. MOST NOTABLY.         ACTIONALD CONDUCTED RESEARCH IN 14 DIFFERENT COUNTRIES AND FOUND THAT         LOCAL COMMUNITIES IN AFFECTED BY PRICE RISES CAUSED BY THE WAR ON         UKRAINE. MANY PAY DOUBLE, TRIPLE. OR IN SOME CASES FOUR TIMES WHAT         THEY WREE PAYING FOR FOOD, FUEL, AND FERTILIZER BEFORE THE WAR BEGAN.         ACTIONALD USED THIS RESEARCH FOR LOCAL, NATIONAL, AND GLOBAL ADVOCACY         POINTING TOWARDS REAL SOLUTIONS THAT PULL PEOPLE OUT OF CRISIS AND         PREVENT FUTURE STRUGGLE. INCLUDING UNIVERSAL SOCIAL PROTECTION         See Part IIII. LD. 4b. statement         C (Code: ) (Expenses 2 522,227. including grants of 13,000.) (Revenue \$ 0.)         CLIMATE JUSTICE: AT COP27. TH		IN EMERGENCIES BECAUSE WE KNOW THAT WOMEN HAVE A STRONG UNDERSTANDING		
<ul> <li>NECESSARY TO FURTHER ENGAGE IN OTHER RESPONSE EFFORTS AND TAKE PART.</li> <li>IN DECISION MAKING PROCESSES THAT NIGHT INCREASE THE LIKELHOOD OF</li> <li>RECOVERY AND FUTURE PREPAREDNESS. IN 2022. ACTIONALD RESPONDED TO THREE</li> <li>MAJOR HUMANITARIAN CRISES: THE WAR ON UKRAINE. THE EARTHQUAKE IN</li> <li>AFGHANISTAN. AND THE DEOUGHT IN EAST AFRICA. IN ALL INSTANCES. OUR</li> <li>EFFORTS WERE WORKN NAD YOUNG PEOPLE-LED AND PRIORITIZED THE MOST</li> <li>See Part III. In 4a statement.</li> <li>(Code: )(Expenses 5 562,335. including grants of \$ 90,640.)(Revenue \$ 0.)</li> <li>FOOD AND AGRICULTURE: IN 2022. WE RAISED AWARENESS ON THE DRIVERS</li> <li>OF THE GLOBAL FOOD CRISIS AND ADVOCATED FOR REAL SOLUTIONS. MOST NOTABLY,</li> <li>ACTIONALD CONDUCTED RESEARCH IN 14 DIFFERENT COUNTRIES AND FOUND THAT</li> <li>LOCAL COMMUNITIES IN AFRICA. ASIA. LATIN AMERICA. AND THE MIDDLE EAST</li> <li>WERE DISPROPORTIONATELY AFFECTED BY RRICE RISES CAUSED BY THE WAR ON</li> <li>UKRAINE. MANY PAY DOUBLE, TRIPLE, OR IN SOME CASES FOUR TIMES WHAT</li> <li>THEY WERE PAYING FOR FOOD, FUEL, AND FERTILIZER BEFORE THE WAR BEGAN.</li> <li>ACTIONALD USED THIS RESEARCH FOR LOCAL. NATIONAL. AND GLOBAL APVOCACY</li> <li>POINTING TOWARDS REAL SOLUTIONS THAT PULL REOPLE OUT OF CRISIS AND</li> <li>PREVENT FUTURE STRUGGLE, INCLUDING UNIVERSAL SOCIAL PROTECTION</li> <li>See Part III. LN 4b statement.</li> <li>(Code: )(Expenses 1, 252,227. Including grants of \$ 13,000.)(Revenue \$ 0.)</li> <li>CLIMATE JUSTICE: AT COP27. THE UNITED STATES AND OTHER WEALTHY COUNTRIES</li> <li>FINALLY AGREED TO THE CREATION OF A "LOSS AND DAMAGE" FUND TO SUPPORT</li> <li>DEVELOPING COUNTRIES REDULDING AND RECOVERING FROM THE IMPACTS OF</li> <li>A CLIMATE CRISIS THEY HAD LITTLE ROLE IN CREATING. THIS COMES AFTER</li> <li>MANY YEARS OF COLLECTIVE PRESSURE FROM CIVIL SOCIETY: A FIGHT THAT</li> <li>ACTIONALD HAS BEEN A. PART OF SINCE THE VERY BEGINNING, AHEAD OF COP27.</li> <li>WE JOINED 150 U.S. ORGANIZATIONS CALLING ON THE BIDEN ADDINISTRATION</li> <li>TO STOP</li></ul>		OF THEIR LOCAL CONTEXTS, INCLUSIVE OF THE NEEDS AND REALITIES OF THE		
IN DECISION MAKING PROCESSES THAT MIGHT INCREASE THE LIKELIHOOD OF RECOVERY AND FUTURE PREPAREDNESS. IN 2022. ACTIONAID RESPONDED TO THREE MAJOR HUMANITARIAN CRISES: THE WAR ON UKRAINE. THE EARTHOUAKE IN AFGHANISTAN. AND THE DROUGHT IN EAST AFRICA. IN ALL INSTANCES. OUR EFFORTS WERE MOMEN AND YOUNG PROPLE-LED AND PRIORITIZED THE MOST See Part. III. In 4a statement. bb (Code: )(Expenses \$ 562,335. including grants of \$ 90,640.)(Revenue \$ 0.)) FOOD AND AGRICULTURE: IN 2022. WE RAISED AWARENESS ON THE DRIVERS OF THE GLOBAL FOOD CRISIS AND ADVOCATED FOR REAL SOLUTIONS. MOST NOTABLY, ACTIONAID CONDUCTED RESEARCH IN 14 DIFFERENT COUNTRIES AND FOUND THAT LOCAL COMMUNITIES IN AFRICA. ASIA. LATIN AMERICA. AND THE MIDDLE EAST WERE DISPROPORTIONATELY AFFECTED BY PRICE RISES COUSED BY THE WAR ON UKRAINE. MANY PAY DOUBLE, TRIPLE, OR IN SOME CASES FOUR TIMES WHAT THEY WERE PAYING FOR FOOD, FUEL, AND FERTILIZER BEFORE THE WAR BEGAN. ACTIONAID USED THIS RESEARCH FOR LOCAL, NATIONAL, AND GLOBAL ADVOCACY POINTING TOWARDS REAL SOLUTIONS THAT PULL PROPLE OUT OF CRISIS AND PREVENT FUTURE STRUGGLE, INCLUDING UNIVERSAL SOCIAL PROTECTION See Part III. Ln 4b statement bc (Code: )(Expenses 2 252,227, including grants of \$ 13,000.)(Revenue \$ 0.) CLIMATE JUSTICE: AT COP27. THE UNITED STATES AND OTHER WEALTHY COUNTRIES FINALLY AGREED TO THE CREATION OF A "LOSS AND DAMAGE" FUND TO SUPPORT DEVELOPING COUNTRIES REDULLDING AND RECOVERING FROM THE INPACTS OF A CLIMATE CRISIS THEY HAD LITTLE ROLE IN CREATING, THEACD OF COP27. WE JOINTED STOKE REDULLING AND RECOVERING FROM THE INPACTS OF A CLIMATE CRISIS THEY HAD LITTLE ROLE IN CREATING. THEACD OF COP27. WE JOINTED LSO US. ORGANIZATIONS CALLING ON THE SUPERTION TO STOP BLOCKING THE FUND AND SUPPORTED 13 MEMBERS OF CONGRESS TO ADD TO THIS PRESSURE. IN PARTMERSHIP WITH OTHER ORGANIZATIONS, WE ALSO MOBILIZED OVER 20,000 PEOPLE TO SIGN A PETITION WITH THE SAME DEMAND. See Part III. IA da statement bd Other program services (Describe on Schedule O.) (Expenses 688,739. in		WOMEN AND GIRLS IN THEIR COMMUNITIES. WOMEN OFFER CRUCIAL INSIGHTS		
RECOVERY AND FUTURE PREPAREDNESS. IN 2022. ACTIONALD RESPONDED TO THREE         MAJOR HUMANITARIAN CRISES: THE WAR ON UKRAINE. THE EARTHOUAKE IN         AFGHANISTAN. AND THE DROUGHT IN LAST AFRICA. IN ALL INSTANCES. OUR         EFFORTS WERE WOMEN AND YOUNG PEOPLE-LED AND PRIORITIZED THE MOST         See Part III. In 4a statement         (Code:)(Expenses \$_562,335. including grants of \$		NECESSARY TO FURTHER ENGAGE IN OTHER RESPONSE EFFORTS AND TAKE PART		
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	1e	Total program service expenses 4, 341, 349.		

