

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Form **990**

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

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_	For the	2009 calend	dar year,	or tax year begin	ning	, 2	009, and	d ending				,	
В	Check if	applicable	<b>.</b>	C Name of organiz	ation					D Employ	yer Iden	tification Number	
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	Nan	ne change	or print or type.	Number and stre	et (or PO box if	mail is not delivered to str	eet addr)	Room/suit	te	E Teleph	one num	ber	
	Initia	al return	See specific	815 OTIS F	LACE NW					(20	2) 4	95-1348	
	Terr	mination	Instruc- tions.	City, town or cou	intry	-	State ZIP	code + 4					
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T	Tax-e	exempt statu			(insert no.)	4947(a)(1) o		27	If 'No,'	attach a list	(see in:	structions) —	_
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963	16a F			ng fees (Part IX, c				,					
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Boto	<b>20</b> T	otal assets (		·								17,6	<u>81.</u>
a a	<b>21</b>   T	otal liabilities	s (Part X,	, line 26)									
	22			ances. Subtract lir	ne 21 from lin	e 20						17,6	81.
Pa	art II	Signatu	ure Bloc	c R <sub>1</sub>									
		Under penaltie	s of perjury,	I declare that I have e	Camined this return	rn, including accompanyin cer) is based on all inform	g schedule:	s and state	ments, and	to the best	of my kr	nowledge and belief, it is	š
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	See Form 99	<u>0, Page 2, Part III, L</u>	ine 1 (continu	neq)								
2	Did the organ	nization undertake an	v significant	program se	ervices during th	e vear which	were not listed	on the prior				
	Form 990 or		.y olgou	p. 0 g. a 0.	g	o , oao		on the prior		Yes	$\overline{\mathbf{x}}$	No
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		nization cease condu	_	-	nt changes in no	w it conducts	s, any program :	services		Yes		N
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	and 501(c)(4)	exempt purpose ach organizations and s id revenue, if any, fo	ection 4947(a	a)(1) trusts	are required to i	three larges report the an	t program servi nount of grants	ces by expens and allocation	ses Sec s to oth	tion 50 ers, the	total	3)
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	Other program	n services. (Describe		O.) ding grant	s of \$		) (Revenue	<b>.</b> \$			)	

Form 990 (2009) A WELL-FED WORLD

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		_x_
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		<u>x</u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		x
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		<u>x</u>
9	Did the organization report an amount in Part X, line 21; 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		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		<u> x</u>
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	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			
•	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			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If'Yes,' complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	х	
12	AWas the organization included in consolidated, independent audited financial statement for the tax  year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  12 A X			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		<u>x</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		<u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		x
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		x
	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		x
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u> _

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27-0865905 Page 4 Form 990 (2009) A WELL-FED WORLD Part IV Checklist of Required Schedules (continued) Yes Nο Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part 22 IX. column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III X 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 23 Schedule I X 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a 25a Х disqualified person during the year? If 'Yes,' complete Schedule L, Part I 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 25b X Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete 27 Schedule L, Part III X 28 Was the organization a party to a business transation with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 X 31 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II Х 32 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 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 X Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35 35 X 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

Form 990 (2009)

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

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

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

Note. All Form 990 filers are required to complete Schedule O

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 1 a 0 Information Returns Enter -0- if not applicable o b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1ь c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 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 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3 a this return b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a Х **b** If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T. Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? X 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6Ь Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a X provided to the payor? 7b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e X benefit contract? 71 f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a 9b **b** Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter. a Gross income from other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

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Form 990 (2009) A WELL-FED WORLD 27-0865905 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. Governing Body and Management Section A. Yes No 1a Enter the number of voting members of the governing body 1Ы3 **b** Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors or trustees, or key employees to a management company or other person? 4 Х Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? Х 6 Х Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7 a **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8a a The governing body? 86 Х b Each committee with authority to act on behalf of the governing body? Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O **Policies** (This Section B requests information about policies not required by the Internal Revenue Code ) Yes No 10a Х 10a Does the organization have local chapters, branches, or affiliates? b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b X 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 **b** Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c X Schedule O how this is done X 13 13 Does the organization have a written whistleblower policy? 14 X 14 Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X a The organization's CEO, Executive Director, or top management official Х b Other officers of key employees of the organization 15h 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 16a X entity during the year? **b** If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt 16b status with respect to such arrangements? Section C. Disclosures List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website

