** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury

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

2017 Open to Public Inspection

OMB No. 1545-0047

A For the 2017 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if Address FRIENDS OF THE WORLD FOOD PROGRAM, INC. 13-3843435 Name change WORLD FOOD PROGRAM USA Doing business as Initial return E Telephone number Room/suite Number and street (or P.O. box if mail is not delivered to street address) (202) 627-3737 1725 I STREET NW 19,014,368. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende return WASHINGTON, DC 20006 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: RICHARD LEACH for subordinates? Yes X No SAME AS C ABOVE No H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) 527 If "No," attach a list. (see instructions) 4947(a)(1) or 501(c) ((insert no.) J Website: HTTP://WWW.WFPUSA.ORG H(c) Group exemption number K Form of organization: X Corporation L Year of formation: 1995 M State of legal domicile: DE Trust Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: BUILD SUPPORT IN THE US FOR THE Governance WORLD FOOD PROGRAMME & OVERALL EFFORT TO ADDRESS GLOBAL HUNGER If the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Check this box ▶ 13 Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 34 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 30 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 18,914,311. 19,660,520, Contributions and grants (Part VIII, line 1h) 0. 0. Program service revenue (Part VIII, line 2g) -17,596 96 890. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -171,964. -67 341. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 18,943,860. 19,470,960. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 13,237,732. 10,440,842. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 3,344,488. 2,967,661. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 3,665,611. 3,162,530. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17,450,941, 19,367,923. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,492,919. 103,037. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 50 16,416,011. 17,119,078. Total assets (Part X, line 16) 6,922,790. 9,385,509. 21 Total liabilities (Part X, line 26) 7,733,569. 9,493,221. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Reclamation of preparer (other than officer) is based on all information of which preparer has any knowledge. behar Signature of officer 5/24/2018 Sign RICHARD LEACH, PRESIDENT/CEO Here Type or print name and title Preparer's signature Yong Zhang Date PTIN Check Print/Type preparer's name 06/05/2018 P01249785 YONG ZHANG, CPA Paid self-employed 42-0714325 Firm's name RSM US LLP Firm's EIN > Preparer Firm's address 1861 INTERNATIONAL DRIVE, SUITE 400 Use Only Phone no. 703-336-6400 MCLEAN, VA 22102 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

Total program service expenses

Form 990 (2017)

14,284,030.

Form 990 (2017) FRIENDS OF THE WOR Part IV Checklist of Required Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			100 mm
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	William 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	The state of the s			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19	<u> </u>	x
		Ear-	. aan	(0017

Form 990 (2017) FRIENDS OF THE WORLD FOOD I

		f	Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		۱.,	
	Schedule J	23	Х	
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	04-		х
L	Schedule K. If "No", go to line 25a	24a		-
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
U		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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		х
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		x
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		Х
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):			part of the control o
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			.
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31	 	
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u>52</u>	 	
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
Í	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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	х	
			$\alpha \alpha \alpha$	

Form 990 (2017) FRIENDS OF THE WORLD FOOD PROGRAM, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	18			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?		•••••	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	34			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	discount from 14
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
	•			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					l <u></u>
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a		X
þ	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad			Victoria de la como	400000	v
				5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.			5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		\vdash
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			6-		x
	any contributions that were not tax deductible as charitable contributions?			6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contribution was not too deductible?	OHS OF	gnts	6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			Paris Control	Parker of the	Conference of the Conference o
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vicae ni	rowided to the navor?	7a		x
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	vious bi	ovided to the payor:	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is requ	ired	1.2		
٧	to file Form 8282?	.0 .040		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	$\overline{}$?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					100 100 100 100 100 100 100 100 100 100
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					A Company of the Comp
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		•			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1 1	Ì	Service Control of the Control of th		
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		Section of the sectio
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	• • • • • • • • • • • • • • • • • • • •			13a		- 55 min 10 min
	Note. See the instructions for additional information the organization must report on Schedule O.			1		
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ا بمد ا	I			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	<u>13c</u>				x
	• • • • • • • • • • • • • • • • • • • •			14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	e О		14b	. 000	(2017)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
	1 1 40	September 100	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	200000000000000000000000000000000000000		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		۱
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		,,
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			,,
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		7	
a		8a	X	├─
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		37	T
40	Diath, and the book has been been been been been been been bee	40-	Yes	No x
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		
b		12a	X	ACTOSTIC
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	IZU		
C		12c	х	
42	in Schedule O how this was done Did the organization have a written whistleblower policy?	13	Х	
13 14		14	х	
	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			
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b	х	 -
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		200000000000000000000000000000000000000	AND THE STATE OF T
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
100	taxable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	PM-000-000	100000000000000000000000000000000000000
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE 0			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	ailahl		
	for public inspection. Indicate how you made these available. Check all that apply.		-	
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.		••	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	JENNIFER JOHNSON - (202) 627-3737			
	1725 I STREET NW, NO. 510, WASHINGTON, DC 20006			

Part VII 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 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.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization		orga I	niza			npen	sate			(F)
(A)	(B)			(C Posi	ة) ition	1		(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	Average hours per		not c	heck ı	more	than o		compensation	compensation	amount of
	week	offi	cer an	ıd a di	recto	r/trus	tee)	from	from related	other
	(list any	cţe						the	organizations	compensation
	hours for	dire				ted		organization	(W-2/1099-MISC)	from the
	related	stee	ruste			seusa		(W-2/1099-MISC)		organization
	organizations	lal tru	onal 1		ploye	E 8				and related organizations
	below line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) BONNIE RAQUET	4,00	트	-	-	¥.	王高	<u> </u>			
CHAIRMAN		x		x				0.	0.	0.
(2) CARL STERN	1.00									
SECRETARY/TREASURER		x		х				0,	0,	0.
(3) HUNTER BIDEN	1.00									
DIRECTOR		x						0.	0.	0,
(4) LAWRENCE DARROW	1.00									
DIRECTOR		X		L		<u> </u>		0.	0.	0,
(5) HON, ROBERT DOLE	1.00	1				ŀ				
DIRECTOR		х		<u> </u>				0.	0.	0,
(6) HON. JO ANN EMERSON	1.00									_
DIRECTOR		X						0.	0.	0.
(7) TONY FRATTO	1,00		1							_
DIRECTOR		X.		<u> </u>	╙	_	<u> </u>	0.	0.	0.
(8) HON, DANIEL GLICKMAN	1.00	ļ								
DIRECTOR		X		<u> </u>		 	\vdash	0.	0,	0.
(9) MATTHEW HARRINGTON	1.00	┨								۸
DIRECTOR	4 00	Х	├	-	-	\vdash	⊢	0,	0,	0.
(10) MARSHALL MATZ, ESQ.	1.00	x						0.	0.	0.
DIRECTOR	1,00	╬	-	-	╂─	\vdash	├-		· ·	•
(11) JOE STONE DIRECTOR	1,00	x						0.	0.	0.
(12) RANDY RUSSELL	1,00	╫	 		-	 	t^-			
DIRECTOR		x						0.	0.	0.
(13) RICHARD LEACH	40,00			1	t^-	T	İΤ			
PRESIDENT & CEO		x		x				360,774.	0.	57,144.
(14) MARIANNE BERNER	40.00	十		T						
VP OF DEVELOPMENT		1				х		203,728.	0.	8,233.
(15) SHANNON HISKEY	40.00						Π			
VP OF OPERATIONS		L	L		L	х	L	183,453.	0.	24,102.
(16) DEBORAH SAIDY	40.00									, ,
VP OF PUBLIC POLICY					_	Х	L	172,864.	0.	43,670.
(17) CHARLES DUJON	40.00	1								
DIRECTOR, GOVERNMENT RELATIONS						Х	<u> </u>	123,311.	0,	16,678.

