Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Α	For the	e 2015 calendar year, or tax year beginning and endi	ng				
В	Check if applicable	C Name of organization		D Employer id	entific	cation number	
	Addres	FRIENDS OF THE WORLD FOOD PROGRAM, INC.					
	Name change	Doing business as WORLD FOOD PROGRAM USA		13	-384	3435	
	Initial return	,	n/suite	E Telephone n	umbe	r	
	Final return/	1725 I STREET NW 510		20	2-62	7-3732	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		24,389,033.	
	Ameno	WASHINGTON, DC 20000		H(a) Is this a gre	oup re	eturn	
L	Applic tion pendir	F Name and address of principal officer: RICHARD LEACH		for subordi	inates	? Yes X No	
	•	SAME AS C ABOVE	_	H(b) Are all subordi	inates ir	ncluded? Yes No	
		empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) $4947(a)(1)$ or $4947(a)(1)$	527	If "No," att	ach a	list. (see instructions)	
		e: HTTP://www.wfpusa.org		H(c) Group exe			
		organization: X Corporation Trust Association Other ► I	L Year o	of formation: 1995	5 N	1 State of legal domicile: DE	
	\top	Briefly describe the organization's mission or most significant activities: BUILD SUPP	ОВТ Т	N THE IIS FOR	тнг		
Governance	'	WORLD FOOD PROGRAMME & OVERALL EFFORT TO ADDRESS GLOBAL HUNGER	OKI I	N IND OD TON			
nar	2	Check this box if the organization discontinued its operations or disposed of	of more	than 25% of its	net as	esets	
Ver	3	Number of voting members of the governing body (Part VI, line 1a)			3	12	
	4	Number of independent voting members of the governing body (Part VI, line 1b)			-	12	
Activities &		Total number of individuals employed in calendar year 2015 (Part V, line 2a)			-	32	
/itie		Total number of volunteers (estimate if necessary)			-	100	
ç		Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.	
⋖		Net unrelated business taxable income from Form 990-T, line 34			7b	0.	
				Prior Year		Current Year	
Ð	8	Contributions and grants (Part VIII, line 1h)	🗀	25,718,	472.	22,985,647.	
'n	9	Program service revenue (Part VIII, line 2g)			0.	0.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		32,	598.	9,111.	
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-539,	514.	0.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		25,211,		22,994,758.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		18,285,	114.	16,153,754.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,170,	744.	2,642,695.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.	
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 758, 319					
ш	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,853,	_	3,078,194.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	.	23,309,	_	21,874,643.	
. 0	19	Revenue less expenses. Subtract line 18 from line 12	. _	1,902,		1,120,115.	
SOC	<u> </u>		Be	ginning of Current	_	End of Year	
Sset	20	Total assets (Part X, line 16)	.	21,286,	$\overline{}$	19,071,889.	
Net Assets or	21	Total liabilities (Part X, line 26)	.	14,824,	_	11,445,254.	
	22 art II	Net assets or fund balances. Subtract line 21 from line 20	.	6,461,	842.	7,626,635.	
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and	ctatomo	ante and to the hee	t of m	v knowledge and bolief it is	
		t, and complete. Declaration of preparer (other than officer) is based on all information of which p				y Kilowieuge allu Dellei, it is	
uu	, 001100	t, and complete. Declaration of preparer (other than officer) is based on an information of which p	τοματοι	Thas arry Knowledge	,.		
Sig	ın	Signature of officer		I Date			
He		RICHARD LEACH, PRESIDENT/CEO					
116	16	Type or print name and title					
_		Print/Type preparer's name Preparer's signature Voyage - I	D	ate	eck	PTIN	
Pai	d	Print/Type preparer's name YONG ZHANG, CPA Preparer's signature Yong Zhang	(08/05/16	f-employe	 P01249785	
	parer	Firm's name RSM US LLP	I	Firm's EI		42-0714325	
	Only	Firm's address 1861 INTERNATIONAL DRIVE, SUITE 400					
	-	MCLEAN, VA 22102		Phone no	0.703	-336-6400	
Ма	y the IF	RS discuss this return with the preparer shown above? (see instructions)		<u></u>		X Yes No	
_		,	_				

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	WFP USA IS A NONPROFIT ORGANIZATION THAT BUILDS SUPPORT IN THE US TO
	END GLOBAL HUNGER. IT ENGAGES INDIVIDUALS AND ORGANIZATIONS, SHAPES
	PUBLIC POLICY AND GENERATES RESOURCES FOR THE UNITED NATIONS WORLD
	FOOD PROGRAMME AND OTHER HUNGER RELIEF EFFORTS.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$16,659,941. including grants of \$16,153,754.) (Revenue \$)
	GRANTS: IN 2015, GRANTS FROM THE WORLD FOOD PROGRAM USA (WFP USA)
	HELPED THE UN WORLD FOOD PROGRAMME (UNWFP) PROVIDE FOOD TO PEOPLE
	SUFFERING FROM HUNGER IN THE WORLD'S POOREST COUNTRIES, INCLUDING
	THOUSANDS OF CHILDREN IN SCHOOL MEAL PROGRAMS AS WELL AS THOSE AFFECTED
	BY NATURAL DISASTERS AND CONFLICT. FOR THE YEAR ENDED DECEMBER 31,
	2015, WFP USA, DONATED \$16,153,754 TO THE UN WORLD FOOD PROGRAMME.
4b	(Code:) (Expenses \$
	COMMUNICATIONS AND OUTREACH: THE COMMUNICATIONS DEPARTMENT AT WFP USA
	SUPPORTS THE ORGANIZATION'S POLICY, FUNDRAISING AND OUTREACH GOALS BY
	RAISING AWARENESS ABOUT GLOBAL HUNGER SOLUTIONS.
4c	(Code:) (Expenses \$ 968,622. including grants of \$) (Revenue \$)
10	PUBLIC POLICY PROGRAM: WFP USA EDUCATES MEMBERS OF THE CONGRESS, THE
	ADMINISTRATION AND OTHER OFFICIALS ABOUT INTERNATIONAL HUNGER ISSUES
	AND SPECIFIC POLICIES THAT COULD IMPROVE U.S GOVERNMENT EFFORTS TO
	ADDRESS GLOBAL HUNGER. WFP USA ALSO ADVOCATES FOR SUFFICIENT FUNDING TO
	ENSURE THAT THE U.S. GOVERNMENT CONTINUES TO PROVIDE GLOBAL LEADERSHIP
	IN REACHING PEOPLE IN NEED AROUND THE WORLD. TO BUILD STRONG SUPPORT
	FOR U.S. LEADERSHIP IN ADDRESSING GLOBAL HUNGER, WFP USA COLLABORATES
	WITH AND MOBILIZES OPINION LEADERS, BUSINESSES, GRASSROOTS NETWORK,
	NONPROFITS, COALITIONS AND OTHERS.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 18,779,752.
	5 000 (2015)

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Form 990 (2015) FRIENDS OF THE WORLD FOOD PROGRAM, INC. 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	х	
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			
	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	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? 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			17
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	Λ	
	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		X
14a	, 1 , , ,	14a		
D	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	טדו		
	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		Х

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Form 990 (2015) FRIENDS OF THE WORLD FOOD P Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		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			
	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			
	Schedule K. If "No", go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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,"			х
07	complete Schedule L, Part II	26		
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	21		21
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ū	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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	

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					Щ
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	21			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r					
	(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		32			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х	
	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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country:		- (EDAD)			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the live of the live of the distribution of the live of the			5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t any contributions that were not tax deductible as charitable contributions?			6-		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions.			6a		<u> </u>
b	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).			OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices r	provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
·	to file Form 8282?			7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				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:		•			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	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			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
40-	amounts due or received from them.)	11b		40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? 	12a		
	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.			12-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
h	Note. See the instructions for additional information the organization must report on Schedule O.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
_	Enter the amount of reserves on hand	13c				
				14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
	,					

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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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
	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			
	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.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O			
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) and the section of the sectio	availab	ie	
	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	finan	cial	
	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:			
	SHANNON HISKEY - 202-627-3732 1725 I ST, NW, SUITE 510, WASHINGTON, DC 20006			
	TIVD T DI, MM, DOILE DIO, MADHINGION, DC ZOOOO			

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.