Another's website

X Upon request

Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

815 OTIS PLACE, NW WASHINGTON DC 20010 (202) 495-1348

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Form 990 (2009)

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not  (A)	(B)	C a	ıy Cı			ncer,	une	(D)	<b>(5)</b>	<b>(5)</b>
Name and Title	(D) Average	   Posi	ibon i		C) k all 1	hat appl	м	1	(E)	<b>(F)</b>
Name and Tige	hours per week	or director	methinopal frustae	Officer	Key amployee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
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BOARD DIRECTOR	0.00	L		х			ļ	0.	0.	_0.
DAVID HERRING BOARD DIRECTOR	0.00			х				0.	0.	0.
DAWN MONCRIEF BOARD DIRECTOR	25.00			Х	x	ŀ	<u> </u>	7,020.	0.	0.
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Part VII   Section A. Officers, Directors, Trust	tees, K	(ey	Em	plo	ye	es,	and	d Highest Con	pensated Emp	loyee	s (co	<u>nt.)</u>
(A)	(B)			(0	•			(D)	(E)		(F)	
Name and Tille	Average hours per week			Officer		Mighest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	arno con f orç	stimated unt of ot opensation the panization of relate anization of the panization o	her on on ed
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1 b Total							<b>&gt;</b>	0.	0			0.
2 Total number of individuals (including but not limited	to thos	e lıs	ted	abo	/e) '	who	rece	eived more than \$	100,000 in reporta	ole comp	ensat	ion
from the organization			-						<del></del>		Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste	e, k	еу є	empl	oye	e, o	r hıg	hest compensated	i employee	3		х
For any individual listed on line 1a, is the sum of representation and related organizations greater the	oortable	com	per 02 /i	ısatı f 'Ye	on a	and omp	othe	r compensation fr Schedule J for su	om ch			ļ
individual  5 Did any person listed on line 1a receive or accrue or										4		X
rendered to the organization? If 'Yes,' complete Sch	edule J	for s	uch	per	son					5		Х
Complete this table for your five highest compensate compensation from the organization.	ed indep	ende	ent (	cont	ract	ors	that	received more that	ın \$100,000 of			
(A)  Name and business addres	·e							(B Description	) of Services	Comp	C)	
name and business address								3000.101.011				-
	. <del></del>		_									
2 Total number of independent contractors (including \$100,000 in compensation from the organization	but not l	limite	ed t	o the	ose	lıste	d ab	oove) who received	d more than			

