DLN: 93493128020130 OMB No 1545-0047 Return of Organization Exempt From Income Tax 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019 C Name of organization FRIENDS OF THE WORLD FOOD PROGRAM INC D Employer identification number B Check if applicable □ Address change 13-3843435 ☐ Name change Doing business as WORLD FOOD PROGRAM USA ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 1725 I STREET NW NO 510 ☐ Amended return ☐ Application pending (202) 627-3737 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC  $\,$  20006 G Gross receipts \$ 19,144,284 Name and address of principal officer H(a) Is this a group return for PHIL KARSTING ☐Yes **☑**No subordinates? 1725 I STREET NW NO 510 H(b) Are all subordinates WASHINGTON, DC 20006 ☐ Yes ☐No ıncluded? 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► HTTP //WWW WFPUSA ORG L Year of formation 1995 M State of legal domicile DE K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities BUILD SUPPORT IN THE US FOR THE WORLD FOOD PROGRAMME & OVERALL EFFORT TO ADDRESS GLOBAL HUNGER Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 12 4 12 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 17 **6** Total number of volunteers (estimate if necessary) . . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 8,308,389 18,930,554 Ravenua 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 104,962 213,730 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8,413,351 19,144,284 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 3,359,107 10,346,040 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 2,510,433 4,408,547 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 36,750 66,820 b Total fundraising expenses (Part IX, column (D), line 25) ▶2,500,833 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 3,244,953 4,570,420 9,151,243 19,391,827 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . -737,892 -247,543 Net Assets or Fund Balances Beginning of Current Year End of Year 12,299,470 13,528,510 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 3,446,294 4,859,781 22 Net assets or fund balances Subtract line 21 from line 20 . 8,853,176 8,668,729 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-05-07 Signature of officer Sign Here CLAUDIO SILVA VP OF FINANCE & OPERATIONS Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P01234578 Paid self-employed Firm's name RSM US LLP Firm's EIN ► 42-0714325 Preparer Use Only Firm's address ▶ 1861 INTERNATIONAL DRIVE SUITE 400 Phone no (703) 336-6400 MCLEAN, VA 22102 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page <b>2</b>			
Pa	Statement	of Program Servi	ce Accomplis	hments					
	Check if Sched	dule O contains a resp	onse or note to a	any line in this Part III		🗆			
1	Briefly describe the o	rganization's mission							
END					VIDUALS, POLICYMAKERS AND BU IERICAN LEGACY OF FEEDING FAM				
2	-	, -		vices during the year w	hich were not listed on	☐ Yes ☑ No			
	If "Yes," describe the	se new services on Sc	hedule O						
3	Did the organization services?	☐ Yes ☑ No							
	If "Yes," describe the	se changes on Schedu	le O						
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported								
4a	(Code	) (Expenses \$	11,287,808	including grants of \$	10,346,040 ) (Revenue \$	)			
	See Additional Data					, 			
4b	(Code	) (Expenses \$	2,822,905	ıncludıng grants of \$	) (Revenue \$	)			
	See Additional Data								
4c	(Code	) (Expenses \$	1,278,389	ıncludıng grants of \$	) (Revenue \$	)			
	See Additional Data								
4d	Other program service								
	(Expenses \$	Inc	luding grants of	\$	) (Revenue \$	)			
4e	Total program serv	rice expenses 🕨	15,389,1	02					

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Vac 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 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? 4 Yes 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 Revenue Procedure 98-19? 5 No 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? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No R 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 Yes q Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 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 Nο 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 . . . . . . . . . c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 👺 . . . . . . . . . . . . . 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 No 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . 14a Nο 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 foreign investments 14b Yes valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Yes 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . 🖠 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Nο 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Yes 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 No Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Nο b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Nο

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . .

37

38

Part V

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Pai	tiV Checklist of Required Schedules (continued)			
			Yes	No
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? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
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?	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		No
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? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		No

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part  $V\$ .

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Nο

No

37

38

22

0

1a

Yes

Yes

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10b

11a

11b

12b

13b

13c

12a

13a

14a

14b

15

No

No

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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

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? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines

Page 6

8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  $\checkmark$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a 12

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 in Schedule O Enter the number of voting members included in line 1a, above, who are independent 1b 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Nο Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 No of officers, directors or trustees, or key employees to a management company or other person? • 4 Nο Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Nο Did the organization have members or stockholders? . . . . . . . . . . . . . . . 6 Nο 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a No Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b Nο Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? . . . . . 8a Yes Each committee with authority to act on behalf of the governing body? . . . . . Яh Yes 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? If "Yes," provide the names and addresses in Schedule O . . . . . . . . . Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a No b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,

**10a** Did the organization have local chapters, branches, or affiliates? . 10b and branches to ensure their operations are consistent with the organization's exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . 12a Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12h Yes . . . . . . . . . . . . . . . Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 12c Yes Did the organization have a written whistleblower policy? . 13 Yes Did the organization have a written document retention and destruction policy? . . . . Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

13 a The organization's CEO, Executive Director, or top management official . Other officers or key employees of the organization . . . . If "Yes" to line 15a or 15b, describe the process in 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? . . . . . . . .

15a Yes 15b Yes 16a

## Section C. Disclosure

status with respect to such arrangements? . . . .

Nο 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 16b

List the States with which a copy of this Form 990 is required to be filed▶

AK, AL, AR, AZ, CA, CO, CT, FL, GA, HI, IL, KS, KY, MA , MD , ME , MI , MS , MN , NC , ND , NJ , NH , NM , NY , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WI , WV , DC

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s

only) available for public inspection. Indicate how you made these available. Check all that apply

▶CLAUDIO SILVA 1725 I STREET NW NO 510 WASHINGTON, DC 20006 (202) 627-3737

☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

Describe in 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 State the name, address, and telephone number of the person who possesses the organization's books and records

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Part VII

(13) RICHARD LEACH

(14) PHIL KARSTING

(15) SHANNON HISKEY

VP OF OPERATIONS

(16) DEBORAH SAIDY

VP OF PUBLIC POLICY

(17) JESSAMYN SARMIENTO

VP OF MARKETING AND COMMUNICATIONS

INTERIM PRESIDENT & CEO

PRESIDENT & CEO (THRU 07/31/19)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

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 former officers, key employees, or highest compensated employees who received more than \$100,000

<ul> <li>List all of the organization's former director organization, more than \$10,000 of reportable co</li> </ul>											
List persons in the following order individual trus compensated employees, and former such persoi		rs, ınstı	tutioi	nal t	:rust	ees, c	offic	ers, key employees	s, highest		
Check this box if neither the organization no	r any re <u>lated or</u>	ganızat	ion c	.omp	ens	ate <u>d</u> a	any (	current officer, dire	ctor, or trustee		
(A) Name and Title	(B) Average hours per week (list any hours	pers	an on on is	e bo both	t che x, u h an	eck mo inless office ustee)	er	compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
(1) RANDY RUSSELL CHAIRMAN	4 00	×		x				0	0	0	
(2) BONNIE RAQUET VICE CHAIRMAN	1 00	х		x				0	0	0	
(3) EMILY HIGH DANIELS DIRECTOR	1 00	х						0	0	0	
(4) TONY FRATTO DIRECTOR	1 00	х						0	0	0	
(5) CARL STERN DIRECTOR	1 00	х						0	0	0	
(6) HON ROBERT DOLE DIRECTOR	1 00	×						0	0	0	
(7) HON DANIEL GLICKMAN DIRECTOR	1 00	х						0	0	0	
(8) MARSHALL MATZ ESQ DIRECTOR	1 00	x						0	0	0	
(9) JOE STONE DIRECTOR	1 00	×						0	0	0	
(10) HON THOMAS DASCHLE DIRECTOR	1 00	×						0	0	0	
(11) NOLAND MACKENZIE CANTER III DIRECTOR	1 00	х						0	0	0	
(12) JODI BENSON DIRECTOR	1 00	х						0	0	0	