Form 990 (2017) FRIENDS OF T							-		13-38	34343	5 Page	8
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	it C	compensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week (list any	box offl	not c , unle	Pos heck ss pe	rson i	than is both	ı an	(D) Reportable compensation from	(E) Reportable compensatio	on d	(F) Estimated amount of other	
	hours for related organizations below line)	ndividual trustee or director	nstitutional trustee	Officer	(ey employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI		compensation from the organization and related organizations	
(18) KATHARINE EMERSON	40.00	_	=	-	×	= 3	-					
DIRECTOR OF STRATEGIC PARTNERSHIPS					ļ	х		112,278.		0.	8,781	<u>.</u>
											100-200-000 A - 114 - 1	_
												_

												_
1b Sub-total							▶	1,156,408.		0.	158,608	_
c Total from continuation sheets to Part VI	I, Section A							0.		0.	150 600	
d Total (add lines 1b and 1c)							O re	1,156,408.	000 of reportable	0,	158,608	÷
compensation from the organization	ot an incorto tir		noto	u u		, , ,,,,,		socied more than \$100,		,		9
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s				•	•			highest compensated er	` *		Yes No	
4 For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	nsa	tion	and	otł	ner compensation from t	he organization			
and related organizations greater than \$150Did any person listed on line 1a receive or a	accrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	lual for services			
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule	⊋J fo	or su	ich i	oers	on .					5 X	
1 Complete this table for your five highest co	•									pensat	ion from	
the organization. Report compensation for (A)		ear e	ndin	ig w	ith c	or wi	thin	(B)			(C)	
Name and business GALEN FOUNTAIN, 1117 GAAR MOUNTAIN R							_	Description of s	ervices	C	ompensation	
PO BOX 1236, MADISON, VA 22727	,							PUBLIC POLICY CONS	ULTANT		130,250	<u>.</u>
N4							_	***************************************				
												_
Total number of independent contractors (i \$100,000 of compensation from the organi	=	ot lin	nited	to		se lis 1	ted	above) who received me	ore than			

		<u></u>		D FOOD PROGRA	M, INC.		13-384343	95 Page 9
Ра	t VI	Statement of Revenue Check if Schedule O conta		or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
s, Grants Amounts	1 a b	Membership dues	1b	60,000.				
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Government grants (contribution All other contributions, gifts, grants	ons) 1e s, and					
Contribu	g h	similar amounts not included above Noncash contributions included in lines 1s Total. Add lines 1a-1f	a-1f: \$	18,854,311.	18,914,311.			
	_			Business Code				
Program Service Revenue	d							
Prog		All other program service rever						
	3	Investment income (including of other similar amounts)			100,057.			100,057.
	5	Royalties		•				
	6 a	Less: rental expenses						
		Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(ii) Other				
	c	and sales expenses Gain or (loss) Net gain or (loss)		3,167. -3,167.	-3,167.			-3,167.
Other Revenue		Gross income from fundraising including \$ 60, contributions reported on line	events (not 000. of 1c). See					
Other	C	Part IV, line 18 Less: direct expenses Net income or (loss) from funda Gross income from gaming act	k raising events	67,341.	-67,341.			-67,341.
	b	Part IV, line 19 Less: direct expenses Net income or (loss) from gaming	t					
	10 a	Gross sales of inventory, less rand allowances	returns & k) <u> </u>				
	11 a	Net income or (loss) from sales Miscellaneous Revenue	9	Business Code				
	t c	**						

29,549.

0.

e Total. Add lines 11a-11d

Total revenue. See instructions.

18,943,860.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Х Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (C) Management and general expenses (A) Total expenses **(D)** Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 33,000 33,000 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 10,407,842. 10,407,842, Benefits paid to or for members 4 Compensation of current officers, directors, 417,918. trustees, and key employees 177,243. 72,123. 168,552. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,378,928. Other salaries and wages 1,012,959. 401,681. 964,288, 7 Pension plan accruals and contributions (include 13,020 section 401(k) and 403(b) employer contributions) 77,112. 32,835, 31,257, 112,374. Other employee benefits 274,702. 56,489. 105,839. 195,828, 84,485. 33,401. 77,942. Payroll taxes 10 Fees for services (non-employees): a Management 72,929, 27,930. 17,155, 27,844. b Legal 50,629 19,390. 11,909. 19.330. Accounting Lobbying Professional fundraising services, See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, 1,768,160, 1,241,390. 43,159, 483,611. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 475,228, 349,933. 22,200. 103,095. 13 Office expenses 383,851, 317,257. 20,878. 45,716. Information technology 14 15 Royalties 472 885 186,145 114,330 172,410. 16 Occupancy 7,615 139,678 73,773 58,290. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 111,298, 78,127, 4 485. 28,686, 19 20 Interest Payments to affiliates _____ 21 150,217. 36,318. 54,768. 59,131. Depreciation, depletion, and amortization 22 21,466, 8,450. 5,190. 7,826. 23 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 expenses on Schedule O.) DUES & MEMBERSHIP 40 810. 30,828. 1,155 8,827. EQUIPMENT RENTAL & MAIN 11,053. 4,349, 2 675 4,029. 9,748. 7,674. STAFF DEVELOPMENT 1,589. 485. C FUND, EXPENSES INCLUDED -67.341, -67,341. d 25,000. 25.000. All other expenses 17,450,941, 14,284,030. 864.268. 2,302,643. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2017)