	t viii   Statement of Nevenue		<b>(D)</b>		(5)
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S.0	1a Federated campaigns 1a				
N S N	b Membership dues 1b				
용이					
S, §	c Fundraising events 1 c				
등위	d Related organizations . 1d	İ			!
Ş.≝	e Government grants (contributions) 1 e		!		
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1 f 50, 647.				
ξě	g Noncash contribns included in lns 1a-1f. \$				
용취	h Total. Add lines 1a-1f	50,647.			
	Business Code				
꿃	2a				
_ ₫	<del></del>				
, iii	b				
§	c			<u> </u>	
뛾	d				
ξ	e				
PROGRAM SERVICE REVENUE	f All other program service revenue				
Ž			<del></del>		
-	g Total: Add lines 2a-21	<u>-</u> _			
i	3 Investment income (including dividends, interest and			_	
	other similar amounts)	132.	132.	0.	0.
	4 Income from investment of tax-exempt bond proceeds ►				
	5 Royalties ►				
	(i) Real (ii) Personal				
	6a Gross Rents				
	<b>b</b> Less rental expenses				
ł	c Rental income or (loss)				
	d Net rental income or (loss)				
j	7a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory				
	, <u> </u>				
	b Less cost or other basis and sales expenses				
ļ	· • • • • • • • • • • • • • • • • • • •		!		
ł	c Gain or (loss)				
	d Net gain or (loss)			<del></del>	
NUE	8a Gross income from fundraising events (not including \$				
OTHER REVEN	of contributions reported on line 1c).	1			
2	See Part IV, line 18				
皇	<b>b</b> Less direct expenses <b>b</b>				
5	c Net income or (loss) from fundraising events			<del></del>	
			-	<del></del>	
	9a Gross income from gaming activities. See Part IV, line 19			;	
	b Less direct expenses b				
J	c Net income or (loss) from gaming activities				
[	10a Gross sales of inventory, less returns				
	and allowances a				
	<b>b</b> Less cost of goods sold <b>b</b>				
	<u> </u>				
- 1	c Net income or (loss) from sales of inventory			<del></del>	<del></del> -
- 1	Miscellaneous Revenue Business Code				<b></b>
	11a				
ł	b				
	С				
ļ	d All other revenue				
	e Total. Add lines 11a-11d				
ı	12 Total revenue. See instructions	50,779.	132.	0.	0.
	12 Total revenue, See Instructions	30,119.	132.		Ų.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	15,000.	15,000.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
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		,		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management		· · · · · · · · · · · · · · · · · · ·		
	Legal				<del></del>
	Accounting .				
	Lobbying				
	Prof fundraising svcs See Part IV, In 17		·····		
	Investment management fees			-	
	3 Other			-	
	Advertising and promotion				
13	· .	1,976.	1,976.	- 0.	0.
14	· ,	1,970.	1,370.		
	Information technology				
15	Royalties				<u></u>
16	Occupancy	4 402	4 400		
	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	4,483.	4,483.	0.	0.
19	Conferences, conventions, and meetings	125.	125.	0.	0.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
ě					<del></del>
		<del></del> <del>-</del> <del>-</del> -			<del></del>
(	<u>'</u>				
٠			11 514		
	All other expenses	11,514.	11,514.	0.	0.
	Total functional expenses. Add lines 1 through 24f	33,098.	33,098.	0.	0.
	Joint costs. Check here ► If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		İ		
RAA					Form <b>990</b> (2009)

Page 11

BAA

Part X Balance Sheet (A) Beginning of year (B) End of year 1 17,681. Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) 6 and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L ASSETS 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10b 10 c b Less: accumulated depreciation 11 Investments - publicly-traded securities 12 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets Other assets See Part IV, line 11 15 15 0. 17,681 16 Total assets Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 LIABI 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities Complete Part X of Schedule D 0. 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete lines N E 27 through 29 and lines 33 and 34. 17,681. ASSETS 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets R Organizations that do not follow SFAS 117, check here and complete FUZD lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, and equipment fund BALANCES 32 Retained earnings, endowment, accumulated income, or other funds 32 0. 33 17,681. 33 Total net assets or fund balances 0. 34 17,681. Total liabilities and net assets/fund balances 34

Form 990 (2009)

r dit Ar   1 maneral Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990.			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant?	f the audit,		x
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were iss consolidated basis, separate basis, or both.	sued on a		
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	e Single		x
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the recor audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired audit		

BAA

Form **990** (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**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. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