40 00

40 00

40 00

40 00

40 00

Х

Χ

Х

Х

Χ

Х

360,774

191,514

185,399

172,439

45,272

24,549

32,400

32.081

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0

0

0

0

# • List all of the organization's current key employees, if any See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations 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

Form 990 (2018) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization (Worganizations from the Individual trustee or director for related 2/1099-MISC) (W-2/1099organization and Officer Former employ organizations MISC) related Institutional lighest compensated below dotted organizations employee line) Ť. Trustee (18) MEREDITH WEISS 40.00 126.557 3.932 SENIOR DIRECTOR, DEV OPERATIONS (19) CHARLES DUJON 40.00 X 121,765 0 15,644 DIRECTOR, GOVERNMENT RELATIONS c Total from continuation sheets to Part VII, Section A . d Total (add lines 1b and 1c) . . . . . . . . . . . 1,158,448 153,878 • 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 10 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 3 Nο For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . 4 Yes

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

(A)

Name and business address

No

134,025

(C)

Compensation

Form 990 (2018)

5

Description of services

WEBSITE DEVELOPMENT

- 5
- Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . . . . . . . . . . Section B. Independent Contractors

compensation from the organization ▶ 1

STRATACOMM LLC

1200 G STREET NW SUITE 350 WASHINGTON, DC 20005

Part	VIII Statement of Revenue					rage <b>3</b>
	Check if Schedule O contains a response or	note to any line in	this Part VIII			🗆
		Tota	(A) I revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
(6	1a Federated campaigns 1a			revenue		312 314
ints unts	b Membership dues 1b	<del></del>				
6ra 70	c Fundraising events 1c					
Gifts, Grants illar Amounts	d Related organizations 1d	<del></del>				
<u>⊒</u>	e Government grants (contributions)					
ıns, Sin	f All other contributions, gifts, grants, and similar amounts not included					
tributions, Gifts, Grants Other Similar Amounts	and similar amounts not included above	18,930,554				
흡종	g Noncash contributions included in lines 1a - 1f \$					
Contributions, and Other Sim	h Total. Add lines 1a-1f	. •	10.000 554			
		Business Code	18,930,554			
Program Service Revenue	2a					
F.	b ———					
200	c ———		1			
Şer.	d		1			
E	e ———		+			
ogr.	<b>f</b> All other program service revenue		1			
<u> </u>	gTotal. Add lines 2a-2f ▶					
	<b>3</b> Investment income (including dividends, interes similar amounts)	t, and other	213,730			213,730
	<b>4</b> Income from investment of tax-exempt bond pro	oceeds ►				
	<b>5</b> Royalties					
	(I) Real (II)	) Personal				
	Ga Gross rents					
	<b>b</b> Less rental expenses					
	c Rental income or					
	d Net rental income or (loss)					
		ıı) Other				
	7a Gross amount from sales of	.,				
	assets other than inventory					
	h Less cost or					
	other basis and sales expenses					
	C Gain or (loss)					
	d Net gain or (loss)	<b>&gt;</b>				
a)	Sa Gross income from fundraising events (not including \$ of					
ž K	contributions reported on line 1c)					
e v	b Less direct expenses b					
er F	c Net income or (loss) from fundraising events .	· •				
Other Revenue	9a Gross income from gaming activities See Part IV, line 19					
	a					
	<b>b</b> Less direct expenses <b>b</b>					
	c Net income or (loss) from gaming activities .	· •				
	10aGross sales of inventory, less returns and allowances					
	a					
	<b>b</b> Less cost of goods sold <b>b</b>					
	c Net income or (loss) from sales of inventory .  Miscellaneous Revenue Bus	 Iness Code				
	11a	mess code				
	ь					
	с					
	d All other revenue					
	e Total. Add lines 11a-11d	. •				
	<b>12 Total revenue.</b> See Instructions	· · •	19,144,284	1	0	213,730
				•	•	Form <b>990</b> (2018)

**b** Legal

c Accounting

**d** Lobbying .

. . . e Professional fundraising services See Part IV, line 17

g Other (If line 11g amount exceeds 10% of line 25, column

(A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ If following SOP 98-2 (ASC 958-720)

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization .

21 Payments to affiliates . . .

expenses on Schedule O ) a DUES & MEMBERSHIP

c EQUIPMENT RENTAL & MAIN

**b** STAFF DEVELOPMENT

All other expenses

f Investment management fees .

**12** Advertising and promotion 13 Office expenses .

14 Information technology

15 Royalties .

**17** Travel .

16 Occupancy .

20 Interest .

23 Insurance .

d

66,820

484,674

92,327

85,818

148,258

94,798

25,130

61,671

7,587

15,084

17,764

4,639

2,500,833

Form **990** (2018)

555

	Part IX Statement of Functional Expenses ection 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)									
	Check if Schedule O contains a response or note to any	/ line in this Part IX .			🗆					
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraisingexpenses					
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	139,500	139,500							
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, line 15 and 16	10,206,540	10,206,540							
4	Benefits paid to or for members				_					
5	Compensation of current officers, directors, trustees, and key employees	396,046	170,429	103,631	121,986					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$									
7	Other salaries and wages	3,350,769	1,459,888	851,694	1,039,187					
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	87,485	36,328	21,882	29,275					
9	Other employee benefits	334,302	119,503	126,415	88,384					
10	Payroll taxes	239,945	99,854	59,881	80,210					
11	Fees for services (non-employees)									
a	Management									

10,895

66,820

1,437,257

929,552

552,820

532,392

452,558

180,061

59,744

1,694

188,251

23,160

50,293

30,909

8,911

19,391,827

63,907 15,990 20,936 26,981 15,730 48,016 20,272 12,014

10,895

883,421

929,552

444,810

414,321

191,066

74,377

24,034

79,478

9,778

33,812

10,866

2,682

15,389,102

715

69,162

15,683

32,253

113,234

10,886

10,580

47,102

5,795

1,397

2,279

1,590

1,501,892

424

Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to a	ny line in this Part IX			🗆
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing		•		1	
	2	Savings and temporary cash investments .		[	3,172,309	2	2,859,914
	3	Pledges and grants receivable, net			874,188	3	2,074,562
	4	Accounts receivable, net			38,656	4	0
	5	Loans and other receivables from current and for trustees, key employees, and highest compensate Part II of Schedule L	mployees Complete		5		
S	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L		6			
et	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			8		
٩	9	Prepaid expenses and deferred charges			382,628	9	282,662
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,236,282			
	ь	Less accumulated depreciation	<b>10</b> b	747,460	418,808	<b>10</b> c	488,822
	11	Investments—publicly traded securities .			7,412,881	11	7,822,550
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	11	Г		13	
	14	Intangible assets	[		14		
	15	Other assets See Part IV, line 11			15		
	16	Total assets.Add lines 1 through 15 (must equ	ıal lıne	34)	12,299,470	16	13,528,510
					472.242		704 400

	basis Complete Part VI of Schedule D	10a	1,236,282			
ь	Less accumulated depreciation	<b>10</b> b	747,460	418,808	10c	
11	Investments—publicly traded securities .			7,412,881	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				15	
16	Total assets. Add lines 1 through 15 (must equ	al line	34)	12,299,470	16	1:
17	Accounts payable and accrued expenses			173,313	17	