Part X | Balance Sheet

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or not	e to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	101.	1	0.
	2	Savings and temporary cash investments			9,265,464.	2	6,504,758.
	3	Pledges and grants receivable, net			2,950,919.	3	2,059,963.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ted emplo	yees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3	(B), and contributing			
		employers and sponsoring organizations of sect					
ا ي		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			145,148.	9	165,625
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	972,481.			
	b	Less: accumulated depreciation		553,546.	471,577.	10c	418,935
	11	Investments - publicly traded securities			4,285,869.	11	7,266,730
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			17,119,078.	16	16,416,011
\neg	17	Accounts payable and accrued expenses			334,127,	17	287,593
ı	18	Grants payable			7,965,765.	18	5,593,468
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete			523,849.	21	529,254
	22	Loans and other payables to current and former				POST GRAND	
lies		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L.				22	
Lia	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	•				
		Schedule D			561,768.	25	512,475
	26	Total liabilities. Add lines 17 through 25			9,385,509.	26	6,922,790
		Organizations that follow SFAS 117 (ASC 958				214 (-41) 212 (-2-1) 212 (-2-1) 212 (-2-1)	
ω.		complete lines 27 through 29, and lines 33 ar					
ĕ	27	Unrestricted net assets			6,967,774.	27	9,032,180
iar	28	Temporarily restricted net assets			765,795.	28	461,041
Ř	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A					
F		and complete lines 30 through 34.	"	, ———		West of the second	
ts o	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or e				31	
ğ	32	Retained earnings, endowment, accumulated in				32	
	i	<u> </u>			7,733,569.	33	9,493,221
<u>R</u>	33	Total net assets or fund balances					

Pa	t XI Reconciliation of Net Assets				
,	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18	943,	860.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17	450,	941.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	492,	919.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	733,	569.
5	Net unrealized gains (losses) on investments	5		266,	733.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	9	493,	221.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
			parameters.	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				A COMPANY OF THE PARTY OF THE P
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	D,			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	144 (2000 NGC)	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		1000 min (1)		
b	, , ,		2b	X	855418555X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	Comment of the commen		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		100 mg / 100		Andrew Court
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	Andread Control Control
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	100 000 000 000 100 000 000 000		
	Act and OMB Circular A-133?		3a_		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	
			Form	990	(2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** FRIENDS OF THE WORLD FOOD PROGRAM, INC. 13-3843435 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 L activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 support (see instructions) support (see instructions) organization above (see instructions))

Schedule A (Form 990 or 990-EZ) 2017 FRIENDS OF THE WORLD FOOD PROGRAM, INC. 13-384343 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	22,569,157.	25,718,472.	22,985,647.	19,660,520.	18,914,311.	109,848,107.
2	Tax revenues levied for the organ-						***************************************
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	22,569,157.	25,718,472.	22,985,647.	19,660,520.	18,914,311.	109,848,107.
	The portion of total contributions			manda akan kapatan hida ana ang dipenda ang ang dipenda ang ang ang ang ang ang ang ang ang an			
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11.						
	column (f)						6,643,880.
6	Public support. Subtract line 5 from line 4.						103,204,227.
Sec	etion B. Total Support					t di karan da sakara kali ka kini kini jaha kingangan galawa kini jiba.	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	22,569,157.	25,718,472.	22,985,647.	19,660,520.	18,914,311.	109,848,107.
	Gross income from interest.	, ,					, ,
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	148,244.	148,486.	20,274.	21,655.	100,057.	438,716.
a	Net income from unrelated business	, , , ,			,	,	
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						110,286,823.
	Gross receipts from related activities,	etc (eee inetructic	inel			12	, , ,
	First five years. If the Form 990 is for	,	,	i fourth or fifth ta	x vear as a section		
10	organization, check this box and stor						
Sec	ction C. Computation of Publi	c Support Per	centage			***************************************	
	Public support percentage for 2017 (I			olumn (fl)		14	93.58 %
	Public support percentage from 2016					15	92.03 %
	33 1/3% support test - 2017. If the o					·	
	stop here. The organization qualifies						► [V]
h	33 1/3% support test - 2016. If the		-				
~	and stop here. The organization qual	_					
172	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances test	•			•		
	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶ □
10	Private foundation. If the organization						
10	Frivate foundation. If the organization	ar did flot check a	DON OF THE TO, TO	, iou, ira, or iru	, oneon this box a		>

Schedule A (Form 990 or 990-EZ) 2017 FRIENDS OF THE WORLD FOOD PROGRAM, INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and	(4) 2010	(9) 2.011		(4)	191==	
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities	•					
furnished by a governmental unit to	,					
• •	'					
the organization without charge	·					
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, an	E .					
3 received from disqualified person	.s					
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			·······			
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesse	#S					
acquired after June 30, 1975		-				······································
c Add lines 10a and 10b						
11 Net income from unrelated busines	ss					
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
ar land from the sale of samit-1	1					
or loss from the sale of capital	1					
assets (Explain in Part VI.)						
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12	.)	's first second thir	d fourth or fifth to	av voar as a sectio	on 501(c)(3) organiza	tion
assets (Explain in Part VI.)) for the organization					
assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12 First five years. If the Form 990 is check this box and stop here) for the organization				on 501(c)(3) organiza	
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12 14 First five years. If the Form 990 is check this box and stop here Section C. Computation of Pu	of the organization	rcentage				······ >
assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12 First five years. If the Form 990 is check this box and stop here Section C. Computation of Pu 15 Public support percentage for 201	for the organization blic Support Pe 7 (line 8, column (f) o	rcentage divided by line 13, c	olumn (f))		15	>
assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12 First five years. If the Form 990 is check this box and stop here Section C. Computation of Pu Public support percentage for 201 Public support percentage from 20	for the organization blic Support Pe 7 (line 8, column (f) o	rcentage divided by line 13, c t III, line 15				>
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assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12 14 First five years. If the Form 990 is check this box and stop here Section C. Computation of Pu 15 Public support percentage for 201 16 Public support percentage from 20 Section D. Computation of Inv 17 Investment income percentage for	for the organization blic Support Pe 7 (line 8, column (f) of 016 Schedule A, Par restment Incom 2017 (line 10c, column	rcentage divided by line 13, c t III, line 15 e Percentage umn (f) divided by lir	olumn (f))		15 16	······ >
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assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12 First five years. If the Form 990 is check this box and stop here Section C. Computation of Pu Public support percentage for 201 Public support percentage from 20 Section D. Computation of Inv Investment income percentage for la livestment income percentage from 18 Investment income percentage from 19a 33 1/3% support tests - 2017. If more than 33 1/3%, check this box	for the organization blic Support Pe 7 (line 8, column (f) of Schedule A, Parestment Incom 2017 (line 10c, column 2016 Schedule A the organization did cand stop here. The	rcentage divided by line 13, c t III, line 15 e Percentage umn (f) divided by lir , Part III, line 17 not check the box one organization qual	olumn (f)) ne 13, column (f)) on line 14, and line ifies as a publicly	e 15 is more than supported organiz	15 16 17 18 33 1/3%, and line 17	'is not
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12 14 First five years. If the Form 990 is check this box and stop here Section C. Computation of Pu 15 Public support percentage for 201 16 Public support percentage from 20 Section D. Computation of Inv 17 Investment income percentage fro 18 Investment income percentage fro 19a 33 1/3% support tests - 2017. If	for the organization blic Support Pe 7 (line 8, column (f) o 016 Schedule A, Par restment Incom 2017 (line 10c, column 2016 Schedule A the organization did or and stop here. Tr	divided by line 13, ct III, line 15 Percentage Imm (f) divided by line, Part III, line 17 not check the box one organization qual not check a box on	olumn (f)) ne 13, column (f)) on line 14, and line ifies as a publicly line 14 or line 19a	e 15 is more than supported organiz a, and line 16 is m	15 16 17 18 33 1/3%, and line 17 cation ore than 33 1/3%, a	'is not