Form 99	0 (2022)		F	Page 3
Part	V 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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	×	
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>	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	×	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		×
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>	7		×
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>	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		×
с	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	×	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	×	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	×	<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	×	
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	×	<u> </u>
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		×
19	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		×
	If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		×
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	20b		<b>v</b>

Form 99	90 (2022)		F	Page 4
Part	V Checklist of Required Schedules (continued)			
00			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	00		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		×
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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? $\ldots$	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		×
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	×	
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>	30		×
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> 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>	31		×
33	complete Schedule N, Part II 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.	32		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	33		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
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		×
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		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	×	
Part	V         Statements Regarding Other IRS Filings and Tax Compliance           Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       12         Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0	-		
b C	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b> 0 Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	×	

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Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No					
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 <b>2a</b> 16								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	×						
3a									
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		×					
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
b	<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for EinCEN Form 114, Report of Foreign Bank and Financial Accounts (EBAR)								
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? <b>5a</b>								
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		×					
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
	gifts were not tax deductible?	6b		ļ					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	-							
		7a		×					
b C	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b							
U	required to file Form 8282?	7c		×					
d	If "Yes," indicate the number of Forms 8282 filed during the year	10							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		×					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
_	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.	0-							
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b							
ь 10	Section 501(c)(7) organizations. Enter:	90							
a	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . <b>10b</b>								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	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?	12a							
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>								
13 а	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a							
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	Toa							
b	Enter the amount of reserves the organization is required to maintain by the states in which								
	the organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		ĺ					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		×					
16	If "Yes," see the instructions and file Form 4720, Schedule N.	40		~					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		×					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		Í					
	If "Yes," complete Form 6069.								
	······································			(					

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Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O Check if Schedule O contains a response or note to any line in this Part VI	. See ir	nstruc	tions.			
Secti	on A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	9					
b 2	Enter the number of voting members included on line 1a, above, who are independent . 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?	9 2		×			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .			×			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		×			
6	Did the organization have members or stockholders?	6		×			
7a	5 , , , , , , , , , , , , , , , , , , ,						
	one or more members of the governing body?						
b	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	×				
b	Each committee with authority to act on behalf of the governing body?	8b	×				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		×			
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	ode.)				
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		×			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		×				
12a							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflict?	12b	×				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.						
40		12c	×				
13	Did the organization have a written whistleblower policy?	13 14	××				
14 15	Did the organization have a written document retention and destruction policy?		~				

	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
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		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take 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 See Part VI, Line 17 stmt

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request Other (explain on Schedule O)

- **19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records. RICHARD PAYLING-WRIGHT, 1220 L STREET NW, STE 725, WASHINGTON, DC 20005 (202)835-1240

×

#### 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. Report compensation for the calendar year ending with or within the organization's tax year.

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

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)								
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average					e than c is both		Reportable	Reportable	Estimated amount
	hours	office				or/trust		compensation	compensation	of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) PATRICIA ZERMENO	1.00									
BOARD CHAIR		×		×				0.	0.	0.
(2) IMANI COUNTESS	1.00									
BOARD VICE CHAIR		×		×				0.	0.	0.
(3) BURHAN RAZI	1.00									
BOARD TREASURER		×		×				0.	0.	0.
(4) ROLLIN JOHNSON JR.	1.00			×						2
BOARD SECRETARY		×		×				0.	0.	0.
(5) ABID ASLAM	1.00	×						0	0	0
BOARD MEMBER	1 00							0.	0.	0.
(6) ATHENA RONQUILLO-BALLESTEROS BOARD MEMBER	1.00	×						0.	0.	0.
(7) TIMI GERSON	1.00							0.	0.	0.
BOARD MEMBER	1.00	×						0.	0.	0.
(8) GEOFFREY KNOX	1.00									
BOARD MEMBER	<u>+.00</u>	×						0.	0.	0.
(9) MARGOT HOERRNER	1.00									
BOARD MEMBER		×						0.	0.	0.
(10) NIRANJALI AMERASINGHE	40.00									
EXECUTIVE DIRECTOR				×				142,349.	0.	4,087.
(11) RICHARD PAYLING-WRIGHT	40.00									
CHIEF FINANCIAL OFFICER				×				113,484.	0.	10,526.
(12) MEREDITH SLATER	40.00									
DIRECTOR OF DEVELOPMENT						×		104,400.	0.	3,121.
(13)										
(14)										