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties

persons Complete Part II of Schedule L .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Liabilitie

Net Assets or Fund Balances

23

24

26

27

28

29

30

31

32

33

34

	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		15	
	16	Total assets.Add lines 1 through 15 (must equal line 34)	12,299,470	16	13,528,510
	17	Accounts payable and accrued expenses	173,313	17	791,108
	18	Grants payable	2,259,414	18	3,221,544
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ſΛ	21	Escrow or custodial account liability Complete Part IV of Schedule D	513,118	21	457,920

22 23

24

25

26

27

28

29

30

31 32

33

34

389.209

4.859.781

8.461.229

8,668,729

13,528,510

Form **990** (2018)

207,500

500.449

3.446.294

8.721.008

8,853,176

12,299,470

132,168

3a

3b

No

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

## Additional Data

Software ID:

Software Version:

DISASTERS AND CONFLICT FOR THE YEAR ENDED SEPTEMBER 30, 2019 WFP USA DONATED \$10,206,540 TO THE WORLD FOOD PROGRAMME

**EIN:** 13-3843435

Name: FRIENDS OF THE WORLD FOOD PROGRAM INC.

Form 990 (2018)

Form 990, Part III, Line 4a: GRANTS IN 2019. GRANTS FROM THE WORLD FOOD PROGRAM USA (WFP USA) HELPED THE WORLD FOOD PROGRAMME (WFP) PROVIDE FOOD TO PEOPLE SUFFERING FROM HUNGER IN THE WORLD'S POOREST COUNTRIES, INCLUDING THOUSANDS OF CHILDREN IN SCHOOL MEAL PROGRAMS AS WELL AS THOSE AFFECTED BY NATURAL

## COMMUNICATIONS & OUTREACH THE COMMUNICATIONS DEPARTMENT AT WFP USA AMPLIFIES THE ORGANIZATION'S EFFORTS TO EXPAND U.S. GOVERNMENT AND PRIVATE SECTOR SUPPORT FOR SOLVING GLOBAL HUNGER BY PROVIDING COMMUNICATIONS EXPERTISE AND VALUABLE PROGRAMMATIC INPUT. THIS INCLUDES, MANAGING WFP USA'S DIGITAL PROPERTIES. STRENGTHENING WFP USA BRAND VISIBILITY IN THE U.S. AND PUTTING IN PLACE INTERNAL COMMUNICATIONS SYSTEMS.

Form 990, Part III, Line 4b:

ACROSS ALL DEPARTMENTS IN SUPPORT OF ORGANIZATIONAL GOALS AND OBJECTIVES

PUBLIC POLICY WFP USA EDUCATES MEMBERS OF CONGRESS AND OTHER OFFICIALS ABOUT INTERNATIONAL HUNGER ISSUES AND SPECIFIC POLICIES THAT COULD IMPROVE U S GOVERNMENT EFFORTS TO ADDRESS GLOBAL HUNGER WFP USA HELPS HIGHLIGHT WFP'S FUNDING CHALLENGES AND SHORTFALLS, SERVING AS A BRIDGE OF INFORMATION BETWEEN THE AGENCY AND CONGRESS WFP USA ALSO ADVOCATES FOR SUFFICIENT RESOURCES TO ENSURE THAT THE U S GOVERNMENT

CONTINUES TO PROVIDE GLOBAL LEADERSHIP IN REACHING VULNERABLE POPULATIONS IN NEED AROUND THE WORLD TO BUILD STRONG SUPPORT FOR U S LEADERSHIP IN ADDRESSING GLOBAL HUNGER, WFP USA COLLABORATES WITH AND MOBILIZES OPINION LEADERS, NONPROFITS, COALITIONS AND OTHERS

Form 990, Part III, Line 4c:

SCHEDU (Form 990 990EZ)		Con	plete if the o	Charity Staturganization is a sect 4947(a)(1) nonexe Attach to Form	r a section	2018						
Department of th			► Go to	www.irs.gov/Forms	9 <u>90</u> for the late	est information		Open to Public Inspection				
Name of the RIENDS OF TH	organizat	ion OD PROGRAM	INC				Employer identifi	cation number				
Dowt T	Dancar f	ar Dublia (	The with Ctat	(All overseless			13-3843435					
				<b>us</b> (All organization e it is (For lines 1 thro			see instructions.					
1   /	A church, co	nvention of	churches, or as	ssociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).					
2   /	school de	scribed in <b>se</b>	ction 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ) )						
3   /	hospital o	r a cooperati	ve hospital ser	vice organization desci	rıbed ın <b>section</b>	170(b)(1)(A)(	iii).					
	A medical rename, city,		nization operat	ed in conjunction with	a hospital descr	bed in <b>section</b> :	170(b)(1)(A)(iii). E	Enter the hospital's				
	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170</b> (b)(1)(A)(iv). (Complete Part II)											
	, , , , , , ,		,	r governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	۱)(v).					
8   /	A communit	y trust descr	ıbed ın <b>sectio</b> ı	n 170(b)(1)(A)(vi)	(Complete Part I	I)						
				escribed in <b>170(b)(1)</b> lee instructions Enter				lege or university or a				
ا ا	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)											
	•			d exclusively to test fo	r public safety S	See section 509	(a)(4).					
r	nore public	ly supported	organizations	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or se	ction 509(a)(2	). See section 509(					
a 🗆 1	<b>Γype Ι.</b> Α s organization	upporting org	janization opei	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by					
r	nanagemer	nt of the supp		pervised or controlled in ation vested in the sar and C.								
				supporting organizatio				ated with, its				
<b>d</b>	Type III no unctionally	on-function integrated	ally integrate he organizatio	d. A supporting organi n generally must satis rt IV, Sections A and	ization operated fy a distribution	in connection wi requirement and	th its supported orga					
e 🗆 (	Check this b	ox if the org	anızatıon recei	ved a written determir	nation from the I		pe I, Type II, Type I	II functionally				
	-		on-functionally organizations	integrated supporting	organization							
<b>g</b> Provide	the follow	ng informati	on about the s	pported organization(	s)							
	(i) Name of supported organization			(iii) Type of organization (described on lines 1- 10 above (see instructions))	anization listed ling document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
					Yes	No						
otal												
	rk Reduct	ion Act Not	ice, see the I	nstructions for	Cat No 1128!	5F :	 Schedule A (Form 9	990 or 990-EZ) 201				

Page 2

III. If the organization fails to qualify under the tests listed below, please complete Part III.)											
Section A. Public Support											
Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	(e) 2018	(f) Total					