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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

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

	Yes	No
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Sche	dule A (Form 990 or 990-EZ) 2017 FRIENDS OF THE WORLD FOOD PROGRAM, INC.	13-3843435	P	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		
	A family member of a person described in (a) above?	11b		-
	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. tion B. Type I Supporting Organizations		<u> </u>	
Sec	tion B. Type (Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		169	IVU
٠	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 Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove 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	\$1.0mm;	Secretary Sec.
2	Did the organization operate for the benefit of any supported organization other than the supported		240 300 000	
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	2		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	*** *** ****	
Sec	tion 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 of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			1 (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
	the supported organization(s).	1		<u> </u>
<u>Sec</u>	tion D. All Type III Supporting Organizations			
		20000030000000	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			A CONTRACTOR OF THE PROPERTY O
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	68655565	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		1 (1.00 (1.1
3	By reason of the relationship described in (2), did the organization's supported organizations have a	10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (A CONTROL OF THE PARTY OF THE P
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	The state of the s	2000 100 100 100 100 100 100 100 100 100	The second secon
		3		**************************************
Sec	supported organizations played in this regard. Ition E. Type III Functionally Integrated Supporting Organizations		1	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uctions).	-	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	The second secon		Charles Company of the Company of th
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	100 (100 (100 (100 (100 (100 (100 (100		A STATE OF THE STA
	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			Manager and the second
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	and agreement	encentrere
3	Parent of Supported Organizations. Answer (a) and (b) below.			Control of the contro
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		90000000
b				
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	l 3b	1	1

4 Enter greater of line 2 or line 3
5 Income tax imposed in prior year
6 Distributable Amount. Subtract line 5 from line 4, unless subject to
emergency temporary reduction (see instructions)
6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

1

2

3

Schedule A (Form 990 or 990-EZ) 2017

Enter 85% of line 1

<u>2</u> 3

Schedule A (Form 990 or 990-EZ) 2017 FRIENDS OF THE WORLD FOOD PROGRAM, INC.				13-3843435 Page 7
	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	-
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	<u> </u>		
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
_	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017, Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018, Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 FRIENDS OF THE WORLD FOOD PROGRAM, INC.	13-3843435	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	l and 2; Part IV, Sectior /. Section B. line 1e; Pa	1 C.
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2017

Employer identification number

FRIEND	S OF THE WORLD FOOD PROGRAM, INC.	13-3843435				
Organization type (check one):						
Filers of: Sec	etion:					
Form 990 or 990-EZ X	501(c)(³) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Note: Only a section 501(c)(7), (8 General Rule	ered by the General Rule or a Special Rule.), or (10) organization can check boxes for both the General Rule and a Special Rule.					
	g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling contributor. Complete Parts I and II. See instructions for determining a contributor's					
Special Rules						
sections 509(a)(1) and 1 any one contributor, du	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to 70(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, wring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount 1. Complete Parts I and II.	or 16b, and that received from				
year, total contributions	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educy to children or animals. Complete Parts I, II, and III.					
year, contributions <i>excl</i> is checked, enter here t purpose. Don't complet	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a usively for religious, charitable, etc., purposes, but no such contributions totaled me total contributions that were received during the year for an exclusively religiouse any of the parts unless the General Rule applies to this organization because it and contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusivel</i> y				
but it must answer "No" on Part certify that it doesn't meet the fill	n't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo ng requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

Name of organization

Employer identification number

FRIENDS OF THE WORLD FOOD PROGRAM, INC.

13-3843435

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,374,955.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

FRIENDS OF THE WORLD FOOD PROGRAM, INC.

13-3843435

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		Ψ			

ame of orga	nization		Employer Identification number
	F THE WORLD FOOD PROGRAM, INC.		13-3843435
Part III	Exclusively religious, charitable, etc., contribut the year from any one contributor. Complete colur completing Part III, enter the total of exclusively religious, chuse duplicate copies of Part III if additional sp	mns (a) through (e) and the follo aritable, etc., contributions of \$1,000 or	I in section 501(c)(7), (8), or (10) that total more than \$1,000 for owing line entry. For organizations stress for the year. (Enterthis info. once.)
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of gif	ift
-	Transferee's name, address, and 2	ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I -			
-		(e) Transfer of gif	ft
	Transferee's name, address, and Z	IP + 4	Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	· · · · · · · · · · · · · · · · · · ·	(e) Transfer of gif	ft
-	Transferee's name, address, and 2	(IP + 4	Relationship of transferor to transferee
(a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(A) T	
	Transferee's name, address, and Z	(e) Transfer of gif	Relationship of transferor to transferee
-			
-			

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

	, (see separate instructions), then				
	Section 501(c)(4), (5), or (6) organization	ions: Complete Part III.		Emn	loyer identification number
IVAII	•	MUR MODER BOOK PROCESS	TMA	Emp	13-3843435
D.	rt -A Complete if the org	THE WORLD FOOD PROGRAM, anization is exempt under	er section 501(c)	or is a section 527 or	
	irti-A Complete ii the org	anización is exempt and	si section con(c)	01 13 4 3000011 027 01	gamaanom
			4 4 44	D. 4.87	
	Provide a description of the organiz				•
	Political campaign activity expenditu				
3	Volunteer hours for political campaign	gn activities	***************************************	*********************	
Pε	art I-B Complete if the org	anization is exempt unde	er section 501(c)(3).	
	Enter the amount of any excise tax				5
2	Enter the amount of any excise tax	ncurred by organization manage	ers under section 4955	▶\$	
	If the organization incurred a section				
	Was a correction made?				
ŀ	If "Yes " describe in Part IV				
Pε	art I-C Complete if the org	anization is exempt unde	er section 501(c),	except section 501(c) (3).
1	Enter the amount directly expended	by the filing organization for sec	ction 527 exempt funct	tion activities	S
2	Enter the amount of the filing organ	ization's funds contributed to oth	ner organizations for se	ection 527	
	exempt function activities				
3	Total exempt function expenditures				
	line 17b				
4	Did the filing organization file Form				
5					
	made payments. For each organizat				
	contributions received that were pro				e segregated tund or a
	political action committee (PAC). If				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
				filing organization's funds. If none, enter -0	promptly and directly
				10,100, 11,10110, 011101	delivered to a separate
					political organization. If none, enter -0
					II HOHE, EIREI -O
_					
_		<u></u>			
		+			