Part	rt VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									yees (continued)	
	<b>(A)</b> Name and title		box, ı	unles	(C) Position check more than or ess person is both a nd a director/truste			an		<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(15)			-								
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b	Subtotal			•					360,233.	0.	17,734.
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio		·	:		•	•	360,233.	0.	17,734.
2	Total number of individuals (including but reportable compensation from the organi	t not limited				ed		e) w			
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete s										Yes No 3 X
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	50,	000	? li	f "Yes	s,"	complete Schee	dule J for such	
5	Did any person listed on line 1a receive of for services rendered to the organization?	or accrue co	ompei	nsat	ion	fror	m any	' un	related organiza	tion or individual	4 × 5 ×
Secti	on B. Independent Contractors										
1	Complete this table for your five high	nest comp	ensate	ed	inde	eper	ndent	cc	ontractors that r	eceived more t	han \$100,000 of

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
2	Total number of independent contractors (including but not limited to received more than \$100,000 of compensation from the organization		

Part VIII Statement of Revenue Check if Schedule O contains

Par	: VIII	Statement of Rev Check if Schedule			snon	se or note to ar	ny line in this Pa	art VIII		
			0.00		<u>, spon</u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
s, s	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b		]			
Ωğ	С	Fundraising events			1c					
ifts ar A	d	Related organization			1d		-			
nij, G	e	Government grants			1e		-			
Sii	f									
buti					6,820,516.	-				
d II	9	lines 1a–1f			1g	\$ 51,668.				
Contributions, Gifts, Grants, and Other Similar Amounts	h	<b>Total.</b> Add lines 1a–1f				6,820,516.				
						Business Code				
ce	2a									
ervi	b									
n Sí	С									
jram Ser Revenue	d									
Program Service Revenue	e									
ā	f	All other program se								
	9 3	Total. Add lines 2a- Investment income	incl	udina divi	 dends	 s. interest. and				
		other similar amoun	•	•			462.	0.	0.	462.
	4	Income from investr	nent o	of tax-exen	npt bo	nd proceeds				
	5	Royalties								
				(i) Rea		(ii) Personal				
	6a	Gross rents	6a				-			
	b	Less: rental expenses	6b				-			
	C .									
	d Zo	Gross amount from	r (ioss	S) (i) Securit		(ii) Other				
	7a	sales of assets			163		-			
		other than inventory	7a							
e	b	Less: cost or other basis					-			
venue		and sales expenses .	7b							
	С	Gain or (loss)	7c							
ъ	d	Net gain or (loss)								
Other Re	8a	Gross income from		ndraising						
0		events (not including of contributions rep		d on line						
		1c). See Part IV, line			8a					
	b	Less: direct expens			8b		-			
	c	Net income or (loss)				nts				
	9a	Gross income f			<u> </u>					
		activities. See Part I	IV, line	e19.	9a					
	b	Less: direct expens			9b					
		Net income or (loss)			ctivitie	es				
	10a	Gross sales of ir returns and allowan								
	h				10a 10b		-			
	b c	Less: cost of goods Net income or (loss)				prv .				
s			,	. 50.00 01 11		Business Code				
sou:	11a									
ane	b									
scellaneo Revenue	с									
Miscellaneous Revenue	d	All other revenue								
2	е	Total. Add lines 11a							-	
	12	Total revenue. See	instru	uctions			6,820,978.	0.	0.	462.

### 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).

Sectio	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response	lete all columns. All	other organizations	must complete colun	nn (A).
Dono	t include amounts reported on lines 6b, 7b,			(C)	<u> </u>
8b, 9b	o, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	3,128,641.	3,128,641.		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	270,446.	67,612.	162,267.	40,567.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	270,440.	07,012.	102,207.	
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	953,045.	591,015.	125,396.	236,634.
9	Other employee benefits .	17,294. 124,962.	7,094. 61,440.	26,074.	6,719. 37,448.
10 11 a	Payroll taxes	105,726.	53,003.	24,177.	28,546.
b	Legal				
c d	Accounting	22,550.	0.	22,550.	0.
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees				
	(A), amount, list line 11g expenses on Schedule O.)	307,203.	244,938.	32,514.	29,751.
12	Advertising and promotion	647.	647.	0.	0.
13	Office expenses	82,387.	14,462.	42,223.	25,702.
14 15	Information technology	29,657.	29,657.	0.	0.
16	Occupancy	161,102.	85,341.	37,435.	38,326.
17 18	Travel	63,933.	50,051.	6,438.	7,444.
19 20	Conferences, conventions, and meetings	9,737.	7,448.	306.	1,983.
21 22	Payments to affiliates				
22 23	Depreciation, depletion, and amortization .	7,230.	0.	7,230.	0.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)	7,230.		1,230.	0.
а	MISCELLANEOUS	32.	0.	32.	0.
b					
C					
d	All other expenses				
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	5,284,592.	4,341,349.	490,123.	453,120.
25	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if	J, 204, JJZ.	4,341,349.	420,123.	403,12U.
	following SOP 98-2 (ASC 958-720)				- 000

Form 990 (2022)

	n 990 (2	,			Page <b>11</b>
Ρ	art X				
		Check if Schedule O contains a response or note to any line in this Pa			
	-		(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing	899,936.	1	626,561.
	2	Savings and temporary cash investments	462,224.	2	462,687.
	3	Pledges and grants receivable, net	2,493,174.	3	4,152,649.
	4	Accounts receivable, net	28,459.	4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
its	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ř	9	Prepaid expenses and deferred charges	28,660.	9	31,337.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments-publicly traded securities		11	
	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	12,635.	15	791,717.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,925,088.	16	6,064,951.
	17	Accounts payable and accrued expenses	73,519.	17	62,155.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
es	22	Loans and other payables to any current or former officer, director,			
Ē		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	798,684.	25	1,413,525.
	26	Total liabilities. Add lines 17 through 25	872,203.	26	1,475,680.
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here $\bowtie$ and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	124,260.	27	254,928.
Ba	28	Net assets with donor restrictions	2,928,625.	28	4,334,343.
pu		Organizations that do not follow FASB ASC 958, check here	2,920,023.		1,551,515.
Ρu		and complete lines 29 through 33.			
o	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSE	31	Retained earnings, endowment, accumulated income, or other funds .		31	
ťΑ	32	Total net assets or fund balances	3,052,885.	32	4,589,271.
Ne	33	Total liabilities and net assets/fund balances	3,925,088.	33	6,064,951.
			=,===;===;===		-,,

REV 05/17/23 PRO

Form **990** (2022)