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

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

(A) Name and Title Name and Title Average hours per week (list any hours for related organizations below line) (1) HUNTER BIDEN CHAIRMAN (2) BONNIE RAQUET VICE CHAIRMAN (3) CARL STERN SECRETARY/TRESURER (4) LAWRENCE DARROW DIRECTOR (5) HON. ROBERT DOLE DIRECTOR (6) HON. JO ANN EMERSON DIRECTOR (7) TONY FRATO DIRECTOR (8) HON. DANIEL GLICKMAN DIRECTOR (9) MARTHEW HARRINGTON DIRECTOR (9) MARTHEW HARRINGTON DIRECTOR (10) MARTHEW HARRINGTON (10) MARTHALL MATZ, ESQ. (10) MARSHALL MATZ, ESQ.	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Chairman Chairman	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related
Week (list any hours for related organizations below line) Week (list any hours for related organizations below line) Week (list any hours for related organizations below line) Week (list any hours for related organizations below line) Week (list any hours for related organizations below line) Week (list any hours for related organizations below line) Week (list any hours for related organizations below line) Week (list any hours for related organizations below line) Week (list any hours for related organizations below line) Week (list any hours for related organizations below line) Week (list any hours for related organizations below line) Week (list any hours for related organizations below line) Week (list any hours for related organizations below line) Week (list any hours for related organizations below line) Week (list any hours for related organizations below line) Week (list any hours for related organizations below line) Week (list any hours for line) Week (list a	from related organizations (W-2/1099-MISC)	other compensation from the organization and related
Clist any hours for related organizations below line) Figure 20 Figure 30 Figure 3	organizations (W-2/1099-MISC)	compensation from the organization and related
(1) HUNTER BIDEN 4.00 CHAIRMAN X X (2) BONNIE RAQUET 1.00 VICE CHAIRMAN X X (3) CARL STERN 1.00 SECRETARY/TREASURER X X (4) LAWRENCE DARROW 1.00 DIRECTOR X 0. (5) HON. ROBERT DOLE 1.00 0. DIRECTOR X 0. (6) HON. JO ANN EMERSON 1.00 0. DIRECTOR X 0. (7) TONY FRATTO 1.00 0. DIRECTOR X 0. (8) HON. DANIEL GLICKMAN 1.00 0. DIRECTOR X 0. (9) MATTHEW HARRINGTON 1.00 0. DIRECTOR X 0.	(W-2/1099-MISC)	from the organization and related
(1) HUNTER BIDEN 4.00 CHAIRMAN X X (2) BONNIE RAQUET 1.00 VICE CHAIRMAN X X (3) CARL STERN 1.00 SECRETARY/TREASURER X X (4) LAWRENCE DARROW 1.00 DIRECTOR X 0. (5) HON. ROBERT DOLE 1.00 0. DIRECTOR X 0. (6) HON. JO ANN EMERSON 1.00 0. DIRECTOR X 0. (7) TONY FRATTO 1.00 0. DIRECTOR X 0. (8) HON. DANIEL GLICKMAN 1.00 0. DIRECTOR X 0. (9) MATTHEW HARRINGTON 1.00 0. DIRECTOR X 0.		and related
(1) HUNTER BIDEN 4.00 CHAIRMAN X X (2) BONNIE RAQUET 1.00 VICE CHAIRMAN X X (3) CARL STERN 1.00 SECRETARY/TREASURER X X (4) LAWRENCE DARROW 1.00 DIRECTOR X 0. (5) HON. ROBERT DOLE 1.00 0. DIRECTOR X 0. (6) HON. JO ANN EMERSON 1.00 0. DIRECTOR X 0. (7) TONY FRATTO 1.00 0. DIRECTOR X 0. (8) HON. DANIEL GLICKMAN 1.00 0. DIRECTOR X 0. (9) MATTHEW HARRINGTON 1.00 0. DIRECTOR X 0.		
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(1) HUNTER BIDEN 4.00 CHAIRMAN X X (2) BONNIE RAQUET 1.00 VICE CHAIRMAN X X (3) CARL STERN 1.00 SECRETARY/TREASURER X X (4) LAWRENCE DARROW 1.00 DIRECTOR X 0. (5) HON. ROBERT DOLE 1.00 0. DIRECTOR X 0. (6) HON. JO ANN EMERSON 1.00 0. DIRECTOR X 0. (7) TONY FRATTO 1.00 0. DIRECTOR X 0. (8) HON. DANIEL GLICKMAN 1.00 0. DIRECTOR X 0. (9) MATTHEW HARRINGTON 1.00 0. DIRECTOR X 0.	0	
X	0	
1.00	Δ.	
VICE CHAIRMAN	0.	0.
(3) CARL STERN 1.00 SECRETARY/TREASURER X X (4) LAWRENCE DARROW 1.00 0. DIRECTOR X 0. (5) HON. ROBERT DOLE 1.00 0. DIRECTOR X 0. (6) HON. JO ANN EMERSON 1.00 0. DIRECTOR X 0. (7) TONY FRATTO 1.00 0. DIRECTOR X 0. (8) HON. DANIEL GLICKMAN 1.00 0. DIRECTOR X 0. (9) MATTHEW HARRINGTON 1.00 0. DIRECTOR X 0.		
SECRETARY/TREASURER	0.	0.
Carron C		
DIRECTOR	0.	0.
1.00 DIRECTOR		
DIRECTOR	0.	0.
(6) HON. JO ANN EMERSON 1.00 DIRECTOR X (7) TONY FRATTO 1.00 DIRECTOR X (8) HON. DANIEL GLICKMAN 1.00 DIRECTOR X (9) MATTHEW HARRINGTON 1.00 DIRECTOR X		
DIRECTOR	0.	0.
(7) TONY FRATTO 1.00 DIRECTOR X (8) HON. DANIEL GLICKMAN 1.00 DIRECTOR X (9) MATTHEW HARRINGTON 1.00 DIRECTOR X		
DIRECTOR	0.	0.
(8) HON. DANIEL GLICKMAN 1.00 DIRECTOR X (9) MATTHEW HARRINGTON 1.00 DIRECTOR X		
DIRECTOR	0.	0.
(9) MATTHEW HARRINGTON 1.00 DIRECTOR X 0.		
DIRECTOR X 0.	0.	0.
(10) MARSHALL MATZ, ESQ. 1.00	0.	0.
DIRECTOR X 0.	0.	0.
(11) JOE STONE 1.00		
DIRECTOR X 0.	0.	0.
(12) RANDY RUSSELL 1.00		
DIRECTOR X 0.	0.	0.
(13) RICHARD LEACH 40.00		
PRESIDENT & CEO X X 353,389.	0.	39,947.
(14) MARIANNE BERNER 40.00		
VP OF DEVELOPMENT X 190,518.	0.	26,269.
(15) SHANNON HISKEY 40.00		
VP OF OPERATIONS X 169,155.	0.	26,901.
(16) ROMA BOSE 40.00		
DIRECTOR, CORPORATE PARTNERSHIPS X 146,366.	0.	39,872.
(17) ERIN COCHRAN 40.00		
VP OF COMMUNICATIONS X 135,840.	0.	6,029.