•	Section A. Public Support						
	Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	22,985,647	19,660,520	18,914,311	8,308,389	18,930,554	88,799,421
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	<b>Total.</b> Add lines 1 through 3	22,985,647	19,660,520	18,914,311	8,308,389	18,930,554	88,799,421
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)						4,184,541
6	<b>Public support.</b> Subtract line 5 from line 4						84,614,880
•	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2014	<b>(b)</b> 2015	(c)2016	<b>(d)</b> 2017	(e)2018	(f)Total
7	Amounts from line 4	22,985,647	19,660,520	18,914,311	8,308,389	18,930,554	88,799,421
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,274	21,655	100,057	104,962	213,730	460,678
9	activities, whether or not the business is regularly carried on						
10	Other income Do not include gain						

	Calendar year (or fiscal year beginning in) ▶	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e).	2018	(f)Total
7	Amounts from line 4	22,985,647	19,660,520	18,914,311	8,308,389	1	8,930,554	88,799,421
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,274	21,655	100,057	104,962		213,730	460,678
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	<b>Total support.</b> Add lines 7 through 10							89,260,099
12	Gross receipts from related activities,	etc (see instruction	ons)			12		
13	<b>First five years.</b> If the Form 990 is for check this box and <b>stop here</b>	-	,		•		` ` ` _	· .

organization

instructions

supported organization

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

14

15

Schedule A (Form 990 or 990-EZ) 2018

ightharpoonup

ightharpoons

94 800 %

93 270 %

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2017 Schedule A, Part II, line 14

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.	)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(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 Gross receipts from activities that are						
3	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 The value of services or facilities						
5	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	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
36	ection B. Total Support  Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI )						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and <b>stop here</b>	,	, ,	, ,	,	( ), ( )	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi					1 1	
<u> </u>	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,(	• •	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 1 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)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а 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 3b 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 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a 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 4b supervised by or in connection with its supported organizations

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 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

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. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 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.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees or			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	ection 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?		103	-140
		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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), 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 <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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	2a		
	b Did the activities described in (a) 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) 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? Provide details in <b>Part VI.</b>	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	3h		

Sched	lule A (Form 990 or 990-EZ) 2018			Page <b>6</b>		
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.					
	Section 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	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)					
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section 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)	1				
а	Average monthly value of securities	1a				
b	Average monthly cash balances	<b>1</b> b				
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 Part VI)					
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 1-1/2% 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 035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
	Section C - Distributable Amount		_	Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 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				
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see		

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2

If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

See instructions

d Excess from 2017.e Excess from 2018.

3<sub>j</sub> and 4c

8 Breakdown of line 7

Schedule A (	Schedule A (Form 990 or 990-EZ) 2018 Page <b>8</b>					
Part VI Supplemental Information. 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)						
	Facts And Circumstances Test					
<u> </u>						
990 <b>S</b> ched	90 Schedule A, Supplemental Information					
Ret	Return Reference Explanation					
• •						

Return Reference	Explanation
, , ,	THE ORGANIZATION CHANGED ITS ACCOUNTING PERIOD FROM 12/31 TO 9/30 THE AMOUNTS REPORTED ON COLUMN (D) REPRESENT A SHORT YEAR (01/01/18 - 09/30/18)

SCHEDULE C

(Form 990 or 990-

EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

DLN: 93493128020130

OMB No 1545-0047

Open to Public Inspection

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service 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) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

 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 the organization **Employer identification number** FRIENDS OF THE WORLD FOOD PROGRAM INC. 13-3843435 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political

				organization If none, enter -0-
1				
2				
3				
4				
5				
6				
For Paperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C (	Form 990 or 990-EZ) 2018

(a) 2015

1,000,000

127,305

250,000

77,800

**(b)** 2016

1,000,000

140.709

250,000

89,100

(c) 2017

607,562

109,428

151,891

74,878

(d) 2018

1,000,000

198,423

250,000

147,119

Schedule C (Form 990 or 990-EZ) 2018

(e) Total

3,607,562

5,411,343

575,865

901,891

1,352,837

388,897

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

activity

Volunteers?

Part IV

Return Reference

1

(b)

Amount

(a)

No

Yes

#### Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Supplemental Information

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

5

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

(Form 990)

Department of the Treasury

**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.

DLN: 93493128020130 OMB No 1545-0047

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** FRIENDS OF THE WORLD FOOD PROGRAM INC 13-3843435 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Cat No 52283D

Schedule D (Form 990) 2018

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

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

(ii) Assets included in Form 990, Part X

Par	t III	Organizations Maintaining Col	lections of Art,	Histor	ical T	reas	ures, or	Other:	Similar A	ssets (	contin	ued)	
3		the organization's acquisition, accession (check all that apply)	n, and other records	, check	any of	the fo	ollowing t	hat are a	significant	use of its	s colle	ction	
а		Public exhibition		d		Loar	n or excha	ange prog	rams				
b		Scholarly research		е		Othe	er						
С		Preservation for future generations											
4	Provid Part X	de a description of the organization's coll (III	lections and explain	how th	ey furtl	ner th	ne organiz	ation's ex	empt purp	ose in			
5		g the year, did the organization solicit or s to be sold to raise funds rather than to							ılar	□ Ye	es	□ N	0
Pai	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		rm 990	), Part	IV, I	ine 9, or	r reporte	d an amo	unt on I	Form	990,	Part
1a		organization an agent, trustee, custodia led on Form 990, Part X?	an or other interme	diary foi	contri	bution	ns or othe	er assets i	not	☐ <b>Y</b> €	es	☑ N	o
ь	If "Ye	s," explain the arrangement in Part XIII	and complete the f	ollowing	table				,	Amount			_
С	Begin	ning balance						1c					_
d	Addıtı	ons during the year						1d					
е	Distri	butions during the year						1e					_
f	Endın	g balance						1f					_
2a	Did th	ne organization include an amount on Fo	rm 990, Part X, line	21, for	escrov	or c	ustodial a	ccount lia	ıbılıty?	. <b>☑</b> Y∈	25	□ N	o
b		s," explain the arrangement in Part XIII											
Pa	rt V	Endowment Funds. Complete if											
			(a)Current year	(b)F	rior yea	r	(c)Two ye	ears back	(d)Three ye	ars back	<b>(e)</b> Fo	ur yea	rs back
1a	Beginn	ing of year balance	9,713,798		7,103	3,979		968,826		968,826			968,826
b	Contrib	outions	267,827		2,609	9,819		6,135,153					
С	Net inv	estment earnings, gains, and losses											
d	Grants	or scholarships											
e		expenditures for facilities ograms											
f	Admini	strative expenses											
g	End of	year balance	9,981,625		9,713	3,798		7,103,979		968,826			968,826
2		de the estimated percentage of the curre	•	e (line 1	g, colu	mn (a	a)) held a	s					
а	Board	designated or quasi-endowment <b>&gt;</b> :	100 000 %										
b	Perma	anent endowment 🕨											
С	Temp	orarily restricted endowment <b>&gt;</b>											
_		ercentages on lines 2a, 2b, and 2c shou	•										
3a		nere endowment funds not in the posses ization by	sion of the organiza	tion tha	it are h	eld ar	nd admini	stered for	r the		Γ	Yes	No
	-	nrelated organizations								3	a(i)		No
	(ii) re	elated organizations								38	a(ii)		No
b	If "Ye	s" on 3a(11), are the related organization	is listed as required	on Sch	edule R	?.				. 🗀	3b		
4	Descr	be in Part XIII the intended uses of the	<del>-</del>	wment	funds								
Pai	rt VI	Land, Buildings, and Equipmer		OO	) Dowt	T\ /	uno 110	Coo For	000 D	owt V lu	10		
	Descri	Complete if the organization answ ption of property (a) Cost or oth (investme	ner basis (b) Cos	t or other	•		_		epreciation			ok valu	e
1-	اعما												
	Land												
	Building	<u> </u>			A.	27,034	1		246 041				180 102
		old improvements				27,034 58,774			246,841				180,193
		nent				38,774 40,474			180,406 320,213				88,368
	Other Add	· · · · ·   Ines 1a through 1e (Column (d) must ed	qual Form 990 Part	· X colu					520,213				220,261
1012	II. Aud	inies ta unough te (Column (u) must et	quai i Uiiii 330, Pail	A, COIU	( <i>B)</i>	, iiiie	±υ(υ// ·	• •		<u> </u>			488,822