Form 99	90 (2022)			Pa	age <b>12</b>
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	б,	820,9	978.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,	284,5	592.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	536,3	386.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,	052,8	385.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B)) ................................	10	4,	589,2	271.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	on		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a	1	×
	If "Yes," check a box below to indicate whether the financial statements for the year were con	mpiled	or		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited on	a 🗌		
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight	of		
	the audit, review, or compilation of its financial statements and selection of an independent account	ant? .	20	×	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on 👘		
	Schedule O.	•			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in t	he		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	derao t			+ • •
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a				
	REV 05/17/23 PRO			orm <b>990</b>	(2022
	KEV 05/17/23 FKO				<b>(</b> 2

# Additional Information From Form 990: Return of Organization Exempt from Income Tax

### Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 4a (continued)

Description
OVERBURDENED COMMUNITIES, INCLUDING REFUGEES, FEMALE-HEADED HOUSEHOLDS,
AND PEOPLE WITH DISABILITIES. GRASSROOTS AND CORPORATE FUNDRAISING
ALONE BROUGHT IN JUST OVER \$300,000 FOR THE RESPONSES.

### Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 4b (continued)

Description
AND PUBLIC SERVICES, AGROECOLOGY, FOOD RESERVES, AND SHIFTING PUBLIC
AND PRIVATE FINANCE AWAY FROM INDUSTRIAL AGRICULTURE AND FOSSIL FUELS.
THE SUCCESS OF THIS RESEARCH SECURED MORE FUNDING TO CONDUCT A FOLLOW
UP SURVEY AND DIG DEEPER INTO THE IMPACTS ON PEOPLE, ESPECIALLY
WOMEN, THROUGH VISUAL STORYTELLING.

### Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 4c (continued)

Description			
ALL OF THIS TOGETHER ADDED UP TO A COP27 OUTCOME THAT OUR COLLEAGUES			
IN THE GLOBAL SOUTH ARE RIGHTFULLY CELEBRATING AS AN UNPRECEDENTED			
VICTORY, EVEN DESPITE THE LACK OF PROGRESS ON OTHER KEY ASPECTS OF			
THE CLIMATE NEGOTIATIONS.			

### Form 990: Return of Organization Exempt from Income Tax Part VI, Line 17 (continued)

States Where Copy of Return is Required				
AL				
AR				
CA				
FL				
GA				
IL				
KS				
КY				
MD				
МА				
MI				
MN				
MS				
NH				

### **Continuation Statement**

**Continuation Statement** 

**Continuation Statement** 

**Continuation Statement** 

1

**Continuation Statement** 

# Form 990: Return of Organization Exempt from Income Tax

Part VI, Line 17 (continued)

States Where Copy of Return is Required				
NJ				
NM				
NY				
NC				
ОК				
OR				
РА				
RI				
SC				
TN				
UT				
VA				
WV				
WI				

SCHEDULE A (Form 990)

(D)

(E) Total

## **Public Charity Status and Public Support**

OMB No. 1545-0047 2022

Department of the Treasur	y
Internal Revenue Service	

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name	of	the	orga	iniz	ation	1

Open to Public
Inspection

A Om-	ר אד.	гD	TTCA	

Name	Name of the organization Employer identification number					number		
ACTIONAID USA 52-2277575								
Par		Reason for Public Char		<u> </u>		· ·	,	ons.
The c	-	ation is not a private founda				-		
1		church, convention of church					0(b)(1)(A)(i).	
2		school described in section			-	-		
3		nospital or a cooperative hos						
4		nedical research organizatio	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	iii). Enter the
_		spital's name, city, and state						
5	se	organization operated for t ction 170(b)(1)(A)(iv). (Comp	olete Part II.)					al unit described in
		ederal, state, or local govern						
7		organization that normally			port from	a gover	nmental unit or from	the general public
		scribed in <b>section 170(b)(1)</b>						
	_	community trust described in			-			
9		agricultural research organi						
		university or a non-land-gra iversity:	nt college of agr	iculture (see instructio	ons). Ente	er the nam	ne, city, and state of	the college or
10		organization that normally r		than 221/0% of its su	pport fro	moontrik	utione momborship	food and groce
10	rec	eipts from activities related	to its exempt fu	nctions, subject to ce	rtain exce	eptions; a	and (2) no more than	33 <sup>1</sup> /3% of its
	su	oport from gross investment quired by the organization a	income and un	related business taxal	ble incom	ié (less se	ection 511 tax) from	businesses
11		organization organized and		-				
		organization organized and	•					out the nurnoses of
12		e or more publicly supported						
		box on lines 12a through 12						
а		Type I. A supporting organ	ization operated	I. supervised. or contr	olled by i	ts suppo	rted organization(s).	typically by giving
		the supported organization						
		supporting organization. Ye	ou must comple	ete Part IV, Sections	A and B.	•		
b		Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), by having
		control or management of t				persons	that control or mana	age the supported
		organization(s). You must	complete Part I	V, Sections A and C.				
С		Type III functionally integ						ally integrated with,
		its supported organization(		· · ·		-		
d		Type III non-functionally i						
		that is not functionally integ						d an attentiveness
	_	requirement (see instruction	,	•				
е		Check this box if the organ						e II, Type III
f	Ento	functionally integrated, or T r the number of supported o				Jiganizati	юп.	
g		ide the following information						•
9		e of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
	(i) Nam			(described on lines 1–10	listed in you	ur governing	support (see	other support (see
	above (see instructions)) document? instructions) instructions)				instructions)			
					Yes	No		
(A)								
(A)								
(B)								
<u>,-</u> ,								
(C)								