532007 12-16-15 Form **990** (2015)

Part	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B) (C) (D) (E)										(F)		
	Name and title	Average	(do not check more than one I I I I I I I I I I I I I I I I I I I						Es	timate	∍d			
		hours per	box, unless person is both an compensation compensation					l	nount	of				
		week (list any	\vdash	l a		1 0010	1	100)	from the	from related organizations			other	ation
		hours for	direct				-		organization	(W-2/1099-MIS		l	pensa om th	
		related	tee or	ustee			ensate		(W-2/1099-MISC)	(** =	,	l	anizat	
		organizations	al trus	nal tru		oyee	omp(l	d relat	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			orga	anizati	ons	
		iiiie)	i i	ıı	₽	Ş.	5 문	횬						
			-											
				_										
	Sub-total								995,268.		0.	· /		
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								995,268.		0.		139	0.
	Total number of individuals (including but n							no r	<u> </u>	,000 of reportabl		<u> </u>		
	compensation from the organization													5
													Yes	No
	Did the organization list any former officer,			e, ke	y er	mplo	yee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s											3		Х
	For any individual listed on line 1a, is the su											4	v	
	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4	Х	
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son .					5		х
Secti	on B. Independent Contractors													
	Complete this table for your five highest co										pens	ation 1	rom	
	the organization. Report compensation for (A)	the calendar y	ear	enai	ng v	vitri	or w	ITI	n the organization's tax (B)	year.		((<u>.,</u>	
	Name and business	address							Description of s	ervices	C	compe		n
ALLAN	JURY													
4948	WYNDHAM COURT, FAIRFAX, VA 22030)						4	CONSULTING				153	,250.
								\dashv						

Form **990** (2015)

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

		(==:=)		D FOOD PROGRA	M, INC.		13-3843435	Page 9
Pa	rt VI	II Statement of Rever	nue					
		Check if Schedule O cont	ains a response	or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns						
흥리		Membership dues						
P,ts		Fundraising events						
اقِق		Related organizations						
Sin's		Government grants (contribut						
e ti	f	All other contributions, gifts, gran						
흔制		similar amounts not included above		22,985,647.				
i d	9				22,985,647.			
0 (0	n	Total. Add lines 1a-1f		Business Code	22,303,047.			
a l	2 a	•		Busiliess Code				
Š	2 b		_					
Ser	c							
Program Service Revenue	d							
Pg	e							
<u>ہ</u>	f		enue					
		Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)		▶	20,274.			20,274
	4	Income from investment of tax						
	5	Royalties		>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	C	Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,383,112.	·				
	b	Less: cost or other basis	1 204 275					
		and sales expenses	1,394,275.					
		Gain or (loss)			-11,163.			-11,163
		Net gain or (loss)		>	-11,103.			-11,103
Jue	0 4	Gross income from fundraising including \$						
eve		contributions reported on line						
Other Revenue		Part IV, line 18	•					
the	b	Less: direct expenses						
0		Net income or (loss) from fund						
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gam	ning activities					
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
ļ	C	Net income or (loss) from sale						
-	4.4	Miscellaneous Revenu		Business Code				
	11 a							
	b							
l	С	•		1	l	 		Ī

0.

9,111.

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions.

22,994,758.

0.

13-3843435

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Dο	Check if Schedule O contains a responsion include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	74,042.	74,042.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	16,079,712.	16,079,712.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	393,335.	142,588.	173,008.	77,739
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,842,140.	693,052.	797,380.	351,708
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	53,508.	20,132.	23,159.	10,217
9	Other employee benefits	197,935.	38,663.	103,944.	55,328
10	Payroll taxes	155,777.	54,313.	69,716.	31,748
11	Fees for services (non-employees):				
а	Management				
b	Legal	74,825.	23,660.	39,601.	11,564
С	Accounting	151,160.	47,796.	80,002.	23,362
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	1,412,498.	1,016,898.	348,380.	47,220
12	Advertising and promotion				
13	Office expenses	220,110.	36,676.	170,987.	12,447
14	Information technology	359,651.	229,974.	119,837.	9,840
15	Royalties				
16	Occupancy	460,279.	168,235.	209,815.	82,229
17	Travel	150,050.	49,089.	88,555.	12,406
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	44,941.	20,382.	20,672.	3,887
20	Interest	239.	87.	109.	43
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	105,596.	38,596.	48,135.	18,865
23	Insurance	17,934.	6,555.	8,175.	3,204
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	STAFF DEVELOPMENT	41,075.	14,207.	24,093.	2,775
b	DUES & MEMBERSHIP	31,757.	22,114.	7,342.	2,301
С	EQUIPMENT RENTAL & MAIN	8,079.	2,981.	3,662.	1,436
d		,			·
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	21,874,643.	18,779,752.	2,336,572.	758,319
<u> 26</u>	Joint costs. Complete this line only if the organization	. , ,	, ,	, ,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2015) Part X Balance Sheet

Pai	ιΛ	Balance Sneet					
		Check if Schedule O contains a response or not	te to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			269.	1	554.
	2	Savings and temporary cash investments			13,833,727.	2	10,628,178.
	3	Pledges and grants receivable, net		5,913,099.	3	6,894,437.	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated er	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	า 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	tion 50	1(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			93,912.	9	188,805.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	634,323.			
	b	Less: accumulated depreciation	10b	292,054.	416,373.	10c	342,269.
	11	Investments - publicly traded securities			1,029,184.	11	1,017,646.
	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	21,286,564.	16	19,071,889.		
	17	Accounts payable and accrued expenses	250,167.	17	222,071.		
	18	Grants payable			13,143,566.	18	10,103,751.
	19	Deferred revenue			230,987.	19	0.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D	574,607.	21	519,815.
es	22	Loans and other payables to current and former	roffice	rs, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and	disqualified persons.			
jab		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D			625,395.	25	599,617.
	26				14,824,722.	26	11,445,254.
		Organizations that follow SFAS 117 (ASC 958		ck here 🕨 🗓 and			
ses		complete lines 27 through 29, and lines 33 an					
Fund Balances	27	Unrestricted net assets			4,767,238.	27	6,337,457.
Bal	28	Temporarily restricted net assets		<u></u>	1,694,604.	28	1,289,178.
pu	29					29	
Ŀ		Organizations that do not follow SFAS 117 (A	SC 95	8), check here			
ō		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	
_	33	Total net assets or fund balances			6,461,842.	33	7,626,635.
	34	Total liabilities and net assets/fund balances			21,286,564.	34	19,071,889.

Form **990** (2015)

Pa	rt XI Reconciliation of Net Assets				ugo	
	Check if Schedule O contains a response or note to any line in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		22,99	4,758.	
2	Total expenses (must equal Part IX, column (A), line 25)	2		21,87	4,643.	
3	Revenue less expenses. Subtract line 2 from line 1	3		1,12	0,115.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6,46	1,842.	
5	Net unrealized gains (losses) on investments	5			4,636.	
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		4	0,042.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10		7,62	6,635.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X	
				Yes	No.	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2	x c		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2	c X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	tit			
	Act and OMB Circular A-133?		3	а	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	lit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3	o		

Form **990** (2015)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

								-3843435	
Part I Reason for Public Charity Status (All organizations must com					omplete th	is part.) Se	e instructions.		
The	organ	ization is not a private found	lation because it is: (For lines 1 through 11, o	heck only	one box.)			
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in secti					,		
3		A hospital or a cooperative		•			i).		
4	一	A medical research organiz					-	i). Enter t	the hospital's name
•		city, and state:	anon operated in co	njanosion wana noopita				.,. L	ine ricepital e riame,
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a go	overnmental uni	t describ	ed in
J		section 170(b)(1)(A)(iv). (C		liege of difficulty owner	а ог орста	ica by a go	overninental uni	t describ	Cu III
			•			70/5//4// 8//	r)		
6	X	A federal, state, or local gov	-						and the standard of the
′	Δ	An organization that norma	•	ntial part of its support i	rom a gov	emmentai	unit or from the	generai	public described in
_		section 170(b)(1)(A)(vi). (C							
8	\square	A community trust describe			-				
9		An organization that norma	*	•	-				•
		activities related to its exen	-	•					-
		income and unrelated busing	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the orga	nization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
10	Щ	An organization organized a	and operated exclus	ively to test for public sa	ıfety. See	section 50	9(a)(4).		
11		An organization organized a	and operated exclus	ively for the benefit of, to	perform :	the functio	ns of, or to carr	y out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2). S	See section 50 9	9(a)(3). C	heck the box in
		lines 11a through 11d that	describes the type o	of supporting organization	n and con	nplete lines	11e, 11f, and 1	l1g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	anization(s), typ	ically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the direc	ctors or trustees	of the s	upporting
		organization. You must o	omplete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s supporte	ed organization(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ntrol or manage	the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С			grated. A supporting	g organization operated	in connec	tion with, a	and functionally	integrate	ed with,
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d			/ integrated. A supp	orting organization oper	ated in co	nnection w	ith its supporte	d organiz	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution red	quirement and a	an attenti	veness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.		
е		☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II,	Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.			
f	Ente	er the number of supported o	organizations						
g	Prov	vide the following information	about the supporte	ed organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(IV) Is the o listed i	rganization n vour			(vi) Amount of
		organization		above (see instructions))	governing (document?	support (se instruction		other support (see instructions)
					Yes	No	motraction	5,	
Γota	al								