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

Schedule C (Form 990 or 990-EZ) 2017

Schedule Part II	C (Form 990 or 990-EZ) 2017 -A Complete if the org					843435 ection und	Page 2
	section 501(h)).		•		·		
A Check	✓ If the filing organiza	ition belongs to an af	filiated group (and list ir	Part IV each affiliated	group member's name	e, address, E	IN,
		re of excess lobbying			- '		
B Check	if the filing organiza	tion checked box A a	and "limited control" pro	visions apply.			
		ts on Lobbying Expe ditures" means amo	enditures unts paid or incurred.)		(a) Filing organization's totals	(b) Affiliate total	
1a Tot	tal lobbying expenditures to influ	uence public opinion	(grass roots lobbying)		89,100.		
	tal lobbying expenditures to influ				51,609.	, , , , , , , , , , , , , , , , , , ,	
	tal lobbying expenditures (add li	-			140,709.		
d Other exempt purpose expenditures		19,080,064.					
e To	tal exempt purpose expenditure	s (add lines 1c and 1	d)		19,220,773.		
	bbying nontaxable amount. Ente				1,000,000.		
if ti	he amount on line 1e, column (a) o	r (b) is: The lo	bbying nontaxable am	ount is:			
No	t over \$500,000	20% of	the amount on line 1e.				
Ov	er \$500,000 but not over \$1,000	0,000 \$100,0	00 plus 15% of the exc	ess over \$500,000.			
Ov	er \$1,000,000 but not over \$1,5	00,000 \$175,0	00 plus 10% of the exc	ess over \$1,000,000.			
Ov	er \$1,500,000 but not over \$17,	000,000 \$225,0	00 plus 5% of the exce	ss over \$1,500,000.			
Ov	er \$17,000,000	\$1,000	,000.				
g Gra	assroots nontaxable amount (en	ter 25% of line 1f)	***************************************		250,000.		
h Su	btract line 1g from line 1a. If zer	o or less, enter -0-			0.		
i Su	btract line 1f from line 1c. If zero	o or less, enter -0			0.		
-	here is an amount other than ze		line 1i, did the organiza	ation file Form 4720	po	****	
rep	orting section 4911 tax for this	year?				Yes	No_
			eraging Period Under			_	
	(Some organizations ti		001(h) election do not i rate instructions for lir	•	f the five columns be	elow.	
		ьоррунд Ехре	enditures During 4-Yea T	ir Averaging Period		I	
(OI	Calendar year r fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) To	ntal
2a Loi	bbying nontaxable amount	1,000,000	1,000,000.	1,000,000.	1,000,000.	4,0	00,000.

b Lobbying ceiling amount 6,000,000. (150% of line 2a, column(e)) 120,107. 135,406. 127,305. 140,709. 523,527. c Total lobbying expenditures d Grassroots nontaxable amount 250,000. 250,000. 250,000. 250,000. 1,000,000. e Grassroots ceiling amount (150% of line 2d, column (e)) 1,500,000. 63,994. 76,858. 77,800. 89,100. 307,752. f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2017

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(-	a)	(1	o)
of th	ne lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				e de la composición dela composición de la composición dela composición de la compos
	local legislation, including any attempt to influence public opinion on a legislative matter		and a second control of the second control o		
	or referendum, through the use of:				
í	Volunteers?				
ŀ	Pald staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?	ļ			
	Mailings to members, legislators, or the public?				
•	Publications, or published or broadcast statements?				
1	Grants to other organizations for lobbying purposes?				
9	Direct contact with legislators, their staffs, government officials, or a legislative body?				
ł	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			1	
i	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	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				
<u></u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- F04/-\/I	<u> </u>		
ra	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6)	n out(c)(b), or sec	ction	
	501(c)(6).			I	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			<u> </u>	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-		
<u>3</u>	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section			<u></u>	<u> </u>
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."			III-A, line	e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal	The second secon		
	expenses for which the section 527(f) tax was paid).				
	Current year		1		
	Carryover from last year			 	
	: Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc		100 mm (100 mm)		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p		11 To 10 To		
_	expenditure next year?		4		
5 D a	Taxable amount of lobbying and political expenditures (see instructions) rt IV Supplemental Information		5		
	Rely Supplemental information				
insti	ride 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 a	nd 2 (see	
		list); Part II-	A, lines 1 a	nd 2 (see	
	ride 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 a	nd 2 (see	······································
	ride 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 a	nd 2 (see	
•	ride 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 a	nd 2 (see	
	ride 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 a	nd 2 (see	
	ride 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 a	nd 2 (see	
	ride 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 a	nd 2 (see	
	ride 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 a	nd 2 (see	
	ride 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 a	nd 2 (see	
	ride 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 a	nd 2 (see	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FRIENDS OF THE WORLD FOOD PROGRAM, INC.

Employer identification number

13-3843435

Pa	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
	organization answered res official 990, Fattiv, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		· · · · · · · · · · · · · · · · · · ·
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ad		
•	for charitable purposes and not for the benefit of the donor or		•
	• •		
Pa		anization answered "Yes" on Form 990,	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		torically important land area
	Protection of natural habitat	·	tified historic structure
	Preservation of open space		and the state of t
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.	od odnod vason odnihodian in the form	Held at the End of the Tax Year
а			
h	TO 1.1		1 1
	Number of conservation easements on a certified historic structure.		
d	Number of conservation easements included in (c) acquired af		
ŭ	listed in the National Register		• • • • • • • • • • • • • • • • • • •
3	Number of conservation easements modified, transferred, rele		
•	year	ased, extinguished, or terminated by the	organization during the tax
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		
•	violations, and enforcement of the conservation easements it l	11.0	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
ŭ	Colar and volunteer flours devoted to morntoning, inspecting, in	anding of violations, and emorcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing consonua	ition agreements during the year
•	\$ \$	ing of violations, and emoleting conserva	dion easements during the year
8	Does each conservation easement reported on line 2(d) above	eatiefy the requirements of section 170	/b\/4\/B\/i\
•			
9	In Part XIII, describe how the organization reports conservation	n accoments in its revenue and evacence	***************************************
Ð			
	include, if applicable, the text of the footnote to the organization	on s imanciai statements that describes	the organization's accounting for
Pa	conservation easements. † III Organizations Maintaining Collections of	Art Historical Treasures or Of	ther Similar Assets
20.000	Complete if the organization answered "Yes" on Form		
10	If the organization elected, as permitted under SFAS 116 (ASC		mont and balance about warks of ort
ıa	historical treasures, or other similar assets held for public exhi	•	•
	·		rice of public service, provide, in Part Alli,
	the text of the footnote to its financial statements that describ		h and hatana abaak wada af ad bibbadad
D	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in turtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		· ·
2	If the organization received or held works of art, historical trea		al gain, provide
	the following amounts required to be reported under SFAS 11	· · ·	
а	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 990, Part X		\$