		L-FED WORLD								<u>86590</u> 5			
Par	<u>t I</u>	Reason for Pu	blic Charity Statu	is (All organizations	must o	comple	ete this	part.	) See i	instruct	ions		
The o	orgai			se it is (For lines 1 throu									
1		A church, conventi	on of churches or asso	ociation of churches desc	ribed in	section	1 <b>70</b> (b)(1	XAXi).					
2				A)(ii). (Attach Schedule E				~ ~,					
3	П			e organization described	-	n 170/h	V1VAVii	i					
4	Н			d in conjunction with a ho				-	'6V1VA\	/iii\ Ento	r the been	ıtal'a	
•	ш	name, city, and sta		a in conjunction with a ne	ospitai u	escribed	i iii Secti	170	,DX 1 XA	(III) LINE	a the hosp	lai 5	
5			erated for the benefit	of a college or university	owned o	or opera	ted by a	govern	mental i	unit desci	ribed in sec	tion	
6		A federal, state, or	local government or g	governmental unit describ	ed in <b>se</b>	ction 17	0(b)(1)(	A)(v).					
7		in section 170(b)(1	(Complete Pa	•			ernmen	tal unit	or from	the gene	ral public d	escrib	ed
8	닏			70(b)(1)(A)(vi). (Complet		-							
9	An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)												
10		An organization org	ganized and operated	exclusively to test for put	olic safet	ty See s	ection !	509(a)(4	).				
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h												
	_	a Type I	<b>b</b> Type II	c 🗌 Type II	l — Fund	tionally	ıntegrat	ed		d 🗌	Type III-	Other	
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)												
f	f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box												
g		Since August 17, 2	006, has the organiza	tion accepted any gift or	contribu	ition froi	n any of	f the fol	lowing p	ersons?			
												Yes	No
		(i) a person who below, the go	directly or indirectly overning body of the su	controls, either alone or to opported organization?	ogether v	with per	sons des	scribed	ın (ıı) ar	nd (III)	11 g (i)		
		(ii) a family mem	iber of a person desc	rıbed ın (ı) above?							11 g (ii)		
		(iii) a 35% contro	lled entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)		
h		Provide the following	ng information about th	ne supported organization	ns.								
	(1)	) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	Is the tion in col d in your erning ment?	the organ	rou notify ization in (i) of upport?	organizat	ls the tion in col zed in the S ?	(vii) Amour	it of Sup	port
					Yes	No	Yes	No	Yes	No			
							<u> </u>						
					<u>L</u>					<u> </u>			
		<del></del>			<b></b>					<b></b>	181		
Total													

<u>. a.</u>	(Complete only if you shooks	-				)(u)0 ( i i	八个八	v1)
Sec	(Complete only if you checke tion A. Public Support	ed the box on line	5, 7, or 8 of Part	1.)				
	ndar year (or fiscal year nning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')					50,6	547.	50,647.
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge							
4	Total. Add lines 1-through 3	L			<u> </u>	50,6	47.	50,647.
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)							
	Public support. Subtract line 5 from line 4							50,647.
Sec	tion B. Total Support	<del></del>	<del></del>		<del></del>			<del></del>
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	(f) Total	
7	Amounts from line 4					50,6	47.	50,647.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources				į	1	32.	132.
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	_						
11	Total support. Add lines 7 through 10							50,779.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)				12	0.
13	First five years. If the Form 990 organization, check this box and		tion's first, secon	d, third, fourth, oi	r fifth tax year as	a section 50	1(c)(3)	· <b>                   </b>
Sec	tion C. Computation of Pu	blic Support P	ercentage		<u></u>			<del></del>
14	Public support percentage for 20	09 (line 6, column	(f) divided by line	e 11, column (f)			14	%_
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14				15	%_
16 a	33-1/3 support test – 2009. If the and stop here. The organization				the line 14 is 33-1	/3 % or mor	e, chec	k this box
ł	33-1/3 support test – 2008. If the and stop here. The organization				and line 15 is 33	·1/3% or mo	re, che	ck this box
17 a	a 10%-facts-and-circumstances te or more, and if the organization in the organization meets the 'facts	meets the 'facts-a	nd-cırcumstances	' test, check this b	oox and stop here.	. Explain in f	Part IV	0% how ► □
١	o 10%-facts-and-circumstances te or more, and if the organization is organization meets the 'facts-and	meets the 'facts-a d-circumstances'	nd-circumstances test The organiz	' test, check this t ation qualifies as	oox and stop here a publicly support	. Explain in f ed organizat	Part IV ion.	how the
18	Private foundation. If the organiz	ation did not ched	ck a box on line,	13, 16a, 16b, 17a,	or 17b, check this	s box and se	e instri	uctions ►
BAA			<del></del>		Sc	hedule A (F	orm 99	0 or 990-EZ) 2009