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			•			
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and	,	, ,	` '	` ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	39,724,498.	24,435,947.	22,569,157.	25,718,472.	22,985,647.	135,433,721.
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	39,724,498.	24,435,947.	22,569,157.	25,718,472.	22,985,647.	135,433,721.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						13,612,222.
	Public support. Subtract line 5 from line 4.						121,821,499.
	ction B. Total Support	<u> </u>	<u> </u>				_
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	39,724,498.	24,435,947.	22,569,157.	25,718,472.	22,985,647.	135,433,721.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	40 == 6	04 070	440.044	1.10 .106	00.074	200 050
_	and income from similar sources	43,776.	21,279.	148,244.	148,486.	20,274.	382,059.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	2,296.					2,296.
	assets (Explain in Part VI.)	2,290.					135,818,076.
	Total support. Add lines 7 through 10	-4- (i4				40	133,818,076.
12	Gross receipts from related activities,			d fourth or fifth to		12 n 501(a)(2)	
13	First five years. If the Form 990 is for organization, check this box and stor				-	11 50 1(0)(3)	ightharpoonup
Sec	etion C. Computation of Publ		rcentage				<u> </u>
	Public support percentage for 2015 (olumn (fl)		14	89.69 %
	Public support percentage from 2014					15	83.66 %
	33 1/3% support test - 2015. If the o						
	stop here. The organization qualifies	· ·		,		,	
r	33 1/3% support test - 2014. If the						
	and stop here. The organization qual	•		•		•	
17:	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	•					•
	meets the "facts-and-circumstances"						
r	10% -facts-and-circumstances tes						
_	more, and if the organization meets the	_					
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						s

Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 of Part I 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.)

Sec	etion A. Public Support	ciow, picase com	piete i urt ii.j				
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and			. ,		, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services 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, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support		1	1			
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	 					
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	 					
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
• • • • • • • • • • • • • • • • • • • •	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	504()(0)	<u></u>
14	First five years. If the Form 990 is for	· ·	,		-	. , . ,	
<u>S</u>	check this box and stop here etion C. Computation of Publ						P
	Public support percentage for 2015 (I			acluma (fl)		15	
	Public support percentage from 2014					16	<u>%</u> %
	tion D. Computation of Investigation					1 10 1	70
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	
	33 1/3% support tests - 2015. If the						
.54	more than 33 1/3%, check this box a						
h	33 1/3% support tests - 2014. If the						
~	line 18 is not more than 33 1/3%, che	•			*	•	
20	Private foundation. If the organization			•		•	

Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b 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
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	ΩL		
	9b		
	9c		
	10a		
	401		
_	10b	00 E7	

Da	TW Common			igo o
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)	110		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a		
		11b	\vdash	
	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. etion B. Type I Supporting Organizations	11c		<u> </u>
000	Tion B. Type i oupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	NO
•	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		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	71 11 3 3		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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a		
b				
	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		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All					
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1 b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functional	y-integra	ted Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2015

Par	rt V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	
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 t	he organization is responsive)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer identification number

2015

FF	IENDS OF THE WORLD FOOD PROGRAM, INC.	13-3843435				
Organization type (check	one):					
Filers of:	Section:					
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					
• •	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.				
General Rule	// // (-/, - · () - · 3					
General Nuie						
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor					
Special Rules						
sections 509(a)(1 any one contribute	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a for, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount Z, line 1. Complete Parts I and II.	, or 16b, and that received from				
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educ cruelty to children or animals. Complete Parts I, II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution. An organization	that is not covered by the General Rule and/or the Special Rules does not file Schedule	B (Form 990, 990-EZ, or 990-PF),				
	n Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F at the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	orm 990-PF, Part I, line 2, to				
LHA For Paperwork Rec	uction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule	B (Form 990, 990-EZ, or 990-PF) (2015)				

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	l spa	ace is needed.	
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
1		\$ ₋	1,500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIP + 4		Total contributions	Type of contribution
2		\$ <u>.</u>	1,237,922.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
3		\$ ₋	876,102.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
4		\$ ₋	823,366.	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
5	Traine, addi 655, dila En' T T	\$ ₋	563,852.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4	\$_	Total contributions 500,000.	Person X 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
		\$	

vanie oi orga			Employer Identification Humber				
Part III	the year from any one contributor. Complete	columns (a) through (e) and the followin	13-3843435 section 501(c)(7), (8), or (10) that total more than \$1,000 for ng line entry. For organizations ss for the year, (Enterthis info once)				
	completing Part III, enter the total of exclusively religiouse duplicate copies of Part III if addition		as for the year. (Enter this info. once.)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, address, a	(e) Transfer of gift	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 gift	_				
	Transferee's name, address, a		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 gift						
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
(a) No.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(a) Transfer of with					
	Transferee's name, address, a	(e) Transfer of gift	er of gift Relationship of transferor to transferee				

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2015

Open to Public Inspection

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

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

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

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

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

) (see separate instructions), then				
	Section 501(c)(4), (5), or (6) organization	tions: Complete Part III.		1	Employer identification number
INAII	•	MILE HODED BOOD DROGDAN	TNG	1	13-3843435
Dα		THE WORLD FOOD PROGRAM, Janization is exempt und		or is a section 5	
	THE OFFICE IT THE OFF	jamzation is exempt and	C1 3C0t1011 00 1(0)	, or 13 a 3cotion 02	organization.
4	Provide a description of the organiz	ration's direct and indirect politic	al campaign activities	in Part IV	
	Political expenditures	•			> ¢
3	Volunteer hours				
Pa	art I-B Complete if the org	janization is exempt und	er section 501(c))(3).	
1	Enter the amount of any excise tax	incurred by the organization und	ler section 4955		> \$
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 495	5	▶\$
	If the organization incurred a section				
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	janization is exempt und	er section 501(c)), except section (501(c)(3).
1	Enter the amount directly expended	by the filing organization for sec	ction 527 exempt fund	ction activities	> \$
2	Enter the amount of the filing organ	ization's funds contributed to ot	her organizations for s		
	exempt function activities				> \$
3	Total exempt function expenditures			•	
	line 17b				> \$
	Did the filing organization file Form				
5	Enter the names, addresses and en		•	-	
	made payments. For each organiza	•	0 0		•
	contributions received that were propolitical action committee (PAC). If			•	eparate segregated fund or a
	. , ,	· · · · · · · · · · · · · · · · · · ·	1		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr filing organization	` '
				funds. If none, ente	·
					delivered to a separate
					political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015	FRIENDS OF	THE WO	ORID FOOD PROGRAM	TNC	13-384	3435	Page 2
Part II-A Complete if the org	ganization i	s exer	npt under sectio	n 501(c)(3) and fil			under
section 501(h)).							
	-		* · ·	Part IV each affiliated	group member's nam	e, address	s, EIN,
expenses, and share		, ,	. ,				
B Check ► ☐ if the filing organiza	ition checked i	box A ar	nd "limited control" pro	visions apply.	(-) Fili	(I-) A (CI) -	A1
	ts on Lobbyin ditures" mean	•	nditures nts paid or incurred.)	(a) Filing organization's totals		ted group tals
1a Total lobbying expenditures to influ	uence public c	pinion (g	grass roots lobbying)		76,858.		
b Total lobbying expenditures to influ	uence a legisla	ative boo	ly (direct lobbying)		58,548.		
c Total lobbying expenditures (add li	135,406.						
d Other exempt purpose expenditure					21,709,393.		
e Total exempt purpose expenditure	es (add lines 1	and 1d	l)		21,844,799.		
f Lobbying nontaxable amount. Enter	1,000,000.						
If the amount on line 1e, column (a) o	or (b) is:	The lobi	bying nontaxable am	ount is:			
Not over \$500,000		20% of t	the amount on line 1e.				
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.			
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000.			
Over \$1,500,000 but not over \$17,	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.						
Over \$17,000,000 \$1,000,000.							
g Grassroots nontaxable amount (en	250,000.						
h Subtract line 1g from line 1a. If zer	•				0.		
i Subtract line 1f from line 1c. If zero					0.		
j If there is an amount other than ze			,		_		
reporting section 4911 tax for this	L	Yes	No_				
			eraging Period Under	• •			
(Some organizations the			01(n) election do not ate instructions for li		of the five columns b	eiow.	
	Lobbyin	g Exper	nditures During 4-Yea	ar Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 2012	2	(b) 2013	(c) 2014	(d) 2015	(e)	Total
2a Lobbying nontaxable amount	1,00	0,000.	1,000,000.	1,000,000.	1,000,000.	4	,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))						6	,000,000.
c Total lobbying expenditures	7	5,398.	124,263.	120,107.	135,406.		455,174.
d Grassroots nontaxable amount	25	0,000.	250,000.	250,000.	250,000.	1	,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))						1	,500,000.