Schedule D (Form 990) 2017

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.		***************************************	raye
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1) Financial derivatives	1		
(2) Closely-held equity interests			
(3) Other		····	
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	t or end-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11d. See Form 990, Part X, line 1	5.
(a)	Description		(b) Book value
(1)			
(2)		**************************************	
(3)			
(4)			
(5)			
<u>(6)</u>			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15)		▶
Part X Other Liabilities.		The state of the s	
Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X,	line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) DEFERRED LEASE BENEFIT		366,140.	
(3) CAPITAL LEASE OBLIGATION		146,335.	
(4)			
(5)			
(6)			
(7)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.1	512,475.	
2. Liability for uncertain tax positions. In Part XIII, provide			ments that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2017

Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With R	levenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	20,980,427.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	266,733.		
b	Donated services and use of facilities	2b	1,702,493.		
С	Recoveries of prior year grants	2c			
d				100 mm m	
е	Add lines 2a through 2d			2e	1,969,226.
3	Subtract line 2e from line 1			3	19,011,201.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			Control of	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-67,341.	5-156	
c	Add lines 4a and 4b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4c	-67,341.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	18,943,860.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	19,220,775.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1,702,493.	And the second s	
b				25.000 (1) 20.000 (1) 20.000 (1)	
С	Other losses	2c		200 (100 (100 (100 (100 (100 (100 (100 (
d	The second secon	1 1			
е	Add lines 2a through 2d	,		2e	1,702,493.
3	Subtract line 2e from line 1			3	17,518,282.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			Annual Market State Communication of the Communicat	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-67,341.	And the second s	
С	Add lines 4a and 4b			4c	-67,341.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)		.,,,,,,,	5	17,450,941.
Pa	rt XIII Supplemental Information.			,	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			l; Part X, li	ne 2; Part XI,
PAR	r IV, LINE 2B;				
THE	PURPOSE OF THE FUND SHALL BE TO MAKE GRANTS TO SUPPORT EDU	CATION AND			
EDU	CATIONAL OPPORTUNITIES FOR NEEDY AND WORTHY GIRLS AND WOMEN	IN			
DEV.	ELOPING NATIONS.				
<u></u>	HERINE BERTINI SHALL SERVE AS ADVISOR TO THE FUND. SHE SHA	LL MAKE			
REC	OMMENDATIONS TO THE BOARD OF DIRECTORS OF WFF USA. THE BOA	RD OF WFP			
USA	SHALL CONSIDER SUCH RECOMMENDATIONS AND, IN ITS SOLE DISCR	ETION, SHALL			
MAK	E SUCH DECISIONS AS THE BOARD DEEMS APPROPRIATE. THE BOARD	(OR ITS			
DES	IGNATED FINANCIAL ADVISOR) SHALL MAKE DECISIONS AS TO INVES	TMENT OF THE			
FUN	D,				

Schedule D (Form 990) 2017 FRIENDS OF THE WORLD FOOD PROGRAM, INC.	13-3843435	Page 5
Part XIII Supplemental Information (continued)		
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 ITS OPERATING BUDGET. THIS RESERVE IS		<u> </u>
ADJUSTED ANNUALLY TO TAKE INTO ACCOUNT CHANGES IN THE OPERATING BUDGET.		
DURING 2017, THE ORGANIZATION CHANGED FROM A SIX MONTH OPERATING RESERVE		
TO A TWELVE MONTH OPERATIN RESERVE.		
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 CHARITABLE CONTRIBUTIONS DEDUCTIONS AND HAS BEEN		
CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE 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 UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31,		
2017. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE		
ACCOMPANYING FINANCIAL STATEMENTS.		
	**************************************	******
WFP USA WOULD BE LIABLE FOR INCOME TAXES IN THE U.S. FEDERAL JURISDICTION.		
THE RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING	······································	
AUTHORITIES GENERALLY THREE AND FOUR YEARS, RESPECTIVELY, AFTER THEY ARE		
FILED. WFP USA IS NO LONGER SUBJECT TO INCOME TAX EXAMINATION BY U.S.		
FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2014.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
FUNDRAISING EXPENSES INCLUDED IN PART VII -67,341.		

Schedule D (Form 990) 2017 FRIENDS OF THE WORLD FOO	D PROGRAM, INC.	13-3843435	Page 5
Schedule D (Form 990) 2017 FRIENDS OF THE WORLD FOO Part XIII Supplemental Information (continued)			
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
FUNDRAISING EXPENSES INCLUDED IN PART VII	-67,341.		
PONDRAIDING BAFEMDED INCHODED IN TAKE VII	0,,0.2.		
	· · · · · · · · · · · · · · · · · · ·		
			