Page 3

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

_	(Complete only if you chec	Red the box on th	le 9 01 Fait i )					
Sec	tion A. Public Support						_	
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 200	9	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')	_						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons Amounts included on lines 2							
	and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year							
-	Add lines 7a and 7b							<u>-</u>
8	Public support (Subtract line					ļ		
_	7c from line 6.)	<u> </u>			l	<u> </u>		
Sec	tion B. Total Support				<del></del> -			
Cale	ndar year (or fiscal yr beginning in) 🟲	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
	Amounts from line 6							
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
b					-	<del> </del>		
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	income (less section 511 taxes) from businesses							
11	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 inline 10b, whether or not the business is							
11 12 13	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 inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lns 9, 10c, 11, and 12)	s for the organiza	tion's first, second	d, third, fourth, or	fifth tax year as	a section 50	1(c)(3)	<b>→</b> □
11 12 13 14	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 inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lns 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and			d, third, fourth, or	fifth tax year as	a section 50	1(c)(3)	<u>▶</u> ∏
11 12 13 14 Sec	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 inline 10b, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	blic Support P	ercentage		fifth tax year as	a section 50	1(c)(3)	
11 12 13 14 Sec 15	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 inline 10b, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lns 9, 10c, 11, and 12)  First five years. If the Form 990 is organization, check this box and tion C. Computation of Pul  Public support percentage for 206	<b>blic Support P</b> 09 (line 8, column	ercentage (f) divided by line		fifth tax year as	a section 50		<b>▶</b> □ <u>%</u>
11 12 13 14 Sec 15 16	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 inline 10b, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lns 9, 10c, 11, and 12)  First five years. If the Form 990 is organization, check this box and tion C. Computation of Pul  Public support percentage for 200  Public support percentage from 2	<b>blic Support P</b> 09 (line 8, column 2008 Schedule A,	ercentage (f) divided by line Part III, line 15	e 13, column (f))	fifth tax year as	a section 50	15	%
11 12 13 14 Sec 15 16	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 inline 10b, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lns 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pul  Public support percentage for 200 Public support percentage from 2	blic Support P 09 (line 8, column 2008 Schedule A, restment Incor	ercentage (f) divided by line Part III, line 15 ne Percentage	e 13, column (f))		a section 50	15	%
11 12 13 14 Sec 15 16 Sec	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 inline 10b, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lns 9, 10c, 11, and 12)  First five years. If the Form 990 is organization, check this box and tion C. Computation of Pul  Public support percentage for 200  Public support percentage from 2	blic Support P 09 (line 8, column 2008 Schedule A, restment Incor or 2009 (line 10c, o	ercentage  (f) divided by line Part III, line 15 ne Percentage column (f) divided	e 13, column (f))		a section 50	15 16	% %
11 12 13 14 Sec 15 16 Sec 17 18	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 inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lns 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage for 200 Public support percentage from 200 Tion D. Computation of Investment income percentage for	blic Support P 09 (line 8, column 2008 Schedule A, estment Incor or 2009 (line 10c, of om 2008 Schedule due organization did	ercentage  (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line 1 d not check the bo	by line 13, column (f))  by line 13, column  7  x on line 14, and	nn (f))	han 33-1/3%	15 16 17 18	% % % %
11 12 13 14 Sec 15 16 Sec 17 18 19 a	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 inline 10b, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pul  Public support percentage for 200  Public support percentage from 2 tion D. Computation of Inv  Investment income percentage from 33-1/3 support tests — 2009. If the	blic Support P 09 (line 8, column 2008 Schedule A, restment Incor or 2009 (line 10c, or om 2008 Schedule ne organization did ox and stop here, ne organization did this box and stop	ercentage  (f) divided by line Part III, line 15 me Percentage column (f) divided e A, Part III, line 1 d not check the bo The organization d not check a box here. The organiz	by line 13, column (f))  by line 13, column  7  x on line 14, and qualifies as a publication qualifies as	I line 15 is more to blicly supported or and line 16 is male publicly suppor	han 33-1/3% ganization ore than 33- ted organiza	15 16 17 18 1, and 1 1/3%, a	% % % % Ine 17 is not ►

Schedule A	(Form 990 or 990 Supplementa	-EZ) 2009	A WELL-FEI	WORLD		27-0865905	Page 4
Part IV	Supplementa Part II, line 17	<b>l Informat</b> i 7a or 17b;	<b>ion.</b> Complete and Part III, I	this part tine 12. Pro	to provide the explanation of the control of the co	ons required by Part II, line al information. See instruc	e 10; ctions.
	- <b></b>						
			· <b></b>				<del></del> .
						·	
<del></del>							
					· <b></b>		
						<del></del>	
				. – – – <b>– –</b>			
		- <b>-</b>					

