1	Form	990-T	E	xempt Organizatio						Гах	Returr	)	OA	1B No 1545-0687		
		(and proxy tax under section 6055(e))									179 2010					
		For calendar year 2018 or other tax year beginning OCT 1, 2018 and ending SEP 30, 2019									<u> </u>		<b>ZU 10</b>			
		Beginnent of the Treasury  Do not enter SSN numbers on this form as it may be made  Do not enter SSN numbers on this form as it may be made												to Public Inspection for (3) Organizations Only		
	A L ——	Check box if address changed Name of organization ( Check box if name of address changed Check box if name of address changed Check box if name of organization ( Check box if name of address changed Check box if name of organization ( Check box i						e changed and see instructions.)					D Employer identification number (Employees' trust, see instructions)			
	B E	Exempt under section Print FRIENDS OF THE WORLD FOOD PROGRAM,							NC.				13-3843435			
	X	501(c- <del>)(3)</del>	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.						E Unrelated business activity code (See instructions )						
		408(e) 220(e)	lype	1723 1 SIREEI MW, NO. 510						4						
		408A 530(a) City or town, state or province, country, and ZIP or foreign postal code  529(a) WASHINGTON, DC 20006														
		Book value of all assets at end of year  F Group exemption number (See instructions.)														
		G Check organization type ► X 501(c) corporation 501(c) trust 401(a												Other trust		
			e organization's unrelated trades or businesses. Describe the only (or first) un													
		de or business here N/A . If only one, complete Parts I-V												one,		
				ce at the end of the previous sentence, co	omple	ete Pai	rts I an	d II, complete	e a Schedul	e M for	each addition	ch additional trade or				
		siness, then complete I		<del></del>				4	lad ana0			Yes No				
				oration a subsidiary in an affiliated group		paren	it-subsi	diary control	iea group?			Yes No				
If "Yes," enter the name and identifying number of the parent corporation. ▶  J The books are in care of ▶ CLAUDIO SILVA  Telephone number ▶ (202) 627-373												-3737				
i	Pa			le or Business Income				(A) Income			(B) Expenses			(C) Net		
	1a	Gross receipts or sale	s					( ,		t	<b></b>		$\top$			
			ess returns and allowances c Balance										1			
	2	Cost of goods sold (S	chedule	A, line 7)	••		2	·	·							
	3	Gross profit. Subtract	line 2 fr	om line 1c			3			L						
	4 a	Capital gain net income (attach Schedule D) Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)					4a			<u> </u>			<u> </u>			
	b						4b			ļ						
		Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement) Rent income (Schedule C) Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I)								ļ			1			
										ļ			<del> </del>			
										<b>├</b> ──			<del> </del> —			
										-			<del> </del>			
										├			<del>                                     </del>			
										╁──			+			
		Advertising income (Schedule J)						•		┢	· · · · · · · · · · · · · · · · · · ·		<del>                                     </del>			
		Other income (See instructions; attach schedule)								<b>-</b>			<del> </del>			
		Other income (See instructions; attach schedule)  Total. Combine lines 3 through 12  13  0.								********	1	<del></del>				
	_	art II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)														
		(Except for c	ontribu	itions, deductions must be directly o	0000	cted	with t	ne unrelated	d business	Incom	ne.)					
3	14	Compensation of offi	cers, dır	ectors, and trustees (Schedule K)	1	R	EC	EIVE	<b>0</b>			14				
ס	15	Salaries and wages			g				اد			15	<u> </u>			
	16	Repairs and maintena							1 <b>3 202</b> 0			16	ļ			
	17	Bad debts	rest (attach schedule) (see instructions)					MAY 1 3 2020			. <u>17</u> 18		1	<del></del>		
•	18	· ·											├	<del></del>		
	19	Taxes and licenses	(Can		TOTAL TOTAL	U(	GUEN, UT				19		├			
2 2 2		Depreciation (attach l		instructions for limitation rules)				***************************************	l at l		٠,	20	├	<del></del>		
		•		Schedule A and elsewhere on return			•	• •	21 22a			22b	1			
	23	Depletion Cla	iiiicu oii	Schedule A and eisewhere Of Teldin	•				[228]			23	$\vdash$	•		
	24	Depletion										24				
	25	Employee benefit pro						•				25	١.	· · · · · · · · · · · · · · · · · · ·		
	26	Excess exempt expen	-	hedule I)	•••		• •		•• • •	•		26	İ			
	27	Excess readership costs (Schedule J)						•		•		27				
:	28	Other deductions (attach schedule)								•	· ···	28				
:	29	Total deductions. Add lines 14 through 28								29		0.				
;	30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13								30		0.				
;	31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)										31				
-	32			come. Subtract line 31 from line 30			<u> </u>		<u> </u>	<u> </u>		32		0.		
1	323701	01-09-19 LHA FO	r Paper	work Reduction Act Notice, see instructi	ons.			,					Fo	rm <b>990-T</b> (2018)		

		Fatal Hamilata d Dunimana Tamal	1.1.							