Part VII	Investments—Other Securities. Complete if	the organiza	tion answ	ered "Yes" on Form 990,	Part IV, line 11b.
	See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)		<b>(b)</b> Book value	(c) Method of Cost or end-of-year	
	Il derivatives				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 12 )  Investments—Program Related.  Complete if the organization answered 'Yes' on	► Form 990. F	art IV. lir	ne 11c. See Form 990. Pa	urt X. line 13.
	(a) Description of investment		ook value	(c) Method of Cost or end-of-ye	of valuation
(1)				cost of enu-or-ye	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets. Complete if the organization answer	end 'Vas' on For	m 990 Pa	et IV line 11d. See Form 990	) Part V June 15
	(a) Description		III 990, Fai	retry, line 11d See Form 990	(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(8)					
(9)					
	imn (b) must equal Form 990, Part X, col (B) line 15 )				<b>•</b>
Part X	Other Liabilities. Complete if the organization See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo		
	ncome taxes		(2) 50		
DEFERRED L	LEASE BENEFIT			389,209	
(3)		+			
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	in /h) must aqual Form 000 Part V1/01 In 25 1			200 200	
	on (b) must equal Form 990, Part X, col (B) line 25) or uncertain tax positions In Part XIII, provide the text	of the footnot	e to the or	389,209 ganızatıon's financial stateme	ents that reports the
organization	's liability for uncertain tax positions under FIN 48 (ASC	740) Check h	nere if the	text of the footnote has beer	provided in Part XIII 🗹

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Other (Describe in Part XIII ) . . . . . .

Add lines 2a through 2d . . . . . . . . .

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Page 4

19,914,774

707,394

19,391,827

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

Part XI

1

2

c

d

3

4

b

2e 770,490 e 3 3 19,144,284 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a

4b b Add lines **4a** and **4b** . . . . . . . . 4c c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . 5 5 19,144,284 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25

20,099,221 Donated services and use of facilities . . . 2a 707,394 2b 2c

2d

4a

4b

2e

3

Add lines **4a** and **4b** . . . . . . . . . . . . . . . . . 4c 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . 5 19.391.827 Supplemental Information

Part XIII Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference Explanation See Additional Data Table

Schedule D (Form 990) 2018	hedule D (Form 990) 2018 Page 5		
Part XIII Supplemental Info	mation (continued)		
Return Reference	Explanation		

Schedule D (Form 990) 2018

## **Additional Data**

### Software ID: Software Version:

**EIN:** 13-3843435

Name: FRIENDS OF THE WORLD FOOD PROGRAM INC

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	WFP USA AGREED IN NOVEMBER 2003 TO ADMINISTER A FUND ESTABLISHED BY A FORMER DIRECTOR OF THE WFP TO BE USED FOR GIRLS' EDUCATION AND WOMEN'S LITERACY CATHERINE BERTINI SHALL SERVE AS ADVISOR TO THE FUND SHE SHALL MAKE RECOMMENDATIONS TO THE BOARD OF DIRECTORS OF WFP USA THE BOARD OF WFP USA SHALL CONSIDER SUCH RECOMMENDATIONS AND, IN ITS SOLE DISCRETION, SHALL MAKE SUCH DECISIONS AS THE BOARD DEEMS APPROPRIATE THE BOARD (OR ITS DESIGNATED FIN

ANCIAL ADVISOR) SHALL MAKE DECISIONS AS TO INVESTMENT OF THE FUND

Supplemental Information	
Return Reference	Explanation
PART V, LINE 4	THE BOARD OF DIRECTORS OF WFP USA ADOPTED A RESERVE POLICY THAT REQUIRES THE ORGANIZATION TO MAINTAIN UNRESTRICTED NET ASSETS IN AN AMOUNT EQUAL TO AT LEAST TWELVE (12) MONTHS OF I TS OPERATING BUDGET THIS RESERVE IS ADJUSTED ANNUALLY TO TAKE INTO ACCOUNT CHANGES IN THE OPERATING BUDGET

Supplemental Information	supplemental Information				
Return Reference	Explanation				
PART X, LINE 2	WFP USA IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) IN ADDITION, WFP USA QUALIFIES FOR CHARITAB LE CONTRIBUTIONS DEDUCTIONS AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVA TE FOUNDATION INCOME WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES THERE WAS NO TAX LIABILITY FOR UN RELATED BUSINESS INCOME FOR THE YEAR ENDED SEPTEMBER 30, 2019 ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS WFP USA WOULD BE LIABLE FOR INCOME TAXES IN THE US FEDERAL JURISDICTION THE RETURNS ARE SUBJECT TO EXAMIN ATION BY FEDERAL AND STATE TAXING AUTHORITIES GENERALLY THREE AND FOUR YEARS, RESPECTIVELY				

Supplemental Information

efile GRAPHIC print - DO NOT PROCESS As Filed				DLN: 93493128020130				
SCHEDULE F (Form 990)	State	ement of Activities Outside the United S				tates	OMB No 1545-0047	
(1 01111 000)	► Comp	lete if the organ	nization answered "\ ► Attach t	2018				
Department of the Treasury Internal Revenue Service  F Go to www.irs.gov/Form990 for instructions and the latest information.  Inspection								
Name of the organization FRIENDS OF THE WORLD		AM INC				Employer identification number 13-3843435		
	Information Part IV, line		s Outside the U	<b>Inited States.</b> Comple	te If the	organization a	nswered "Yes" to	
-	the grantees'	eligibility for t		substantiate the amount stance, and the selection	_		☑ Yes 🗆 No	
2 For grantmaker outside the United		Part V the org	ganization's proce	dures for monitoring the	use of it	s grants and oth	her assistance	
3 Activites per Regio	n (The followir	ng Part I, line 3	table can be dupli	cated if additional space is	needed )	)		
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program spe	vity listed in (d) is a service, describe ecific type of ce(s) in region	(f) Total expenditures for and investments in region	
See Add'l Data				· cgiony				
3a Sub-total b Total from continuar	tion sheets to		0 0				10,206,540	
Part I c Totals (add lines 3a	a and 3b)		0 0				10,206,540	
For Paperwork Reduction	Act Notice, see	e the Instructio	ons for Form 990	Cat	No 5008	2W Schedul	le F (Form 990) 2018	