Part IISupport 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 or if the organization failed to qualify under<br/>Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support	, <u>, , , , , , , , , , , , , , , , , , </u>		, <u>,</u>		,	
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						23,037,988.
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 through 3	2,424,261.	3,146,037.	4,451,430.	6,195,744.	6,820,516.	23,037,988.
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)						13,817,592.
6	Public support. Subtract line 5 from line 4						9,220,396.
	on B. Total Support	[		1	1	1	
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2,424,261.	3,146,037.	4,451,430.	6,195,744.	6,820,516.	23,037,988.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,634.	5,718.	1,755.	980.	462.	15,549.
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 VI.)						
11	Total support. Add lines 7 through 10						23,053,537.
12	Gross receipts from related activities, etc					12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support	re			or fifth tax ye	ear as a section	on 501(c)(3) 
		0		11. oolumn (f)		14	40.0/
14 15	Public support percentage for 2022 (line Public support percentage from 2021 Scl					14 15	40 %
16a	33 <sup>1</sup> / <sub>3</sub> % support test-2022. If the organ						
Tou	box and <b>stop here</b> . The organization qua						
b	<b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test</b> — <b>2021.</b> If the organithis box and <b>stop here</b> . The organization	zation did not	check a box o	on line 13 or 16	a, and line 15	is 331/3% or m	nore, check
17a	<b>10%-facts-and-circumstances test</b> -2 10% or more, and if the organization means the organization meets the organization	eets the facts facts	-and-circumstaumstances tes	ances test, ch st. The organiz	eck this box a ation qualifies	and <b>stop here</b> as a publicly	. Explain in supported
b	<b>10%-facts-and-circumstances test</b> — <b>2</b> (15 is 10% or more, and if the organization in Part VI how the organization meets the organization .	on meets the fa e facts-and-cir	acts-and-circu cumstances te	mstances test, est. The organ	check this bo zation qualifie	ox and <b>stop he</b> s as a publicly	<b>re</b> . Explain supported
18	Private foundation. If the organization	did not check	a box on line	e 13, 16a, 16b	, 17a, or 17b,	check this bo	ox and see
	instructions						A (Form 990) 2022

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
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						
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 through 5						_
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
-	,						
с 8	Add lines 7a and 7b						
0	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(a) 2010	(b) 2019	(0) 2020	(u) 2021	(e) 2022	(I) I Otai
10a	Gross income from interest, dividends,						
iva	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						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on 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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	-			-		
	organization, check this box and <b>stop he</b>						
	on C. Computation of Public Suppor	-					
15	Public support percentage for 2022 (line					15	%
<u>16</u>	Public support percentage from 2021 Scl					16	%
	on D. Computation of Investment In		-	by line 12 colu	imp (f))	17	0/
17 18	Investment income percentage for <b>2022</b> ( Investment income percentage from <b>202</b>			-		17	<u>%</u>
18 19a	33 <sup>1</sup> / <sub>3</sub> % support tests – 2022. If the organ					-	
198	17 is not more than $33^{1}/_{3}$ %, check this box						
b	33 <sup>1</sup> / <sub>3</sub> % support tests – 2021. If the organiz	-	-	-		-	
D.	line 18 is not more than $33^{1}/_{3}$ %, check this						
20	<b>Private foundation.</b> If the organization di	-	-	-			
		a not oncon u	237 31 110 14	,, 51 100, 1		a. 14 000 1100	

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

#### Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part **VI** how providing such benefit carried out the purposes of the supported organization(s) that operated. supervised, or controlled the supporting organization.

#### Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

#### Section D. All Type III Supporting Organizations

Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3

#### Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

3b

Yes No

Yes No

1

2

1

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	3-
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
		<u> </u>		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Schedule A (Form 990) 2022

Schedu	le A (Form 990) 2022			Page <b>7</b>
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	1
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish of	exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted 2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in <b>Part</b>	VI) 5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive 8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	D
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> <b>Part VI</b> . See instructions.			
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

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Schedule A (Form 990) 2022

Daut V/I	
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

REV 05/17/23 PRO

Sched	ule	В
(Form	990	)

Department of the Treasury

Internal Revenue Service

## **Schedule of Contributors**

OMB No. 1545-0047

#### Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization	Employer identification number
ACTIONAID USA	52-2277575
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	✓ 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)	Page <b>2</b>
Name of organization	Employer identification number
ACTIONAID USA	52-2277575
Port I Contributors (assigntructions) Llas durbisets series of Day	t lifedditional oncos is needed

Part I	<b>Contributors</b> (see instructions). Use duplicate copies	of Part I if additional space is	ace is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1		\$3,760,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$649,708.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$307,367.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4		\$300,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$250,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
.6		\$\$	PersonXPayrollNoncash(Complete Part II for noncash contributions.)			

Schedule B (Form 990) (2022)	Page <b>2</b>
Name of organization	Employer identification number
ACTIONAID USA	52-2277575
Part L Contributors (see instructions) Use duplicate copies of Part L if additional spa	ce is needed

Tarti		ples of Fart Fill additional space is	needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
.7		\$\$	PersonXPayrollNoncash(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		 \$\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		 \$\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	PersonPayrollNoncashImage: NoncashComplete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)		

Schedule B (Form 990) (2022)	Page 3
Name of organization	Employer identification number
ACTIONATO USA	52-2277575

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 3AA	REV 05/17/23 PF	30	Schedule B (Form 990) (20

Schedule B ( Name of or	(Form 990) (2022) rganization			Page 4 Employer identification number
ACTIONA Part III	<i>Exclusively</i> religious, charitable, etc (10) that total more than \$1,000 for	the year from any or ions completing Part e year. (Enter this info	ne contributor. ( III, enter the tota rmation once. Se	Complete columns (a) through (e) and I of <i>exclusively</i> religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfei d ZIP + 4	-	Iship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
-	Transferee's name, address, an	(e) Transfei d ZIP + 4	-	Iship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfei d ZIP + 4		Iship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
-	Transferee's name, address, an	(e) Transfer d ZIP + 4	-	ship of transferor to transferee

Department of the Treasury

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name	of organization			Employer i	dentification number
ACTI	ONAID USA			52-227	7575
Part	I-A Complete if the	e organization is exempt und	er section 501(c	) or is a section 52	7 organization.
1	Provide a description of definition of "political can	the organization's direct and in naign activities."	direct political ca	mpaign activities in F	Part IV. See instructions for
2	Political campaign activit	y expenditures. See instructions .			\$
3		cal campaign activities. See instruc			
Part	I-B Complete if the	e organization is exempt unde	er section 501(c	:)(3).	
1	Enter the amount of any	excise tax incurred by the organiza	tion under sectior	4955	\$
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955	\$
3	If the organization incurre	ed a section 4955 tax, did it file For	m 4720 for this ye	ar?	Yes No
4a	Was a correction made?				🗌 Yes 🦳 No
b	If "Yes," describe in Part				
Part	I-C Complete if the	e organization is exempt unde	er section 501(c	;), except section 5	01(c)(3).
1	Enter the amount direct activities	ly expended by the filing organiz		•	\$
2					Φ
2		filing organization's funds contrib	-		\$
3	•	expenditures. Add lines 1 and 2.			Φ
3	-				¢
4		n file <b>Form 1120-POL</b> for this year?			Ψ
5	Enter the names, address organization made payme the amount of political co	ses and employer identification nur ents. For each organization listed, o phtributions received that were pro- fund or a political action committee	nber (EIN) of all se enter the amount p mptly and directly	ection 527 political org baid from the filing org delivered to a separat	anizations to which the filing anization's funds. Also enter e political organization, such
	<b>(a)</b> Name	<b>(b)</b> Address	(c) EIN	<b>(d)</b> Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					