Schedule C (Form 990 or 990-EZ) 2015

279,279.

76,858.

f Grassroots lobbying expenditures

84,903.

63,994.

53,524.

Schedule C (Form 990 or 990-EZ) 2015 FRIENDS OF THE WORLD FOOD PROGRAM, INC. 13-3843435 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)).

No	Amo	bunt
	$\overline{}$	
c)(5), or se	ection	
	Ves	N
1	103	
1	Τ	
2a		
4		
5		
	OR (b) Par 2a 2b 2c 3	2 3 (c)(5), or section OR (b) Part III-A, lin 2 2 2b 2c 3

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FRIENDS OF THE WORLD FOOD PROGRAM, INC.

Employer identification number

13-3843435

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	•	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a certi	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	tion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pul	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 tre	easures, or other similar assets for financia	I gain, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 900 Part Y		•

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): A	No No
a Public exhibition d Loan or exchange programs b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year E Distributions during the year Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? The image of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? The image of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? The image of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? The image of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? The image of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? The image of the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years of the organization answered "Yes" on Form 990, Part IV, line 10. The image of the organization and the organization answered "Yes" on Form 990, Part IV, line 10. The image of the organization and the organizat	No No back
b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	No No back
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year 1 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years of the investment earnings, gains, and losses of Grants or scholarships	No No back
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year f Ending balance 1e If 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 968,826. 968,826. 968,826. 968,826. 968,826. 968,826. 968,826. 968,826. 968,826. 968,826. 968,826. 968,826. 968,826.	No No back
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year f Ending balance 1t	No No back
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Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves X	No No back
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year E Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? E If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back of three	No back
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years 1a Beginning of year balance 968,826. 968,826. 968,826. 968,826. 968,826. 968,826.	No back
b If "Yes," explain the arrangement in Part XIII and complete the following table: C	No back
Amount c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years ba] back
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back becoming of year balance 968,826, 96] back
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f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years 1 Beginning of year balance 968,826. 968,826. 968,826. 968,826. 968,826. C Net investment earnings, gains, and losses d Grants or scholarships] back
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Yes Explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. X X] back
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years 1 Beginning of year balance 968,826. 968,826. 968,826. 968,826. 968,826. b Contributions 968,826. 968,826. 968,826. 968,826. 968,826. 968,826. 968,826.] back
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years 1 Beginning of year balance 968,826. 968,826. 968,826. 968,826. 968,826. 968,826. C Net investment earnings, gains, and losses d Grants or scholarships	
1aBeginning of year balance(a) Current year(b) Prior year(c) Two years back(d) Three years back(e) Four years labeled and years backbContributions968,826.968,826.968,826.968,826.cNet investment earnings, gains, and losses00dGrants or scholarships00	
1a Beginning of year balance 968,826. 968,826. 968,826. 968,826. 968,826. b Contributions c Net investment earnings, gains, and losses d Grants or scholarships	
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships	020.
c Net investment earnings, gains, and losses d Grants or scholarships	
d Grants or scholarships	
e Unier expenditures for facilities I I I I I I I I I I I I I I I I I I I	
and programs	
f Administrative expenses 968,826. 968,826. 968,826. 968,826. 968,826. 968,826.	826
g End of year balance 968,826. 968,826. 968,826. 968,826. 968,826. 968,826. 968,826. 968,826. 968,826.	020.
a Board designated or quasi-endowment ► 100.00 %	
b Permanent endowment \(\bigs\) %	
c Temporarily restricted endowment \(\bigs\) %	
The percentages on lines 2a, 2b, and 2c should equal 100%.	
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization	
by: Yes	No
(i) unrelated organizations 3a(i)	X
(ii) related organizations 3a(ii)	Х
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b	
4 Describe in Part XIII the intended uses of the organization's endowment funds.	
Part VI Land, Buildings, and Equipment.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	
1a Land	
b Buildings	
c Leasehold improvements 314,009. 101,926. 212,	083.
	180.
	006.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	269.

Schedule D (Form 990) 2015

	Part VII	Investments - Other Securities.	
--	----------	---------------------------------	--

Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part Y line 12			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value			
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value			
(1)					

(6) (7) (8) (9)

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (h) must equal Form 990, Part X, col. (R) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED LEASE BENEFIT	394,724.
(3)	CAPITAL LEASE OBLIGATION	3,671.
(4)	TENANT IMPROVEMENT	201,222.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)▶	599,617.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

D	t VI Decemblishing of Devenue new Audited Financial	Statements With D		3435 Page 4
Pai	Reconciliation of Revenue per Audited Financial		evenue per Return.	
_	Complete if the organization answered "Yes" on Form 990, Part	•		23,009,592.
1	Total revenue, gains, and other support per audited financial statements	s	1	23,009,592.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	4,636.	
a	Net unrealized gains (losses) on investments		10,198.	
b	Donated services and use of facilities		10,150.	
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			14,834.
e	Add lines 2a through 2d			22,994,758.
3	Subtract line 2e from line 1		3	22,334,730.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	الما		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)		4.	0.
c	Add lines 4a and 4b			22,994,758.
5 Dai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financia			
Га	Complete if the organization answered "Yes" on Form 990, Part		-xpenses per netur	
1	Total expenses and losses per audited financial statements		1	21,844,799.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		······	21,011,755.
a	Donated services and use of facilities	2a	10,198.	
b	Prior year adjustments		10,130.	
C				
d	Other losses Other (Describe in Part XIII.)			
e			2e	10,198.
3	Add lines 2a through 2d Subtract line 2e from line 1			21,834,601.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			21,031,001.
тa	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a b	Other (Describe in Part XIII.)		40,042,	
			,	40,042.
_	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, li			21,874,643.
5 Pai	rt XIII Supplemental Information.	ne ro.)	5	21,074,043.
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi			(, line 2; Part XI,
PART	T IV, LINE 2B:			
THE	PURPOSE OF THE FUND SHALL BE TO MAKE GRANTS TO SUPPORT	EDUCATION AND		
EDUC	CATIONAL OPPORTUNITIES FOR NEEDY AND WORTHY GIRLS AND W	OMEN IN		

CATHERINE BERTINI SHALL SERVE AS ADVISOR TO THE FUND. SHE SHALL MAKE

RECOMMENDATIONS TO THE BOARD OF DIRECTORS OF WFP USA. THE BOARD OF WFP

USA SHALL CONSIDER SUCH RECOMMENDATIONS AND, IN ITS SOLE DISCRETION, SHALL

MAKE SUCH DECISIONS AS THE BOARD DEEMS APPROPRIATE. THE BOARD (OR ITS

DESIGNATED FINANCIAL ADVISOR) SHALL MAKE DECISIONS AS TO INVESTMENT OF THE

FUND.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ADJUSTMENT FOR CUSTODIAL FUND IN AUDITED FINANCIAL

STATEMENTS 40.042.