Schedule F (Form 990)	2018							Page <b>2</b>
			<b>nizations or Entities</b> d more than \$5,000. F				n answered "Yes" t	to Form 990, Part
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	<del></del>		ASSIST IN ALLEVIATING HUNGER	2,815,095\	WIRE TRANSFER			
			ASSIST IN ALLEVIATING HUNGER	2,924,757\	WIRE TRANSFER			
			ASSIST IN ALLEVIATING HUNGER	2,226,398\	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	ASSIST IN ALLEVIATING HUNGER	2,227,235\	WIRE TRANSFER			
			above that are recognized has provided a sec					1
3 Enter total numb	er of other or	ganizations or entities	5				,	0

Schedule F (Form 990) 2018							Page <b>3</b>
Part IIII Grants and Otl				<b>ed States.</b> Complete r	f the organization ar	nswered "Yes" to Form 9	990, Part IV, line 16.
	duplicated if addit			1	1		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Sche	dule F (Form 990) 2018		Page <b>4</b>
Par	t IV Foreign Forms		
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	<b>☑</b> 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	<b>☑</b> 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	<b>☑</b> 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	<b>☑</b> 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	<b>✓</b> 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 Instructions for Form 5713, don't file with Form 990)	<b>✓</b> Yes	□No

Schedule F (Fo	orm 990) 2018 Page <b>5</b>						
	Provide the 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).						
990 Schedu	ule F, Supplemental Information						
Return Reference	Explanation						
PART I, LINE 2	WFP USA MONITORS GRANTS MADE BY IT TO WFP THROUGH THE REVIEW OF NARRATIVE AND FINANCIAL REPORTS PROVIDED TO IT BY THE WFP SUCH REPORTS ARE PROVIDED BOTH BY THE HEADQUARTERS OFFICE (LOCATED IN ROME) OF WFP AND BY THE COUNTRY FIELD OFFICES OF THE WFP THESE REPORTS DESCRIBE HOW THE GRANTED FUNDS WERE SPENT, ACTIVITIES CONDUCTED, PROGRESS ACHIEVED, AND GOALS TO BE MET IN ADDITION TO SUCH REPORTS, THE WEB SITE OF WFP PROVIDES DETAILED INFORMATION IN REGARD TO ITS GLOBAL HUNGER RELIEF ACTIVITIES, INCLUDING THE DISCLOSURE OF FUNDS SPENT ON A PER COUNTRY BASIS AND THE PROJECTED RESULTS AND IMPACT IN EACH SUCH COUNTRY WHERE HUNGER RELIEF EFFORTS ARE CONDUCTED BY WFP AND ITS						

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I. LINE 3	THE ORGANIZATION USES GAAP TO REPORT EXPENDITURES IN A FOREIGN REGION

990 Schedule F, Supplemental Information

Evolunation

Return Reference

Retain Reference	Explanation
SCHEDULE F, PART I	RESOURCES EXPENDED ARE USED FOR FOOD ASSISTANCE NEEDS PRIMARILY IN AFRICA, ASIA, CENTRAL
AND II	AND SOUTH AMERICA AND THE MIDDLE EAST

#### **Additional Data**

MIDDLE EAST AND NORTH

AFRICA

#### Software ID: Software Version:

**EIN:** 13-3843435

Name: FRIENDS OF THE WORLD FOOD PROGRAM INC

#### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0		PROGRAM GRANTS TO WFP		2,227,235

WFP

0 PROGRAM GRANTS TO

2,924,757

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (ı e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) SOUTH AMERICA 0 PROGRAM GRANTS TO 52 lwfp SOUTH ASIA 0 PROGRAM GRANTS TO 2.226.398 **IWFP** 

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (d) Activities conducted (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region services, grants to service(s) in region region recipients located in the region) 0 PROGRAM GRANTS TO 2.828.098 FAST ASIA AND THE PACIFIC lwfp

**SCHEDULE G** 

(Form 990 or 990-EZ)

DLN: 93493128020130

OMB No 1545-0047

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

**Open to Public** Inspection

Department of the Treasury Attach to Form 990 or Form 990-EZ. ▶Go to www irs gov/Form990 for instructions and the latest information Internal Revenue Service **Employer identification number** Name of the organization

RIENDS OF THE WORLD FOOD PROGRAM INC				13-3843435	
<b>Part I</b> Fundraising Activities.Com Form 990-EZ filers are not re				rm 990, Part IV, line 1	7.
1 Indicate whether the organization raised	funds through a	ny of the f	ollowing activities Check	all that apply	
a 🗹 Mail solicitations		e	Solicitation of non-	government grants	
<b>b</b> Internet and email solicitations		f	Solicitation of gove	ernment grants	
c Phone solicitations		g	Special fundraising	g events	
d 🔽 In-person solicitations					
2a Did the organization have a written or or or key employees listed in Form 990, Pa				·	es 🗆 No
b If "Yes," list the ten highest paid individue to be compensated at least \$5,000 by the		ındraisers)	) pursuant to agreements	under which the fundrais	er is
i) Name and address of individual (ii) Ac or entity (fundraiser)	fundra cusi cor	i) Did liser have tody or litrol of butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
MINDSET DIRECT 12110 SUNSET HILLS ROAD SUITE 600	AIL	No No	1,806,481	66,820	1,739,661
RESTON, VA 20190					
_					
otal		<b> </b>	1.806.481	66.820	1.739.661

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

che	dule G (Form 990 or 990-EZ) 2018					F	Page <b>3</b>		
.1	Does the organization conduct gaming	activities with nonmember	5?		☐ Yes	□Ne			
.2	Is the organization a grantor, beneficia formed to administer charitable gaming		member of a partnership or other entity		□Yes				
3	Indicate the percentage of gaming activ	vity conducted in							
а	The organization's facility			13a			%		
b	An outside facility			13b			%		
4	Enter the name and address of the pers	son who prepares the orga	nization's gaming/special events books and ri	ecords					
	Name ►								
	Address ►								
5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?  — Yes — No								
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		anization ▶ \$ and th	ne					
С	If "Yes," enter name and address of the	e third party							
	Name ►								
	Address ►								
6	Gaming manager information								
	Name ►								
	Gaming manager compensation ▶ \$								
	Description of services provided ▶								
	☐ Director/officer	☐ Employee	☐ Independent contractor						
7	Mandatory distributions								
а	Is the organization required under state retain the state gaming license?	e law to make charitable di	stributions from the gaming proceeds to		Yes	□No			
b	Enter the amount of distributions requirements in the organization's own exempt activities.		ated to other exempt organizations or spent		53				
Pai	t IV Supplemental Informatio	n. Provide the explanat	rions required by Part I, line 2b, column licable. Also provide any additional info				 S.		
_	Return Reference		Explanation						

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493128020130 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number FRIENDS OF THE WORLD FOOD PROGRAM INC. 13-3843435 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Page **2** 

Schedule I (Form 990) 2018

# (3) (4)

Schedule I (Form 990) 2018

Return Reference

PART I, LINE 2

Explanation

(5)

WFP USA MONITORS FUNDS GRANTED DOMESTICALLY BY REQUIRING THAT GRANTEES PROVIDE AN OFFICIAL ACKNOWLEDGEMENT OUTLINING KEY ELEMENTS OF

THE GRANT, INCLUDING AMOUNT, DESIGNATION AND DATE ADDITIONALLY GRANTEES MAY BE REQUIRED TO SUBMIT A FINAL REPORT ON WHEN AND HOW FUNDS

(6) (7)