(2)		
(3)		
(4)		
(5)		
(6)		

Schedule C (Form 990) 2022



Scheo	dule C (Form 990) 2022			Page <b>2</b>
Par	t II-A Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and file	d Form 5768 (ele	ction under
Α	Check [] if the filing organization belongs to EIN, expenses, and share of excess	an affiliated group (and list in Part IV each affiliate ss lobbying expenditures).	ed group member's	name, address,
BC	Check 🔲 if the filing organization checked b	ox A and "limited control" provisions apply.		
		<i>r</i> ing Expenditures ans amounts paid or incurred.)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence p	oublic opinion (grassroots lobbying)	0.	
b	<ul> <li>Total lobbying expenditures to influence a</li> </ul>	a legislative body (direct lobbying)	0.	
c	<ul> <li>Total lobbying expenditures (add lines 1a</li> </ul>	and 1b)	0.	
c	I Other exempt purpose expenditures		5,284,592.	
e	Total exempt purpose expenditures (add	lines 1c and 1d)	5,284,592.	
f	Lobbying nontaxable amount. Enter the	he amount from the following table in both		
	columns.		414,230.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 259	% of line 1f)	103,558.	
h	Subtract line 1g from line 1a. If zero or les	ss, enter -0	0.	
i	Subtract line 1f from line 1c. If zero or les	•	0.	
j	If there is an amount other than zero or reporting section 4911 tax for this year?	on either line 1h or line 1i, did the organization	Г	Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	( <b>d)</b> 2022	<b>(e)</b> Total	
2a	Lobbying nontaxable amount	294,902.	353,332.	398,027.	414,230.	1,460,491.	
b	Lobbying ceiling amount (150% of line 2a, column (e))					2,190,737.	
с	Total lobbying expenditures	216.	240.	0.	0.	456.	
d	Grassroots nontaxable amount	73,726.	88,333.	99,507.	103,558.	365,124.	
е	Grassroots ceiling amount (150% of line 2d, column (e))					547,686.	
f	Grassroots lobbying expenditures	0.	0.	0.	0.	0.	

REV 05/17/23 PRO

Schedule C (Form 990) 2022

Schedu	ile C (Form 990) 2022			Page <b>3</b>
Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768
For e	r each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed —		I)	(b)
desci	ription of the lobbying activity.	Yes	No	Amount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?			
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?			
d e f	Mailings to members, legislators, or the public?			
g h i	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?			
j 2a	Total. Add lines 1c through 1i			
b c d	If "Yes," enter the amount of any tax incurred under section 4912			
d Part		)(5), c	or se	ction
	501(c)(6).			
4	Were substantially all (90% or more) dues received nondeductible by members?			Yes No
1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			3
Part	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Ol answered "Yes."			
1	Dues, assessments and similar amounts from members	•	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	s of		
a		•	2a	
b	Carryover from last year	•	2b 2c	
с 3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditures next year?	the ying	4	
5	Taxable amount of lobbying and political expenditures. See instructions		5	
Par		-	U	
Provid	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	oup list	:); Par	t II-A, lines 1 and

Schedule C (Form 990) 2022 Page					
Part IV	Supplemental Information (continued)				

SCHEDULE	D
(Form 990)	

# **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2022 **Open to Public** 

OMB No. 1545-0047

Inspection

Name	of the	organization

Department of the Treasury

Internal Revenue Service

Employer identification number

Humo C			
-	ONAID USA		52-2277575
Par			ds or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the	•	
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		· · · · · · 🗌 Yes 🗌 No
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (for example, reci	reation or education) 🛛 🗌 Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of the second	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easemen	ts	. 2b
С	Number of conservation easements on a certified		
d	Number of conservation easements included in (c	-	ona
	5		· 2d
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or terr	ninated by the organization during the
	tax year		
4	Number of states where property subject to conse	ervation easement is located	
5	Does the organization have a written policy re		
-	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspe-	ecting, handling of violations, and enforcing	g conservation easements during the year
7		na bandling of violations, and enforcing	
7	Amount of expenses incurred in monitoring, inspecti	ng, nandling of violations, and emorcing	conservation easements during the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section $170(h)(4)(R)(i)$
Ŭ	•		
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easem	ents.	
Part	III Organizations Maintaining Collection	s of Art. Historical Treasures. or	Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under FA	SB ASC 958, not to report in its revenu	le statement and balance sheet works
	of art, historical treasures, or other similar asset		
	service, provide in Part XIII the text of the footnote	to its financial statements that describ	es these items.
b	If the organization elected, as permitted under FA	SB ASC 958, to report in its revenue s	statement and balance sheet works of
	art, historical treasures, or other similar assets hele		search in furtherance of public service,
	provide the following amounts relating to these ite		
	(i) Revenue included on 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 F		
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$

Schedu	le D (Form 990) 2022						Page <b>2</b>
Part	t III Organizations Maintaining	<b>Collections of</b>	Art, Histo	rical Tre	asures, or	<sup>•</sup> Other Similar A	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		her records	, check a	any of the fo	llowing that make	significant use of its
а	Public exhibition		d 🗌	Loan or e	exchange pi	rogram	
b	Scholarly research						
c	Preservation for future generations	5					
4	Provide a description of the organizat		and explain	how they	/ further the	organization's exe	empt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather						
Dout			allieu as pai		I Yal IIzation :	s collection? .	Yes No
Part		•	" ен Гение	000 0			
	Complete if the organization 990, Part X, line 21.						
<b>1</b> a	included on Form 990, Part X?						
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the follo	wing table	e:		
							Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amoun						
	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the exp	anation h	as been pro	wided on Part XIII	🛛
Par			" ен Гение	000 0	+ 11/ 1:00 1/	<b>`</b>	
	Complete if the organization						
4.	De sienie e of ee on holonoo	(a) Current year	(b) Prior y	rear (c	<b>:)</b> Two years ba	ick (d) Three years ba	ck (e) Four years back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of t	he current year er	nd balance (	line 1g, co	olumn (a)) he	eld as:	
а	Board designated or quasi-endowmen	nt	%				
b	Permanent endowment	_%					
С	Term endowment%						
	The percentages on lines 2a, 2b, and						
3a	Are there endowment funds not in the	e possession of th	ne organiza	tion that a	are held and	administered for	he
	organization by:						Yes No
	(i) Unrelated organizations						. 3a(i)
	.,						
b	If "Yes" on line 3a(ii), are the related o	-					3b
4	Describe in Part XIII the intended uses		on's endow	ment func	ds.		
Part				000 D			
	Complete if the organization						
	Description of property	(a) Cost or of (investm		Cost or ot (other		(c) Accumulated depreciation	(d) Book value
1a	Land						
b	Buildings						
С	Leasehold improvements						
d	Equipment						
е	Other						
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X, (	column (B	8), line 10c.)		