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.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

Name of the organization

Employer identification number

3						
FRIENDS OF THE WORLD FO	OOD PROGRAM	INC.			13-3843435	
			tside the United States. Comple	te if the organ		Yes" on
Form 990, Part IV	/, line 14b.		·			
_	-		ds to substantiate the amount of its gra			1 🖂
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance? X	Yes No
2 For grantmakers. Desc	rihe in Part V the	organization's	procedures for monitoring the use of its	arants and o	ther assistance ou	tside the
United States.	inde in rait v the	organization 3	procedures for morntoning the use of its	s grants and o	irici assistance ou	iside trie
	he following Parl	I, line 3 table c	an be duplicated if additional space is r	needed.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region		vity listed in (d)	(f) Total
	offices	employees, agents, and independent	(by type) (e.g., fundraising, program		gram service, e specific type	expenditures for and
	in the region	contractors	services, investments, grants to recipients located in the region)		ce(s) in region	investments
		in region	,		., 3	in region
CENTRAL AMERICA AND						
THE CARIBBEAN	0	0	PROGRAM GRANTS TO UNWFP			1,181,553.
EACH ACTA AND HIE						
EAST ASIA AND THE PACIFIC		0	PROGRAM GRANTS TO UNWFP			67,757.
		-				1
MIDDLE EAST AND						
NORTH AFRICA	0	0	PROGRAM GRANTS TO UNWFP			2,861,948.
SUB-SAHARAN AFRICA	0	0	PROGRAM GRANTS TO UNWFP			11,968,454.
						+
						1
3 a Sub-total	0	0				16,079,712.
b Total from continuation sheets to Part I		0				0.
c Totals (add lines 3a						, ·
and 3h)	l 0	۱ ،				16 079 712

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

Schedule F (Form 990) 2015

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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA	ASSIST IN ALLEVIATING					
		AND THE CARIBBEAN	HUNGER	1,181,553.	WIRE TRANSFER	0.		
		EAST ASIA AND THE	ASSIST IN ALLEVIATING					
		PACIFIC	HUNGER	67,757.	WIRE TRANSFER	0.		
		MIDDLE EAST AND	ASSIST IN ALLEVIATING					
		NORTH AFRICA	HUNGER	2,861,948.	WIRE TRANSFER	0.		
		SUB-SAHARAN	ASSIST IN ALLEVIATING					
		AFRICA	HUNGER	11,968,454.	WIRE TRANSFER	0.		
			recognized as charities by the	foreign country,	recognized as tax-e	xempt by		
the IRS, or for which	the grantee or couns	el has provided a sectior	n 501(c)(3) equivalency letter			▶ .		1

0 Schedule F (Form 990) 2015

3 Enter total number of other organizations or entities

	art III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.									
Part III can be duplicated if a	dditional space is neede		1	<u> </u>			1			
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)			

Schedule F (Form 990) 2015 F 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; do not 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; do not file with Form 990)	X Yes	☐ No

Schedule F (Form 990) 2015

Page 5

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)

(estimated number of recipients), as applicable. Also complete this part to provide any additional information.
PART I, LINE 2:
WFP USA MONITORS GRANTS MADE BY IT TO UNWFP THROUGH THE REVIEW OF
NARRATIVE AND FINANCIAL REPORTS PROVIDED TO IT BY THE UNWFP. SUCH REPORTS
ARE PROVIDED BOTH BY THE HEADQUARTERS OFFICE (LOCATED IN ROME) OF UNWFP
AND BY THE COUNTRY FIELD OFFICES OF THE UNWFP. THESE REPORTS DESCRIBE HOW
THE GRANTED FUNDS WERE SPENT, ACTIVITIES CONDUCTED, PROGRESS ACHIEVED,
AND GOALS TO BE MET. IN ADDITION TO SUCH REPORTS, THE WEB SITE OF UNWFP
PROVIDES DETAILED INFORMATION IN REGARD TO ITS GLOBAL HUNGER RELIEF
ACTIVITIES, INCLUDING THE DISCLOSURE OF FUNDS SPENT ON A PER COUNTRY
BASIS AND THE PROJECTED RESULTS AND IMPACT IN EACH SUCH COUNTRY WHERE
HUNGER RELIEF EFFORTS ARE CONDUCTED BY UNWFP AND ITS PARTNERS.
PART I, LINE 3:
THE ORGANIZATION USES GAAP TO REPORT EXPENDITURES IN A FOREIGN REGION.
SCHEDULE F, PART I AND II:
RESOURCES EXPENDED ARE USED FOR FOOD ASSISTANCE NEEDS PRIMARILY IN
AFRICA, ASIA, AND CENTRAL AMERICA.
SCHEDULE F, PART IV, LINE 6:
THE ORGANIZATION HAS FILED FORM 5713 UNDER SEPARATE COVER TO THE IRS.
THE ORGANIZATION IS NOT REQUIRED TO FILE FORM 990-T.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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 General Information on Grants								
1 Does the organization maintain record								
criteria used to award the grants or as	sistance?						X Yes No	
2 Describe in Part IV the organization's part II Grants and Other Assistance to						(aall an Farma 000 Davi	. N/ line Of for any	
recipient that received more than					anization answered "Y	es" on Form 990, Par	iv, line 21, for any	
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant	
or government	(D) LIIV	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance	
CONCEDERATIONAL MANGED CENTED								
CONGRESSIONAL HUNGER CENTER 400 NORTH CAPITOL STREET, NW, SUI	m						GRANTS FOR HUNGER	
WASHINGTON, DC 20001	52-1842738	501(C)(3)	10,000.	0.			PROGRAMS	
minimeter, be rect	32 1012/30	301(0)(3)	10,000.	• • • • • • • • • • • • • • • • • • • •			- Notice -	
GLOBAL CHILD NUTRITION FOUNDATION								
PO BOX 99345							GRANTS FOR SCHOOL FEEDING	
SEATTLE, WA 98139	20-5094658	501(C)(3)	10,000.	0.			EFFORTS	
GEORGE WASHINGTON UNIVERSITY								
805 21ST STREET NW, SUITE 203							GRANTS FOR EDUCATION &	
WASHINGTON, DC 20052	53-0196584	501(C)(3)	10,000.	0.			ADVOCACY PROGRAMS	
ALLIANCE TO END HUNGER								
425 3RD ST SW, SUITE 1200							GRANTS FOR HUNGER	
WASHINGTON, DC 20024	20-2803848	501(C)(3)	6,000.	0.			PROGRAMS	
	1		-,					
VITAL VOICES GLOBAL PARTNERSHIP							GRANTS FOR GIRLS' &	
1625 MASSACHUSETTS AVENUE NW, STE							WOMEN'S EDUCATION	
WASHINGTON, DC 20036	52-2151557	501(C)(3)	15,000.	0.			PROGRAMS	
GIRLS EDUCATION INITIATIVE IN							GRANTS FOR GIRLS' &	
GHANA - 347 FIFTH AVENUE, SUITE	26 4504122	501/9//2/	11 500	_			WOMEN'S EDUCATION	
1402-702 - NEW YORK, NY 10016	36-4794120		11,500.				PROGRAMS	
2 Enter total number of section 501(c)(3)								
3 Enter total number of other organization								

Part II Continuation of Grants and Otl	her Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) 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 non-cash assistance	(h) Purpose of grant or assistance
ATHWAYS TOGO, INC 5 CRESCENT AVENUE ARMINGTON, CT 06032	90-0638888	501(C)(3)	7,542.	0.			GRANTS FOR GIRLS' & WOMEN'S EDUCATION PROGRAMS
	75 555555		7,022.				
							Schedule I (Form