TEEA0404 02/05/10

Schedule A (Form 990 or 990-EZ) 2009

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#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

### Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions

OMB No. 1545-0047

Open to Public Inspection

**Employer Identification number** 

27-0865905 A WELL-FED WORLD Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? Part II | Conservation Easements Complete if the organization answered 'Yes' to Form 990, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b 2 c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easement it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 . (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items. a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

•										
Schedule <b>D</b> (Form 990) 2009 A WEI	LL-FED WC	RLD					27-086	5905		Page 2
Part III Organizations Mainta	ining Colle	ctions	of Art, Histo	orica	Treasures, or	Other Sin				
Using the organization's acquisition tems (check all that apply)	on accession	and oth	er records, chec	k any	of the following th	at are a signi	ficant use	of its coll	ection	
a Public exhibition			d Loan	or exc	hange programs					
b Scholarly research			e Other		•					
c Preservation for future genera	ations		_							
4 Provide a description of the organ Part XIV	nization's colle	ections a	and explain how	they	urther the organiz	ation's exemp	ot purpose	ın		
5 During the year, did the organizat assets to be sold to raise funds ra	tion solicit or i	eceive e main	donations of art, tained as part of	histo the c	rical treasures, or rganization's colle	other similar		Yes		No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangen unt on Fori	n <b>ents</b> (	Complete if c , Part X, line	rgan 21.	ızatıon answer	red 'Yes' to	Form 9	90, Par	t IV, I	line —
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodiar	, or oth	er intermediary	for co	ntributions or othe	r assets not		Yes		No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV ar	nd comp	olete the followin	g tabl	e.					
								Amount		
c Beginning balance			•			1c				
d Additions during the year						1 d				
e Distributions during the year						1 e				
f Ending balance						1 f				_
2a Did the organization include an a	mount on For	m 990, l	Part X, line 21?					Yes	L	_ No
<b>b</b> If 'Yes,' explain the arrangement					·-·					
Part V   Endowment Funds Co	mplete if o	rganiz	ation answer	<u>ed 'Y</u>	es' to Form 99	90, Part IV	<u>, line 10.</u>			
	(a) Current	year	(b) Prior yea	r	(c) Two years back	(d) Three	years back	(e) Fo	our years	s back
1 a Beginning of year balance								<b>_</b>		
<b>b</b> Contributions								ــــــ		
c Net Investment earnings, gains, and losses	_									
d Grants or scholarships										i
<ul> <li>Other expenditures for facilities and programs</li> </ul>										
f Administrative expenses										
<b>g</b> End of year balance					<u> </u>			<u>i</u>		
2 Provide the estimated percentage	of the year e	nd bala	nce held as:							
a Board designated or quasi-endow	/ment ►		<del>8</del>							
<b>b</b> Permanent endowment ►	<b></b> 8									
c Term endowment ►	<u> </u>									
3a Are there endowment funds not in organization by:	n the possess	ion of th	ne organization t	hat ar	e held and admını	stered for the	•	Г	Yes	No
(i) unrelated organizations								3a(i)		
(ii) related organizations								3a(ii)		
<b>b</b> If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?						3b				
4 Describe in Part XIV the intended	_									
Part VI Investments-Land, B						, line 10.				
Description of investment		(a) Cos	st or other basis evestment)	(b	Cost or other casis (other)	(c) Accum Depreci		(d) B	ook Va	ılue
1 a Land										
			-							

Part VI | Investments—Land, Buildings, and Equipment. See Form 990, Part X, fine 10.