,			
•			

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

2017
Open to Public Inspection

Name of the organization

Employer identification number

iame of the organization		minprojor morninoanon numbe				
RIENDS OF THE WORLD FO	OD PROGRAM	INC.			13-3843435	
			side the United States. Comple	te if the organ		es" on
			<u>'</u>			
1 For grantmakers. Does	the organization	maintain record	is to substantiate the amount of its gran	nts and other		***************************************
Part General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices in the region (c) Number of offices in the region in the region (d) Activities conducted in the region (e) If activity listed in (d) is a program service, describe specific type of and investments or recipients located in the region (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region (f) Total expenditures or recipients located in the region (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region (f) Total expenditures or recipients located in the region (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region (f) Total expenditures or recipients located in the region (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region (f) Total expenditures or recipients located in the region (e) If activity listed in (d) (f) Total expenditures (
Part II General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the grants or assistance, and the selection criteria used to award the grants or assistance? If organization regulation maintain records to substantiate the amount of its grants and other assistance? If yes No. 2 For grantmakers. Does the grants or assistance, and the selection criteria used to award the grants or assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices in the region offices in the region offices in the region of offices in the region of t						
-	ribe in Part V the	organization's p	procedures for monitoring the use of its	grants and of	ner assistance outsid	de the
	a following Part	I line 3 table ca	n he dunlicated if additional space is no	ended)		
					vity listed in (d)	(f) Total
(4, 3		employees,	(by type) (such as, fundraising, pro-	is a pro	gram service,	expenditures
	in the region	independent	; =			investments
		in the region	recipients located in the region)	OT SERVICE	e(s) in the region	in the region
mannat summaa san						
	n	n	PROGRAM GRANTS TO WEP			2 050 618.
III CANCEDDING		<u> </u>				
AST ASIA AND THE						
ACIFIC	0	0	PROGRAM GRANTS TO WFP			160,610.
17001 D 112 CM 2 NO						
	n	0	PROGRAM GRANTS TO WEP			1 583 662.
OKIN AFKICA		<u>`</u>	THOUSEN GREEN TO WE			, , , , , , , , , , , ,
SOUTH AMERICA	0	0	PROGRAM GRANTS TO WFP			182,173.
SOUTH ASTA	0	0	PROGRAM GRANTS TO WFP			1,238,368,
· · · · · · · · · · · · · · · · · · ·	<u> </u>					<u> </u>
•			·			
SUB-SAHARAN AFRICA	0	0	PROGRAM GRANTS TO WFP			5,192,411.
						40 40 5 6 4 5
3 a Sub-total	0	0				10,407,842.
b Total from continuation	0	0				0.
sheets to Part I	<u> </u>	, , , , , , , , , , , , , , , , , , ,				<u> </u>
and 3b)	0	0				10,407,842.

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

Schedule F (Form 990) 2017

13-3843435

FRIENDS OF THE WORLD FOOD PROGRAM, INC.

Schedule F (Form 990) 2017

Part II Grants and Other

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name of organization and								2 Enter total number of recipient organizations listed above that are reconstructed as a section by the IRS or for which the grantee or counsel has provided a section.	בי ב
(b) IRS code section and EIN (if applicable)	U &	ш Д	3 4	<i>S</i>		y a		ipient organization	o o o o o o o o o o o o o o o o o o o
(c) Region	CENTRAL AMERICA AND THE CARIBBEAN	EAST ASIA AND THE PACIFIC	MIDDLE EAST AND NORTH AFRICA	SOUTH AMERICA	SOUTH ASIA	SUB-SAHARAN AFRICA		is listed above that are r	isel nas produce a sec
(d) Purpose of grant	ASSIST IN ALLEVIATING HUNGER	ASSIST IN ALLEVIATING HUNGER	ASSIST IN ALLEVIATING HUNGER	ASSIST IN ALLEVIATING HUNGER	ASSIST IN ALLEVIATING HUNGER	ASSIST IN ALLEVIATING HUNGER		Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS or for which the crantee or counsel has provided a section 501(c)(3) equivalency letter	عبدا (مارم) مطورها المراد
(e) Amount of cash grant	2,050,618.	160,610.	1,583,662.	182,173.	1,238,368.	5,192,412.		foreign country, r	
(f) Manner of cash disbursement	WIRE TRANSFER	160,610. WIRE TRANSFER	1,583,662. WIRE TRANSFER	WIRE TRANSFER	WIRE TRANSFER	5,192,412, WIRE TRANSFER		ecognized as tax-ex	
(g) Amount of noncash assistance	0.	0	•0	•0	.0	0.		empt 🔻	
(h) Description of noncash assistance									
(i) Method of valuation (book, FMV, appraisal, other)								П	

Schedule F (Form 990) 2017

FRIENDS OF THE WORLD FOOD PROGRAM, INC.

Page 3

13-3843435

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Schedule F (Form 990) 2017

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (c) Number of (d) Amount of recipients cash grant Part III can be duplicated if additional space is needed. (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017 Part 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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund		
	(see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	X Yes	No

Schedule F (Form 990) 2017

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Schedule G (Form 990 or 990-EZ) 2017

Name of the organization **Employer identification number** FRIENDS OF THE WORLD FOOD PROGRAM, INC. 13-3843435 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations e Solicitation of non-government grants Solicitation of government grants b Internet and email solicitations Phone solicitations Special fundraising events C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) or entity (fundraiser) from activity fundraiser organization listed in col. (i) Yes No 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 licensing.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

1	3	-3	38	4	3	4	3	5	

Page 2

		of fundraising event contributions and gro	oss income on Form 990		events with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			AWARD CEREMONY			col. (c))
Φ			(event type)	(event type)	(total number)	(-//
Revenue	1	Gross receipts	60,000.			60,000.
	2	Less: Contributions	60,000.			60,000.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
'n	5	Noncash prizes				
pense	6	Rent/facility costs	18,194.			18,194.
Direct Expenses	7	Food and beverages				
۵	8	Entertainment				
	9	Other direct expenses				49,147.
	10				>	67,341.
	11	Net income summary. Subtract line 10 from li				-67,341.
Pa	ırt l		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				T
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
- Re	1	Gross revenue				
es Se	2	Cash prizes			******	
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	-		Yes %	Yes %	Yes %	
	6	Volunteer labor	No	☐ No	☐ No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		toutho ototolo) in relation the account with	into monolina anti-ditara			
		ter the state(s) in which the organization condu he organization licensed to conduct gaming ac		statao?		Yes No
		No," explain:				TesNo
10-	10/6	are any of the examination's gaming licenses re	woled guaranded or to	resinated during the toy.	unor ^o	
		ere any of the organization's gaming licenses re Yes," explain:			real f	Yes No
7000	92.00)-13-17			Schedule G (For	m 990 or 990-EZ) 2017

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Sch	edule G (Form 990 or 990-EZ) 2017 FRIENDS OF THE WORLD FOOD PROGRAM, INC.	3-3843435	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	old "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
C	: If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name >		
	Gaming manager compensation ▶ \$		
	Description of services provided		
			<u>'</u>
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	ls the organization required under state law to make charitable distributions from the gaming proceeds to	,	
	retain the state gaming license?	L Yes	No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the)	
	organization's own exempt activities during the tax year 🕨 \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I	II, lines 9, 9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
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Schedule G (Form 990 or 990-EZ) FRIENDS OF THE WORLD FOOD PROGRAM, INC. Part IV Supplemental Information (continued)	13-3843435	Page 4
Part IV Supplemental Information (continued)		
, MT		