ART I, LINE 2: FP USA MONITORS FUNDS GRANTED DOMESTICALLY BY REQUIRING THAT GRANTEES ROVIDE AN OFFICIAL ACKNOWLEDGEMENT OUTLINING KEY ELEMENTS OF THE GRANT, NCLUDING AMOUNT, DESIGNATION AND DATE. ADDITIONALLY GRANTEES MAY BE EQUIRED TO SUBMIT A FINAL REPORT ON WHEN AND HOW FUNDS WERE USED, CTIVITIES AND RESULTS ACHIEVED AS WELL AS IMPACT ON BENEFICIARIES /	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ART I, LINE 2: FP USA MONITORS FUNDS GRANTED DOMESTICALLY BY REQUIRING THAT GRANTEES ROVIDE AN OFFICIAL ACKNOWLEDGEMENT OUTLINING KEY ELEMENTS OF THE GRANT, NCLUDING AMOUNT, DESIGNATION AND DATE. ADDITIONALLY GRANTEES MAY BE EQUIRED TO SUBMIT A FINAL REPORT ON WHEN AND HOW FUNDS WERE USED, CTIVITIES AND RESULTS ACHIEVED AS WELL AS IMPACT ON BENEFICIARIES /						
PART I, LINE 2: OFF USA MONITORS FUNDS GRANTED DOMESTICALLY BY REQUIRING THAT GRANTEES OFFICIAL ACKNOWLEDGEMENT OUTLINING KEY ELEMENTS OF THE GRANT, ONCLUDING AMOUNT, DESIGNATION AND DATE. ADDITIONALLY GRANTEES MAY BE REQUIRED TO SUBMIT A FINAL REPORT ON WHEN AND HOW FUNDS WERE USED, OCTIVITIES AND RESULTS ACHIEVED AS WELL AS IMPACT ON BENEFICIARIES /						
PART I, LINE 2: OFF USA MONITORS FUNDS GRANTED DOMESTICALLY BY REQUIRING THAT GRANTEES OFFICIAL ACKNOWLEDGEMENT OUTLINING KEY ELEMENTS OF THE GRANT, ONCLUDING AMOUNT, DESIGNATION AND DATE. ADDITIONALLY GRANTEES MAY BE REQUIRED TO SUBMIT A FINAL REPORT ON WHEN AND HOW FUNDS WERE USED, OCTIVITIES AND RESULTS ACHIEVED AS WELL AS IMPACT ON BENEFICIARIES /						
PART I, LINE 2: FP USA MONITORS FUNDS GRANTED DOMESTICALLY BY REQUIRING THAT GRANTEES PROVIDE AN OFFICIAL ACKNOWLEDGEMENT OUTLINING KEY ELEMENTS OF THE GRANT, ENCLUDING AMOUNT, DESIGNATION AND DATE. ADDITIONALLY GRANTEES MAY BE REQUIRED TO SUBMIT A FINAL REPORT ON WHEN AND HOW FUNDS WERE USED, ACTIVITIES AND RESULTS ACHIEVED AS WELL AS IMPACT ON BENEFICIARIES /						
PART I, LINE 2: FP USA MONITORS FUNDS GRANTED DOMESTICALLY BY REQUIRING THAT GRANTEES PROVIDE AN OFFICIAL ACKNOWLEDGEMENT OUTLINING KEY ELEMENTS OF THE GRANT, ENCLUDING AMOUNT, DESIGNATION AND DATE. ADDITIONALLY GRANTEES MAY BE REQUIRED TO SUBMIT A FINAL REPORT ON WHEN AND HOW FUNDS WERE USED, ACTIVITIES AND RESULTS ACHIEVED AS WELL AS IMPACT ON BENEFICIARIES /						
PART I, LINE 2: WFP USA MONITORS FUNDS GRANTED DOMESTICALLY BY REQUIRING THAT GRANTEES PROVIDE AN OFFICIAL ACKNOWLEDGEMENT OUTLINING KEY ELEMENTS OF THE GRANT, INCLUDING AMOUNT, DESIGNATION AND DATE. ADDITIONALLY GRANTEES MAY BE REQUIRED TO SUBMIT A FINAL REPORT ON WHEN AND HOW FUNDS WERE USED, ACTIVITIES AND RESULTS ACHIEVED AS WELL AS IMPACT ON BENEFICIARIES /						
PART I, LINE 2: WFP USA MONITORS FUNDS GRANTED DOMESTICALLY BY REQUIRING THAT GRANTEES PROVIDE AN OFFICIAL ACKNOWLEDGEMENT OUTLINING KEY ELEMENTS OF THE GRANT, INCLUDING AMOUNT, DESIGNATION AND DATE. ADDITIONALLY GRANTEES MAY BE REQUIRED TO SUBMIT A FINAL REPORT ON WHEN AND HOW FUNDS WERE USED, ACTIVITIES AND RESULTS ACHIEVED AS WELL AS IMPACT ON BENEFICIARIES /						
PART I, LINE 2: WFP USA MONITORS FUNDS GRANTED DOMESTICALLY BY REQUIRING THAT GRANTEES PROVIDE AN OFFICIAL ACKNOWLEDGEMENT OUTLINING KEY ELEMENTS OF THE GRANT, INCLUDING AMOUNT, DESIGNATION AND DATE. ADDITIONALLY GRANTEES MAY BE REQUIRED TO SUBMIT A FINAL REPORT ON WHEN AND HOW FUNDS WERE USED, ACTIVITIES AND RESULTS ACHIEVED AS WELL AS IMPACT ON BENEFICIARIES /						
PART I, LINE 2: WFP USA MONITORS FUNDS GRANTED DOMESTICALLY BY REQUIRING THAT GRANTEES PROVIDE AN OFFICIAL ACKNOWLEDGEMENT OUTLINING KEY ELEMENTS OF THE GRANT, INCLUDING AMOUNT, DESIGNATION AND DATE. ADDITIONALLY GRANTEES MAY BE REQUIRED TO SUBMIT A FINAL REPORT ON WHEN AND HOW FUNDS WERE USED, ACTIVITIES AND RESULTS ACHIEVED AS WELL AS IMPACT ON BENEFICIARIES /						
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. PART I, LINE 2: WFP USA MONITORS FUNDS GRANTED DOMESTICALLY BY REQUIRING THAT GRANTEES PROVIDE AN OFFICIAL ACKNOWLEDGEMENT OUTLINING KEY ELEMENTS OF THE GRANT, INCLUDING AMOUNT, DESIGNATION AND DATE. ADDITIONALLY GRANTEES MAY BE REQUIRED TO SUBMIT A FINAL REPORT ON WHEN AND HOW FUNDS WERE USED, ACTIVITIES AND RESULTS ACHIEVED AS WELL AS IMPACT ON BENEFICIARIES / COMMUNITIES.						
PART I, LINE 2: WFP USA MONITORS FUNDS GRANTED DOMESTICALLY BY REQUIRING THAT GRANTEES PROVIDE AN OFFICIAL ACKNOWLEDGEMENT OUTLINING KEY ELEMENTS OF THE GRANT, INCLUDING AMOUNT, DESIGNATION AND DATE. ADDITIONALLY GRANTEES MAY BE REQUIRED TO SUBMIT A FINAL REPORT ON WHEN AND HOW FUNDS WERE USED, ACTIVITIES AND RESULTS ACHIEVED AS WELL AS IMPACT ON BENEFICIARIES /	Part IV Supplemental Information. Provide the information re	guired in Part I, lin	e 2, Part III, columi	n (b), and any other a	dditional information.	
PROVIDE AN OFFICIAL ACKNOWLEDGEMENT OUTLINING KEY ELEMENTS OF THE GRANT, INCLUDING AMOUNT, DESIGNATION AND DATE. ADDITIONALLY GRANTEES MAY BE REQUIRED TO SUBMIT A FINAL REPORT ON WHEN AND HOW FUNDS WERE USED, ACTIVITIES AND RESULTS ACHIEVED AS WELL AS IMPACT ON BENEFICIARIES /						
INCLUDING AMOUNT, DESIGNATION AND DATE. ADDITIONALLY GRANTEES MAY BE REQUIRED TO SUBMIT A FINAL REPORT ON WHEN AND HOW FUNDS WERE USED, ACTIVITIES AND RESULTS ACHIEVED AS WELL AS IMPACT ON BENEFICIARIES /	WFP USA MONITORS FUNDS GRANTED DOMESTICALLY BY REQ	UIRING THAT G	RANTEES			
REQUIRED TO SUBMIT A FINAL REPORT ON WHEN AND HOW FUNDS WERE USED, ACTIVITIES AND RESULTS ACHIEVED AS WELL AS IMPACT ON BENEFICIARIES /	PROVIDE AN OFFICIAL ACKNOWLEDGEMENT OUTLINING KEY	ELEMENTS OF T	HE GRANT,			
ACTIVITIES AND RESULTS ACHIEVED AS WELL AS IMPACT ON BENEFICIARIES /	INCLUDING AMOUNT, DESIGNATION AND DATE. ADDITIONAL	LY GRANTEES M	AY BE			
	REQUIRED TO SUBMIT A FINAL REPORT ON WHEN AND HOW	FUNDS WERE US	ED,			
COMMUNITIES.	ACTIVITIES AND RESULTS ACHIEVED AS WELL AS IMPACT	ON BENEFICIAR	IES /			
	COMMUNITIES.					