#### Schedule D (Form 990) 2022 Investments-Other Securities. Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives . . . . . (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments-Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (a) Description of investment (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) OFFICE SPACE LEASE RIGHT-OF-USE ASSET 779,082. (2) SECURITY DEPOSIT 12,635. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 791,717. Other Liabilities. Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) AFFILIATE PAYABLE 517,212 896,313 (3) LEASE LIABILITY (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 1,413,525. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedu	e D (Form 990) 2022		Page <b>4</b>
Pari		<sup>r</sup> Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	6,820,978.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a h	Net unrealized gains (losses) on investments	-	
b	Donated services and use of facilities	-	
с С	Recoveries of prior year grants         .         .         .         .         2c           Other (Describe in Part XIII.)         .         .         .         .         .         2d	-	
d e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	6,820,978.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		0,020,970.
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )	5	6,820,978.
Part		-	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	5,284,592.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	5,284,592.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> )	5	5,284,592.
Part	<b>XIII</b> Supplemental Information. In the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2	h. Dort \	/ line /: Dart V line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional i		
Pt I	II, Line 4: ACTIONAID USA PERFORMED AN EVALUATION OF UNCERTAIN TAX	POSITI	ONS
FOR	THE YEAR ENDED DECEMBER 31, 2022, AND DETERMINED THAT THERE WERE NO	матте	RS
THAT	WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY	HAVE A	NY
F. F. F. F.	CT ON ITS TAX-EXEMPT STATUS.		

Schedule D (Fo	orm 990) 2022	Page 5
Part XIII	Supplemental Information (continued)	

SCHEDULE F (Form 990)	Statement of Activities Ulitside the United States	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 1	
Attach to Form 990.           Department of the Treasury Internal Revenue Service         Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Public Inspection
Name of the organization		Employer identification number
ACTIONAID US		52-2277575
	ral Information on Activities Outside the United States. Complete if the organo 190, Part IV, line 14b.	anization answered "Yes" on
other assis	<b>akers.</b> Does the organization maintain records to substantiate the amount of its gra ance, the grantees' eligibility for the grants or assistance, and the selection criteria rants or assistance?	used to

- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)Sub-Saharan Africa	0	0	GRANTMAKING		2,628,737.
(2) South Asia	0	0	GRANTMAKING		190,380.
<b>(3)</b> Europe	0	1	GRANTMAKING		150,277.
(4) Russia	0	0	GRANTMAKING		53,932.
(5) Central America	0	0	GRANTMAKING		43,219.
(6) East Asia and Pacific	0	0	GRANTMAKING		33,238.
(7) South America	0	0	GRANTMAKING		17,981.
(8) Middle East	0	0	GRANTMAKING		10,877.
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
<u>(</u> 17)					
3a Subtotal	0	1			3,128,641.
c Totals (add lines 3a and 3b)	0	1	- 000		3,128,641.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Sub-Saharan Africa	EDUCATION	371,000.	WIRE			
(2)			Sub-Saharan Africa	EMERGENCY RESPONSE	960,044.	WIRE			
(3)			Sub-Saharan Africa	FOOD AND AGRICULTURE	90,640.	WIRE			
(4)			Sub-Saharan Africa	WOMEN'S RIGHTS	1,162,269.	WIRE			
(5)			Sub-Saharan Africa	OTHER GRANTS	44,784.	WIRE			
(6)			Europe	CLIMATE JUSTICE	13,000.	WIRE			
(7)			Europe	EMERGENCY RESPONSE	49,777.	WIRE			
(8)			Europe	WOMEN'S RIGHTS	87,500.	WIRE			
(9)			South Asia	EMERGENCY RESPONSE	65,380.	WIRE			
(10)			South Asia	WOMEN'S RIGHTS	125,000.	WIRE			
(11)			Central America	EMERGENCY RESPONSE	18,219.	WIRE			
(12)			Central America	LAND RIGHTS	25,000.	WIRE			
(13)			East Asia and Pacific	EMERGENCY RESPONSE	33,238.	WIRE			
(14)			Middle East	EMERGENCY RESPONSE	10,877.	WIRE			
(15)			Russia	EMERGENCY RESPONSE	53,932.	WIRE			
(16)				EMERGENCY RESPONSE	17,981.				
2 3	exempt 501(c)	(3) organizatio	n by the IRS, or for v	sted above that are r which the grantee or c ties	ounsel has provid	led a section 501(c)(3	) equivalency letter	🕨	1 0

. . . Page **2** 

	(d) Amount of cash grant	(e) Manner of	(f) Amount of	<b>(g)</b> Description of noncash assistance	(h) Method of
(c) Number of recipients	cash grant	cash disbursement	noncash assistance	of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other
			Image:	Image: set of the	

#### Page 3

Sched	ule F (Form 990) 2022		Page
Part	IV Foreign Forms		1
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	🗙 No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	🗙 No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		

BAA

REV 05/17/23 PRO

Instructions for Form 5713; don't file with Form 990).

Schedule F (Form 990) 2022

Yes

🗙 No

#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Pt I Line 2: ACTIONAID USA'S CORE PURPOSE IS TO RAISE MONEY IN THE U.S. TO SUPPORT
ANTIPOVERTY PROJECTS IN DEVELOPING COUNTRIES. THESE PROJECTS ARE IMPLEMENTED
BY ACTIONAID USA'S ASSOCIATES AND PARTNERS. EACH PROJECT IS MONITORED BY A PROJECT
ACCOUNTABILITY GROUP INVOLVING ACTIONAID USA FINANCE AND PROGRAM STAFF FROM THE
IMPLEMENTING COUNTRY. THE PROJECT ACCOUNTABILITY GROUP MEETS QUARTERLY TO DISCUSS
THE PROGRESS OF THE GRANT AND BUDGET VS. EXPENSE ANALYSIS. ACTIONAID USA THEN
REVIEWS ALL PROGRAM AND FINANCE REPORTS WITH IMPLEMENTING PARTNERS TO ENSURE
COMPLIANCE WITH GRANT PROVISIONS.