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

WERE USED, ACTIVITIES AND RESULTS ACHIEVED AS WELL AS IMPACT ON BENEFICIARIES/COMMUNITIES

#### **Additional Data**

GLOBAL CHILD NUTRITION

810 7TH ST NE SUITE 02-146 WASHINGTON, DC 20002

FOUNDATION

PO BOX 99345 SEATTLE, WA 98139 CONGRESSIONAL HUNGER

CENTER

# Software ID: **Software Version:**

20-5094658

52-1842738

**EIN:** 13-3843435

Name: FRIENDS OF THE WORLD FOOD PROGRAM INC

Form 990, Schedule I, Part	II, Grants and	Other Assistance to	o Domestic Organiza	tions and Domest	ic Governments.	
( ) )	(1.) 5701	( ) IDC	413.4	( ) 4	(6) 14 11 1 (6 1 1	Ξ

organization	(5) 2111	if applicable	grant	cash	(book, FMV, appraisal,
or government		• "		assistance	other)
_					·

(g) Description of

non-cash assistance

(h) Purpose of grant or assistance

GRANTS FOR SCHOOL

GRANTS FOR HUNGER

FEEDING EFFORTS

PROGRAMS

(a) Name and address of (b) FIN

501(C)(3)

501(C)(3)

10,000

10,000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 20-2803848 501(C)(3) 5.000 ALLIANCE TO END HUNGER IGRANTS FOR HUNGER

425 3RD ST SW SUITE 1200
WASHINGTON, DC 20024

US GLOBAL LEADERSHIP 74-3093659 501(C)(3) 24,500

GRANTS FOR HUNGER PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1129 20TH ST NW SUITE 600 WASHINGTON, DC 20036

(c) IRC section (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance BREAD FOR THE WORLD 51-0175510 501(0)(3) 10 0001 GRANTS FOR HUNGER

(e) Amount of non-

IEDUCATION &

ADVOCACY PROGRAMS

INSTITUTE 425 3RD ST SW SUITE 1200 WASHINGTON, DC 20024		333(3)(4)			PROGRAMS
PLANET FORWARD	53-0196584	501(C)(3)	15,000		GRANTS FOR

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of

805 21ST ST NW SUITE 203

WASHINGTON, DC 20052

(b) EIN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN (c) IRC section organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 58-2368165 501(C)(3) 60.000 IGRANTS FOR HUNGER

UNITED NATIONS 58-2368165 501(C)(3) 60,000 GRANTS FO PROGRAMS 1750 PENNSYLVANIA AVE NW SUITE 300

WASHINGTON, DC 20006

efil	e GRAPHIC pr	int - DO NOT PROCESS As F	iled Dat	a -	DLN: 934	9312	28020	130	
Sch	edule J	Comp	ensati	ion Information	ОМ	1B No	1545-0	0047	
(For	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest							
		► Complete if the organiza	Compensa tion answ	ated Employees vered "Yes" on Form 990, Part IV,	line 23.	2018			
_	a		▶ Attach	to Form 990.			to Pul		
•	tment of the Treasury al Revenue Service	Go to <u>www.irs.gov/ror</u>	<u>ттуус</u> тог	instructions and the latest inform	nation.		ectio		
	me of the organiza	ation ) FOOD PROGRAM INC			Employer identificat	ion nu	ımber		
FKII	ENDS OF THE WORL	FOOD PROGRAM INC			13-3843435				
Pa	rt I Questi	ons Regarding Compensation							
							Yes	No	
1a		piate box(es) if the organization provi ection A, line 1a Complete Part III to							
		or charter travel		Housing allowance or residence for	•				
	_	companions	님	Payments for business use of person					
		nification and gross-up payments	H	Health or social club dues or initiation					
	□ Discretion	ary spending account	ш	Personal services (e g , maid, chauf	reur, cher)				
b		kes in line 1a are checked, did the org Il of the expenses described above? If			ent or reimbursement	1b			
2		tion require substantiation prior to rei			1-2	2			
	directors, truste	es, officers, including the CEO/Executi	ve Directo	r, regarding the items checked in line	· Iar				
3		of any, of the following the filing organ			ne				
	_	EO/Executive Director Check all that a d organization to establish compensat		•	n Part III				
	Composes	tion committee		Westen employment contract					
		ation committee ent compensation consultant	<b>☑</b>	Written employment contract Compensation survey or study					
		of other organizations	<b>☑</b>	Approval by the board or compensa	tion committee				
4		did any person listed on Form 990, P	art VII, Se						
	related organiza	tion							
а	Receive a sever	ance payment or change-of-control pa	yment?			4a		No	
b	Participate in, o	receive payment from, a supplement	al nonqual	ıfıed retırement plan?		4b		No	
С		receive payment from, an equity-bas		<del>-</del>		4c		No	
	ir res to any c	f lines 4a-c, list the persons and provi	de the app	olicable amounts for each item in Part	: 111				
	Only 501(c)(3	), 501(c)(4), and 501(c)(29) orga	nizations	must complete lines 5-9.					
5	For persons liste	ed on Form 990, Part VII, Section A, li ontingent on the revenues of		-					
а	The organization	1?				5a		No	
b	Any related orga					5b		No	
	If "Yes," on line	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section A, li ontingent on the net earnings of	ne 1a, did	the organization pay or accrue any					
а	The organization	17				6a		No	
b	Any related orga					6b		No	
	•	6a or 6b, describe in Part III							
7		d on Form 990, Part VII, Section A, li escribed in lines 5 and 6? If "Yes," des			d	7		No	
8		nts reported on Form 990, Part VII, pa itial contract exception described in R			escribe			NI -	
9		3, did the organization also follow the	rebuttable	presumption procedure described in	Regulations section	9		No	
For I	Danarwark Badu	ction Act Notice, see the Instructi	one for Ec	orm 990 Cat No. 5	i0053T Schedule 1		2 000)	2018	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

	ns (B		ndividual must equal the to					
(A) Name and Title		(B) Breakdowr (i) Base compensation	n of W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(1)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 RICHARD LEACH PRESIDENT & CEO (THRU 07/31/19)	(i)	360,000	0	774	11,000	34,272	406,046	0
	(ii)	0	0	0	0	0	0	0
2 SHANNON HISKEY VP OF OPERATIONS	(i)	191,258	0	256	7,706	16,843	216,063	0
	(ii)	0	0	0	0	0	0	0
3 DEBORAH SAIDY VP OF PUBLIC POLICY	(i)	183,595	0	1,804	6,676	25,724	217,799	0
	(ii)	0	0	0	0	0	0	0
4 JESSAMYN SARMIENTO VP OF MARKETING AND	(i)	172,227	0	212	4,898	27,183	204,520	0
COMMUNICATIONS	(ii)	0	0	0	0	0	0	0
							Schedule	J (Form 990) 2018

Schedule J (Form 990) 2018 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Schedule J (Form 990) 2018