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

FRIENDS OF THE WORLD FOOD PROGRAM, INC.

Employer identification number 13-3843435

Part I **Questions Regarding Compensation** Yes No 1a 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 Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., 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 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 in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee X Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х a Receive a severance payment or change-of-control payment? Х b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Х c Participate in, or receive payment from, an equity-based compensation arrangement? 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? Х 5a Х **b** Any related organization? If "Yes" to 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: a The organization? Х 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III 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 Х If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2015

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

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

Note: The sum of columns (B)(i)-(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	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(5)(1)-(0)	reported as deferred on prior Form 990
(1) RICHARD LEACH	(i)	352,690.	0.	699.	10,131.	29,816.	393,336.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARIANNE BERNER	(i)	189,913.	0.	605.	1,520.	24,749.	216,787.	0.
VP OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	. 0.	0.
(3) SHANNON HISKEY	(i)	168,934.	0.	221.	6,910.	19,991.	196,056.	0.
VP OF OPERATIONS	(ii)	0.	0.	0,	0.	0.	0.	0.
(4) ROMA BOSE	(i)	145,918.	0.	448.	6,134.	33,738.	186,238.	0.
DIRECTOR, CORPORATE PARTNERSHIPS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii) (i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Attach to Form 990 or 990-EZ.

2015
Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

EDIENDO OF THE WORLD FOOD DROCDAM INC

Employer identification number

FRIENDS OF THE WORLD FOOD PROGRAM, INC. 13-3843435 FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION UPDATED SECTION 3.16 OF THE BYLAWS TO INCLUDE THE STATEMENT. "A MAJORITY OF THE MEMBERS OF EACH COMMITTEE AS WELL AS THE CHAIR OF EACH COMMITTEE SHALL BE DIRECTORS. UNLESS IT IS DEEMED TO BE HELPFUL AND IMPORTANT TO THE FULFILLMENT OF THE BOARD'S FIDUCIARY DUTIES TO APPOINT ONE OR MORE OUTSIDE NON-DIRECTOR EXPERTS AS THE CHAIR OR MEMBER OF ANY COMMITTEE." FORM 990, PART VI, SECTION B, LINE 11: 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. PRESIDENT/CEO REVIEWS THE FORM 990 WITH THE AUDIT COMMITTEE AND CHIEF FINANCIAL OFFICER. AFTER THOROUGH REVIEW BY THE PRESIDENT/CEO. AUDIT COMMITTEE & CHIEF FINANCIAL OFFICER 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

BOARD MEMBER:

UNDERSTANDS THE POLICY. A CONFLICT OF INTEREST DISCLOSURE STATEMENT IS

FURNISHED ANNUALLY TO EACH OFFICER AND DIRECTOR WHICH AFFIRMS THAT THE

Name of the organization FRIENDS OF THE WORLD FOOD PROGRAM, INC.	Employer identification number
1. HAS RECEIVED A COPY OF THE POLICY,	
2. HAS READ AND UNDERSTANDS THE POLICY,	
3. HAS AGREED TO COMPLY WITH THE POLICY, AND	
4. UNDERSTANDS THE CORPORATION IS A CHARITABLE ORGANIZATION, THAT TO	
MAINTAIN FEDERAL TAX EXEMPTION STATUS UNDER INTERNAL REVENUE CODE	
501(C)(3), THE CORPORATION MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH	
ACCOMPLISH ITS TAX-EXEMPT PURPOSES AND THE CORPORATION'S DIRECTORS,	
OFFICERS, AND BOARD MEMBERS ARE RESPONSIBLE FOR ENSURING THE CORPORATION IS	
FAITHFUL TO ITS CHARITABLE MISSION.	
AT THE TIME OF TERM, EVERY BOARD MEMBER OF THE ORGANIZATION SIGNS	
"ACKNOWLEDGEMENT OF CONFLICT OF INTEREST STATEMENT" THAT ACKNOWLEDGES THAT	
THEY HAVE READ AND UNDERSTAND WHAT IS REQUIRED OF THEM AS PERTAINS TO THE	
CONFLICT OF INTEREST.	
THE PROVISION OF THE POLICY WHICH PERTAIN TO A DUTY TO DISCLOSE A CONFLICT	
OF INTEREST ALSO APPLIES TO ALL BOARD MEMBERS OF THE CORPORATION. FOR THIS	
PURPOSE, EACH REFERENCE TO "OFFICER" IN THE POLICY IS DEEMED TO REFER ALSO	
TO "BOARD MEMBER".	
FORM 990, PART VI, SECTION B, LINE 15:	
GENERAL PROCEDURES	
THE PRESIDENT/CEO IS GIVEN AN ANNUAL PERFORMANCE EVALUATION BY THE	
EXECUTIVE COMMITTEE MEMBERS ON BEHALF OF THE BOARD OF DIRECTORS AT THE	_
CONCLUSION OF EACH PERFORMANCE PERIOD. THE EXECUTIVE COMMITTEE IS	_
COMPRISED OF THE CHAIRMAN, VICE-CHAIRMAN, SECRETARY/TREASURER & IMMEDIATE	
PAST CHAIR. AT THAT TIME, THE EXECUTIVE COMMITTEE DETERMINES THE MERIT	
INCREASE IN TERMS OF BASE SALARY AND BONUS. IN CONJUNCTION WITH THE	
PRESIDENT/CEO, THEY ALSO ESTABLISH GOALS AND OBJECTIVES FOR THE COMING	_
YEAR.	

FRIENDS OF THE WORLD FOOD PROGRAM, INC.	13-3843435
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AK,AL,AR,AZ,CA,CO,CT,FL,GA,HI,IL,KS,KY,MA,MD,ME,MI,MS,MN,NC,ND,NJ,NH,NM,NY	
OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV,DC	
FORM 990, PART VI, SECTION C, LINE 19:	
WFP USA ENSURES ITS WEBSITE MAKES ITS FINANCIAL INFORMATION AVAILABLE TO	
THE GENERAL PUBLIC.	
OUR WEBSITE, CLEARLY PROVIDES A LINK TO EASILY ACCESS OUR WEBPAGE WITH THE	
ORGANIZATION'S EXPENDITURE PIE CHART. THIS WEBPAGE PROVIDES CURRENT AND	
HISTORICAL DETAILED FINANCIAL INFORMATION AND THE ORGANIZATION'S IRS 990S.	
VISITORS TO OUR WEBSITE CAN EASILY DOWNLOAD THE ORGANIZATION'S LATEST	
ANNUAL REPORT. THE CURRENT ANNUAL REPORT CONTAINS A STATEMENT OF ACTIVITIES	
FOR THE YEAR ENDED DECEMBER 31, 2015. THE STATEMENT OF ACTIVITIES INCLUDES	
COMPARATIVE TOTALS FOR 2014. THE ANNUAL REPORT IS MADE AVAILABLE TO	
THOUSANDS OF STAKEHOLDERS THROUGHOUT THE UNITED STATES, AND IS DISTRIBUTED	
AT VARIOUS EVENTS.	
THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY HAVE	
BEEN DISCUSSED AT LENGTH INTERNALLY, WITH THE BOARD OF DIRECTORS, SENIOR	
MANAGEMENT TEAM AND ALL STAFF MEMBERS. THE CONFLICT OF INTEREST POLICY,	
SPECIFICALLY, IS REVIEWED AND SIGNED BY BOARD AND STAFF MEMBERS.	
GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST	
FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).	