Part I		Total Unrelated Business Taxal			<del> </del>		<del></del>	1		
33		of unrelated business taxable income comput	ed from all unrelated trades or bu	ısınesses	(see instructions)		33 34			0.
34		unts paid for disallowed fringes								
35		eduction for net operating loss arising in tax years beginning before January 1, 2010 (see instructions)								
36		of unrelated business taxable income before s	pecific deduction. Subtract line 3	55 from th	e sum of					
		33 and 34				(	36			
37	•	fic deduction (Generally \$1,000, but see line 3	• •	-		. 3	0 37	<u> </u>	1,	000.
38		nrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,								
		the smaller of zero or line 36					1 38	Ц		0.
Part I	V	Tax Computation				· · · · · · · · · · · · · · · · · · ·	1 7			
39	Orgai	nizations Taxable as Corporations. Multiply l	ine 38 by 21% (0.21)			•	<b>-</b>   <u>49</u>	<b></b>		0.
40	Trust	s Taxable at Trust Rates. See instructions for	tax computation. Income tax on	the amou	ınt on line 38 from	:		j		
		Tax rate schedule or Schedule D (For	rm 1041) .				► <u>  40</u>	<u> </u>		
41	Proxy	tax. See instructions				•	► <u>41</u>			
42	Alternative minimum tax (trusts only)						42			
43	Tax o	n Noncompliant Facility Income. See instruc	tions .				43			
44	4 Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies						44			0.
Part \	<u>/                                    </u>	Tax and Payments								
45 a	Foreig	gn tax credit (corporations attach Form 1118;	trusts attach Form 1116)		45a			1		
b	Other	credits (see instructions)			45b					
C	Gene	ral business credit. Attach Form 3800			45c					
đ	Credit	t for prior year minimum tax (attach Form 880	1 or 8827)		45d	·				
е		credits. Add lines 45a through 45d	•		-		456	•		
46	Subtr	act line 45e from line 44				•	46			0.
47	Other	taxes. Check if from: Form 4255	Form 8611 Form 8697	Form	8866 Other	(attach schedule	, 47			
48		tax. Add lines 46 and 47 (see instructions)			_		43			0.
49		net 965 tax liability paid from Form 965-A or I	Form 965-B. Part II. column (k)	line 2		• •	49			0.
50 a		ents: A 2017 overpayment credited to 2018	(n),		50a		1			
_		estimated tax payments	•	5]]		3,260	5.			
		eposited with Form 8868		J11	50c	· · · · · · · · · · · · · · · · · · ·	Ť			
		on organizations: Tax paid or withheld at source	on (con instructions)		50d		_			
		ip withholding (see instructions)	oc (see manacaons)	•	50e		_			
		t for small employer health insurance premiun	oc (attach Form 9041)		50f		┥			
					1901		ન			
9		, , , , ,	orm 2439	—— Totai						
F4		<del></del>	ther	TOTAL P	► <u>  50g  </u>		ե.		3	260.
51		payments. Add lines 50a through 50g					1 21	<del> </del>		200.
52		stimated tax penalty (see instructions). Check if Form 2220 is attached				52	<del>- </del>			
53		Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed				53			260	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid				► <u>5#</u>	+		260.		
55 Part V	Enter	the amount of line 54 you want: Credited to 2		<b>6</b>	R R	efunded	<u> 5</u> 5			260.
		Statements Regarding Certain								
56	-	time during the 2018 calendar year, did the c	•	•		•			Yes	No
		financial account (bank, securities, or other)		-						
	FinCE	N Form 114, Report of Foreign Bank and Finai	ncial Accounts. If "Yes," enter the	name of t	the foreign country	*				
	here	· — — · · · · · · · · · · · · · · · · ·			<u>.</u>				<u> </u>	_
57	Durin	g the tax year, did the organization receive a d	istribution from, or was it the gra	intor of, o	r transferor to, a fo	oreign trust?				
		s," see instructions for other forms the organiz	•						ļ	Ì
58	_	the amount of tax-exempt interest received or						``	<u>L</u>	<u> </u>
O:	Un	der penalties of perjury, I declare that I have examined rect, and complete Declaration of preparer (other than	this return, including accompanying sci taxpayer) is based on all information of	redules and which pred	statements, and to the	e best of my know	<b>/ledg</b> e an	d belief, it is tru	θ,	
Sign		correct, and complete Deplaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge						IRS discuss thi	s return v	vith
Here		05/08/2020 VP OF FINANCE & OPERATIONS					-	preparer shown below (see		
		Signature of officer	Date Title	•			instructio	ons)? X Y	es	No
		Print/Type preparer's name	Preparer's signature		Date	Check	ıf P	TIN		
Paid			Kuta B	and+	05/07/2020	self- employe	d			
Prepa	rer KRISTEN BARNETT		, (132, 5,000, 103,011,2020			···	1	P01234578	<u> </u>	
Use O		Firm's name ▶ RSM US LLP Firm's EIN ▶						42-0714	325	
	,	1861 INTERNATIONAL DRIVE, SUITE 400							•	
		Firm's address MCLEAN, VA 2210	Phone no.	703-3	36-6400					