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No, 1545-0047

(Form 990)		ος ₍	Governments, an	and Individuals in the United States	s in the Unit	ed States		2017
			Complete if the organization answered "Tes" on Form 990, Part IV, line 21 of ZZ.	n answered "Yes" on Fo	on Form 990, Par n 000	t IV, line 21 or 22.		Canan to Dublic
Department of the Treasury Internal Revenue Service			Go to www.ir	■ Attach to Form 950. ■ Go to www.irs.gov/Form990 for the latest information.	r sec. the latest inform	ation.		Inspection
Name of the organization	MEGENAGA GIONA GENERALA GORANA GENERALA GORANA GENERALA GORANA GENERALA GORANA GENERALA GORANA GORAN	ק תססק הומסשי	UNI MEGDOG					Employer identification number
Part General Inf	General Information on Grants and Assistance	nd Assistance						7747407 74
1 Does the organiza	Does the organization maintain records to substantiate the amount of the gr	o substantiate the	amount of the grants	or assistance, the g	grantees' eligibility	for the grants or assis	ants or assistance, the grantees' eligibility for the grants or assistance, and the selection	ion
criteria used to av	criteria used to award the grants or assistance?	tance?						X Yes No
2 Describe in Part IV	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monito	oring the use of grant f	funds in the United	States.			**************************************
Part II Grants and	Grants and Other Assistance to Domestic Organizations and Domestic Governments.	Jomestic Organiz	ations and Domestic		omplete if the orga	nization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	t IV, line 21, for any
recipient th	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	5,000. Part II can	be duplicated if additic	onal space is neede	òd.			
1 (a) Name and add	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
GLOBAL CHILD NUTRI	CHILD NUTRITION FOUNDATION							
9345					,			GRANTS FOR SCHOOL FEEDING
SEATTLE, WA 98139		20-5094658	501(C)(3)	10,000.	0.			efforts
GEORGE WASHINGTON UNIVERSITY 805 21ST STREET NW, SUITE 20 WASHINGTON: DC 20052	ON UNIVERSITY: NW, SUITE 203	53-0196584	501(C)(3)	10,500.	0			GRANTS FOR EDUCATION & ADVOCACY PROGRAMS
	*	_		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

2 Enter total numbe	Enter total number of section 501(c)(3) and government organizations listed	nd government org	anizations listed in the	in the line 1 table				2.
	Enter total number of other organizations listed in the line 1 table	listed in the line 1	table				***************************************	0
LHA For Paperwork	For Paperwork Reduction Act Notice, see the Instructions for Form 990	see the Instruction	ons for Form 990.					Schedule I (Form 990) (2017)

13-3843435

FRIENDS OF THE WORLD FOOD PROGRAM, INC.

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017)

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SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

FRIENDS OF THE WORLD FOOD PROGRAM, INC.

Employer identification number

13-3843435

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			Account Account
	Travel for companions Payments for business use of personal residence			And the second s
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	***************************************	TODAY CON
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	120101300400	
	tidatess, and officers, molecular of the occordance broader, regularing the terms of concess of the officers.			Constitution of the Consti
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
3	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	Control Contro		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee	1000 N 10		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			00000000000000000000000000000000000000
	organization or a related organization:	20000000		30000000000000000000000000000000000000
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	0000000	Х
	If "Yes" to any of lines 4a⋅c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			Approximate the second
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1,000,000,000,000,000,000,000,000,000,0
	contingent on the revenues of:			
а	The organization?	<u>5a</u>		Х
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			There is a second of the secon
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			2000 1000 1000 1000 1000 1000 1000 1000
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		27, 27, 27, 10 mm 27, 20 mm or more 27, 20 mm or more 27, 20 mm or more	10 20 10 10 10 10 10 10 10 10 10 10 10 10 10
	Regulations section 53.4958-6(c)?	9	<u> </u>	

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

Schedule J (Form 990) 2017

13-3843435

Page 2

Schedule J (Form 990) 2017 FRIENDS OF THE WORLD FOOD PROGRAM, INC.

Part III 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(f)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	otner deferred compensation	Denents	(a)-(i)(a)	in column (5) reported as deferred on prior Form 990
(1) RICHARD LEACH	Œ.	360,000.	0	774.	14,799.	42,345.	417,918.	.0
PRESIDENT & CEO	€	.0	0	0.	• 0	0.	0	• 0
(2) MARIANNE BERNER	ε	203,000.	0	728.	7,105.	1,128.	211,961.	0.
VP OF DEVELOPMENT	3	•0	0	*0	0.	0.	0	• 0
(3) SHANNON HISKEY	ε	183,226.	0	227.	*69E'L	16,733.	207,555.	0
VP OF OPERATIONS	€	.0	0	0	•0	0	0	0.
	€	170,919.		1,945.	7,105.	36,565.	216,534.	0
VP OF PUBLIC POLICY	(ii)	0.		0.	0.	0.	.0	.0
	Ξ							
	(iii)							
	(1)							
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							Schedu	Schedule J (Form 990) 2017

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

FRIENDS OF THE WORLD FOOD PROGRAM, INC.

Employer identification number 13-3843435

FORM 990, PART VI, SECTION A, LINE 4:
SECTION 3.15 OF THE BYLAWS OF THE ORGANIZATION WERE UPDATED TO INCLUDE
CHAIRS OF THE STANDING COMMITTEES TO THE EXECUTIVE COMMITTEE.
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
PRESIDENT/CEO REVIEWS THE FORM 990 WITH THE AUDIT COMMITTEE AND DIRECTOR OF
FINANCE & ACCOUNTING. AFTER THOROUGH REVIEW BY THE PRESIDENT/CEO, AUDIT
COMMITTEE & DIRECTOR OF FINANCE & ACCOUNTING AND ONCE ALL ARE IN AGREEMENT
THE 990 IS SUBMITTED FOR FINAL EDITS. A COPY OF THE APPROVED FORM 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 PRESIDENT/CEO, DATED AND SUBMITTED BY THE FILING DEADLINE.
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 OUTLINED IN OUR CONFLICT OF INTEREST POLICY. EVERY NEW OFFICER
OR DIRECTOR IS ADVISED ON THIS POLICY AND ACKNOWLEDGES THAT HE OR SHE
UNDERSTANDS THE POLICY. A CONFLICT OF INTEREST DISCLOSURE 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
A TINDED STANDS THE CODDODATION IS A CHARTTARLE ORGANIZATION THAT TO

PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

Schedule O (Form 990 or 990-EZ) (2017)		Page 2
Name of the organization FRIENDS OF THE WORLD FOOD PROGRAM, INC.		Employer identification number 13-3843435
PROGRAM SERVICE EXPENSES	1,241,390.	
MANAGEMENT AND GENERAL EXPENSES	43,159.	
FUNDRAISING EXPENSES	483,611.	
TOTAL EXPENSES	1,768,160.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,768,160.	
FORM 990, PART XII, LINE 2C		
THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEM	ENTS AND	
SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINAL	NCIAL	
STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.		