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047 2022

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name	of	the	organization

Department of the Treasury

Internal	Revenue Service Go to u	/www.irs.gov	<i>Form990</i> for instructions and	I the latest inform	ation.		Inspectio	n
Name of the organization Employer							umber	
ACTIONAID USA 52-22								
Par	Types of Property							
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash cont amounts repo Form 990, Part V	orted on	Method noncash cor	<b>(d)</b> of determini ntribution an	•
1 2 3 4 5 6 7	Art - Works of artArt - Historical treasuresArt - Fractional interestsBooks and publicationsClothing and householdgoodsCars and other vehiclesBoats and planes							
8 9 10 11	Intellectual property	×	1		51,668.			
12 13	Securities—Miscellaneous Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29	Real estate – Residential       .         Real estate – Commercial       .         Real estate – Other       .         Collectibles       .         Food inventory       .         Drugs and medical supplies       .         Taxidermy       .         Historical artifacts       .         Scientific specimens       .         Other ()       .         Other ()       .         Number of Forms 8283 received which the organization completed	d by the or				29		
30a	During the year, did the organiza 28, that it must hold for at least 3 used for exempt purposes for the	years from	the date of the initial contr	ibution, and whic	ch isn't req	uired to be	Yes 30a	s No

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

31	Does the	organization	have	а	gift a	acceptar	ice	policy	that	requires	the	review	of a	any	non	stand	dard
	contributior	ns?															
32a	Does the o	organization h	nire or	use	third	parties	or	related	orgar	nizations 1	to so	licit, pro	ocess	, or	sell	nond	cash

contributions? . . . . . . . . b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

31

32a

×

×

Part II	Form 990) 2022 Page 2 Supplemental Information, Provide the information required by Part L lines 30b, 32b, and 33, and whether
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received,
	or a combination of both. Also complete this part for any additional information.

Department of the Treasury Internal Revenue Service

Name of the organization

ACTIONAID USA

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.



Employer identification number 52-2277575

Other: PART III, LINE 1: ACTIONAID IS AN INTERNATIONAL NETWORK BUILDING A JUST,

EQUITABLE, AND SUSTAINABLE WORLD IN SOLIDARITY WITH COMMUNITIES ON THE FRONTLINES

OF POVERTY AND INJUSTICE. ACTIONAID USA IS THE U.S. BRANCH OF ACTIONAID INTERNATIONAL,

WHICH WORKS IN MORE THAN 40 COUNTRIES TO ACHIEVE SOCIAL JUSTICE, GENDER EQUALITY,

AND POVERTY ERADICATION. WE INFLUENCE U.S. POLICY AND INTERNATIONAL INSTITUTIONS

LIKE THE UNITED NATIONS AND ELEVATE MARGINALIZED VOICES IN THE HALLS OF POWER.

Pt VI, Line 11b: THE FORM 990 IS FIRST REVIEWED BY THE DIRECTOR OF FINANCE AND THE EXECUTIVE DIRECTOR. IT IS THEN REVIEWED BY THE BOARD TREASURER. FINALLY, IT IS SENT TO THE FULL BOARD OF DIRECTORS FOR ANY FURTHER COMMENTS AND QUESTIONS

BEFORE BEING SUBMITTED TO THE INTERNAL REVENUE SERVICE.

Pt VI, Line 12c: A FULL WRITTEN DISCLOSURE BY EVERY EMPLOYEE OF ALL MATERIAL FACTS OF ANY TRANSACTION WHICH HAS OR APPEARS TO HAVE, OR MAY INVOLVE A CONFLICT OF INTEREST BY THE EMPLOYEE WITH ACTIONAID USA SHALL BE MADE TO THE EXECUTIVE DIRECTOR OR DIRECTOR OF FINANCE UPON THE LEARNING OF SUCH CONFLICT, BE IT AN ACTUAL OR POTENTIAL CONFLICT, BEFORE EXECUTING ANY SUCH TRANSACTION. A FULL WRITTEN DISCLOSURE BY EVERY BOARD MEMBER, OF ALL MATERIAL FACTS OF ANY TRANSACTION WHICH HAS OR APPEARS TO HAVE, A CONFLICT OF INTEREST BY A MEMBER OF ACTIONAID USA'S BOARD SHALL BE MADE TO THE BOARD CHAIR UPON THE LEARNING OF SUCH CONFLICT BEFORE EXECUTING ANY SUCH TRANSACTION. THESE ARE UPDATED ANNUALLY. THE GOVERNANCE COMMITTEE REVIEWS ALL POTENTIAL CONFLICTS OF INTEREST THAT MAY ARISE.

Pt VI, Line 15a: ACTIONAID USA'S EXECUTIVE DIRECTOR SALARY IS REVIEWED BY COMPILING SALARY DATA FROM SIMILAR SIZED NONPROFIT COMPANIES BOTH IN THE WASHINGTON DC

Schedule O (Form 990) 2022	Page <b>2</b>						
Name of the organization	Employer identification number						
ACTIONAID USA	52-2277575						
AREA AND IN SEVERAL OTHER MAJOR METROPOLITAN AREAS IN THE U.S. THE	BOARD CONSIDERS						
THIS INFORMATION ALONGSIDE COMPANY PERFORMANCE TO SET A REASONABLE	SALARY. ALL						
NON-SALARY COMPENSATION FOR THE EXECUTIVE DIRECTOR IS CONSISTENT WI	TH NON-SALARY						
COMPENSATION PROVIDED TO ALL STAFF MEMBERS IN THE ORGANIZATION. THIS SALARY EVALUATION							
PROCESS WAS LAST UNDERTAKEN IN 2017.							
Pt VI, Line 19: ACTIONAID USA MAKES ITS ANNUAL REPORTS, AUDITED FIN	ANCIALS,						
AND THE FEDERAL FORM 990 AVAILABLE ON ITS WEBSITE. GOVERNING DOCUME	NTS AND CONFLICT						
OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.							
Pt III, Line 4d:							
Expenses: \$688,739 including grants of: \$440,784 Revenue: \$0							
Description: THE REMAINING PROGRAMS INCLUDE LAND RIGHTS & BIOFUELS							
AND EDUCATION.							
Pt VI, Section C, Line 17:							
State: AR							
State: CA							
State: FL							
State: GA							
State: IL							
State: KS							
State: KY							
State: MD							
State: MA							
State: MI							
State: MN							
State: MS							
State: NH							

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization	Employer identification number
ACTIONAID USA	52-2277575
State: NJ	
State: NM	
State: NY	
State: NC	
State: OK	
State: OR	
State: PA	
State: RI	
State: SC	
State: TN	
State: UT	
State: VA	
State: WV	
State: WI	