Description of investment

(a) Cost or other basis (b) Cost or other basis (other)

1 a Land

b Buildings

c Leasehold improvements

d Equipment

e Other

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

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Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 A WELL-FED WORLD	<u></u>	27-0865905 Page <b>3</b>
Part VII Investments-Other Securities See F	orm 990, Part X, 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
Financial derivatives		
Closely-held equity interests Other		
Total. (Column (b) must equal Form 990 Part X, col (B) line 12.) Part VIII Investments—Program Related (See	Form 990, Part X, lin	e 13)
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13.) Part IX Other Assets (See Form 990, Part X,	line 15)	·
	escription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B), li	ne 15)	<b>&gt;</b>
Part X Other Liabilities (See Form 990, Part  (a) Description of Liability	X, line 25) (b) Amount	
Federal Income Taxes	(b) Amount	
<del>-</del> -		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		
2 FIN 48 Footpote in Part XIV provide the text of the footp	ote to the organization's fu	nancial statements that reports the organization's liability

Schedule D (Form 990) 2009 A WELL-FED WORLD

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	dule D (Form 990) 2009 A WELL-FED WORLD		865905 Page 4
Par	XI Reconciliation of Change in Net Assets from Form 990 to Fin	nancial Statements	
1	Total revenue (Form 990, Part VIII,column (A), line 12) .		50,779.
2	Total expenses (Form 990, Part IX, column (A), line 25)		33,098.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		17,681.
4	Net unrealized gains (losses) on investments .		
5	Donated services and use of facilities		
6	Investment expenses .		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	d 9	17,681.
	XII Reconciliation of Revenue per Audited Financial Statements		
	Total revenue, gains, and other support per audited financial statements	. 1	. 1
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	· F	<del>-  </del>
	1	2a	
		2b	
		2c	
		2d	
	Add lines 2a through 2d .		
	Subtract line 2e from line 1	3	?e
	•	_ i	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIV)	4b	_
	Add lines 4a and 4b		lc
-	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	<u> </u>
	XIII   Reconciliation of Expenses per Audited Financial Statement		
	Total expenses and losses per audited financial statements	· <u>[</u> _1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25	1	
	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
	· · · · · · · · · · · · · · · · · · ·	2d	or sar.
е	Add lines 2a through 2d	_2	?e
	Subtract line 2e from line 1	<u>3</u>	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	]	
а	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
С	Add lines 4a and 4b .		lc
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)		5
Par	XIV Supplemental Information		
	, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and anation		
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Schedule D	(Form 990) 2009 A WELL-FED WORLD	27-0865905	Page 5
Part XIV	(Form 990) 2009 A WELL-FED WORLD  Supplemental Information (continued)		
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# SCHEDULE I

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,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

2009

OMB No 1545-0047

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**≗** □ (h) Purpose of grant or assistance Part II | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form X Yes Employer identification number 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 27-0865905 (g) Description of non-cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non cash assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations A WELL-FED WOLLD Part I General Information on Grants and Assistance (b) EIN Enter total number of other organizations 1 (a) Name and address of organization or government 1111 WELL-FED WORLD 1 1 1 1 Name of the organization 1 11111 1 1

Schedule I (Form 990) 2009

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Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information 27-0865905 (c) Method of valuation (book, FMV, appraisal, other) FOLLOW-UP PROJECT REPORTS, PHOTOS (WHEN POSSIBLE), AND ORGANIZATIONAL DOCUMENTATION IS ALSO COLLECTED/FILED AND FOLLOW-UP WITH 3RD PARTY NEWSLETTERS, (ONLINE AND/ OR PRINT) ARE COLLECTED AND FILED. OTHER. (d) Amount of non-cash assistance SOURCES IS CONDUCTED AS DEEMED NECESSARY. (c) Amount of cash grant (b) Number of recipients A WELL-FED WORLD (a) Type of grant or assistance Schedule I (Form 990) 2009 Pt\_I\_Line\_2 Pt\_I\_Line\_2 Pt\_I\_Line\_2 Pt\_I\_Line\_ Part III

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Schedule I (Form 990) 2009

#### SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545-0047

2009

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Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Employer identification number 27-0865905 A WELL-FED WORLD Pt VI-C, Line 19 These are made available upon request. Pt VI-B, Line 15 Compensation decisions are decided by the Board based on comparable pay for consultants. Pt XI, Line 2c Such committee is not yet established, as the organization is undergoing its first audit as a start up. Pt VI-B, Line 11A Document is reviewed by executive director and comments are circulated to other board members.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

LOCAL, SUSTAINABLE FARMING, MAXIMIZING PLANT-BASED FOODS, WHILE MINIMIZING ANIMAL PRODUCTS.