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SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to specific ques	tions on	2018
Department of the T	► Attach to Form 990 or 990-EZ.  ► Go to <u>www.irs.qov/Form990</u> for the latest informatio	۱.	Open to Public Inspection
Name Brtherorganization FRIENDS OF THE WORLD FOOD PROGRAM INC		Employer identi	fication number
FRIENDS OF THE V	OKED FOOD PROGRAM INC	13-3843435	
Return Reference	e O, Supplemental Information  Explanation		
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS COMPLETED ANNUALLY, AND COPIES ARE PROVIDED TO THE ENTIRE GOVERNING BOARD AS WELL AS TO THE PRESIDENT/CEO OF THE ORGANIZATION THE VICE PRESIDENT OF FINANCE AND OPE RATIONS REVIEWS THE FORM 990 WITH THE AUDIT COMMITTEE AND DIRECTOR OF FINANCE & ACCOUNTING AFTER A THOROUGH REVIEW BY THE PRESIDENT/CEO, VICE PRESIDENT OF FINANCE AND OPERATIONS, AUDIT COMMITTEE, AND DIRECTOR OF FINANCE AND ACCOUNTING, AND ONCE ALL ARE IN AGREEMENT, THE 990 IS SUBMITTED FOR FINAL EDITS A COPY OF THE APPROVED 990 IS PROVIDED TO ALL OF THE OFFICERS AND BOARD MEMBERS BEFORE THE RETURN IS FILED ONCE DISTRIBUTED TO ALL INVOLVED, THE FINAL FORM 990 IS SIGNED BY THE VICE PRESIDENT OF FINANCE AND OPERATIONS, DATED AND SUBMITTED ELECTRONICALLY		

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	WFP USA HAS SET FORTH A PROCEDURE TO RESOLVE CONFLICTS OF INTEREST AS THEY MAY ARISE AS OU TLINED IN OUR CONFLICT OF INTEREST POLICY EVERY NEW OFFICER OR DIRECTOR IS ADVISED ON THI S POLICY AND ACKNOWLEDGES THAT HE OR SHE UNDERSTANDS THE POLICY A CONFLICT OF INTEREST DI SCLOSURE STATEMENT IS FURNISHED ANNUALLY TO EACH OFFICER AND DIRECTOR WHICH AFFIRMS THAT THE BOARD MEMBER 1 HAS RECEIVED A COPY OF THE POLICY, 2 HAS READ AND UNDERSTANDS THE POLICY, 3 HAS AGREED TO COMPLY WITH THE POLICY, AND 4 UNDERSTANDS THE CORPORATION IS A CHAR ITABLE ORGANIZATION, THAT TO MAINTAIN FEDERAL TAX EXEMPTION STATUS UNDER INTERNAL REVENUE CODE 501(C)(3), THE CORPORATION MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ITS TAX-EXEMPT PURPOSES AND THE CORPORATION'S DIRECTORS, OFFICERS, AND BOARD MEMBERS ARE RESPON SIBLE FOR ENSURING THE CORPORATION IS FAITHFUL TO ITS CHARITABLE MISSION AT THE TIME OF TERM, EVERY BOARD MEMBER OF THE ORGANIZATION SIGNS "ACKNOWLEDGEMENT OF CONFLICT OF INTEREST STATEMENT" THAT ACKNOWLEDGES THAT THEY HAVE READ AND UNDERSTAND WHAT IS REQUIRED OF THEM AS PERTAINS TO THE CONFLICT OF INTEREST THE PROVISION OF THE POLICY WHICH PERTAIN TO A DUTY TO DISCLOSE A CONFLICT OF INTEREST ALSO APPLIES TO ALL BOARD MEMBERS OF THE CORPORATION FOR THIS PURPOSE, EACH REFERENCE TO "OFFICER" IN THE POLICY IS DEEMED TO REFER ALSO TO "BOARD MEMBER"

Return Explanation
Reference

FORM 990,	GENERAL PROCEDURES THE PRESIDENT/CEO IS GIVEN AN ANNUAL PERFORMANCE EVALUATION BY THE EXE
PART VI,	CUTIVE COMMITTEE MEMBERS ON BEHALF OF THE BOARD OF DIRECTORS AT THE CONCLUSION OF EACH PER
SECTION B,	FORMANCE PERIOD THE EXECUTIVE COMMITTEE IS COMPRISED OF THE CHAIRMAN, VICE-CHAIRMAN, SECR
LINE 15	ETARY/TREASURER & IMMEDIATE PAST CHAIR AT THAT TIME, THE EXECUTIVE COMMITTEE DETERMINES T
	HE MERIT INCREASE IN TERMS OF BASE SALARY AND BONUS IN CONJUNCTION WITH THE PRESIDENT/CEO
	, THEY ALSO ESTABLISH GOALS AND OBJECTIVES FOR THE COMING YEAR

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	WFP USA ENSURES ITS WEBSITE MAKES ITS FINANCIAL INFORMATION AVAILABLE TO THE GENERAL PUBLI C OUR WEBSITE, CLEARLY PROVIDES A LINK TO EASILY ACCESS OUR WEBPAGE WITH THE ORGANIZATION 'S EXPENDITURE PIE CHART THIS WEBPAGE PROVIDES CURRENT AND HISTORICAL DETAILED FINANCIAL INFORMATION AND THE ORGANIZATION'S IRS 990 FILINGS VISITORS TO OUR WEBSITE CAN EASILY DOW NLOAD THE ORGANIZATION'S LATEST ANNUAL REPORT THE CURRENT ANNUAL REPORT CONTAINS A STATEM ENT OF ACTIVITIES FOR THE YEAR ENDED SEPTEMBER 30, 2019 THE ANNUAL REPORT IS MADE AVAILAB LE TO THOUSANDS OF STAKEHOLDERS THROUGHOUT THE UNITED STATES, AND IS DISTRIBUTED AT VARIOU S EVENTS THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY HAVE BEEN DISCUSSED AT LENGTH INTERNALLY, WITH THE BOARD OF DIRECTORS, SENIOR MANAGEMENT TEAM AND A LL STAFF MEMBERS THE CONFLICT OF INTEREST POLICY, SPECIFICALLY, IS REVIEWED AND SIGNED BY BOARD AND STAFF MEMBERS GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC UPO N REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D)

Return Explanation
Reference

	THE REPORTABLE COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, HIGHEST COMPE
PART VII,	NSATED EMPLOYEES, AND INDEPENDENT CONTRACTORS REFLECTS COMPENSATION PAID DURING THE CALEND
SECTION A	AR YEAR IN 2018 AS REPORTED ON THE 2018 FORM W2 THIS CREATES A TIMING DIFFERENCE BETWEEN
	THE CALENDAR YEAR COMPENSATION INFORMATION AND THE FISCAL YEAR FINANCIAL RESULTS PRESENTED
	IN FORM 990

Return Explanation

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LINE 2C

Kelelelice	
FORM 990,	THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEP
PART XII,	ENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEA

# 990 Schedule O, Supplemental Information Return Explanation

FORM 990,
ADDITIONAL
NOTE

IN 2018, THE WORLD FOOD PROGRAM USA CHANGED ITS FISCAL YEAR-END FROM DECEMBER 31 TO SEPTEM
BER 30 AS A RESULT, THE ORGANIZATION FILED A SHORT YEAR RETURN FOR THE PREVIOUS YEAR COVE
RING THE NINE MONTHS FROM JANUARY 1, 2018, TO SEPTEMBER 30, 2018 THE CURRENT YEAR ACTIVIT
Y PRESENTED IN THIS FORM 990 COVERS TWELVE MONTHS WHILE THE PRIOR YEAR ACTIVITY COVERS NIN
E MONTHS, MAKING IT DIFFICULT TO COMPARE FINANCIAL INFORMATION ACROSS THE TWO PERIODS