Form **990**

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047 2016

Open to Public Inspection

A	A For the 2016 calendar year, or tax year beginning , 2016, and ending ,											
В	Check	if applicable	C Name of organization	M A no	ELL-FED V	WORLD		,,		D Employ	er ident	ification number
	\Box	Address chan								27-	0865	905
	Π,	lame change	Number and street	(or PO box	if mail is not delive	red to street address)		Room/sur	te	E Telepho	ne numb	per
	П	nitial return	3936 S. SEM	IORAN E	3LVD #271	1		ĺ		(20)	21 4	95-1348
	\vdash	inal return/terms				foreign postal code		- 		(20.	<u>-, .</u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	H	Amended retu	n ORLANDO				FL 3	32822		G Gores	emeints	\$1,356,012.
	Н	Application pe		of principal o	officer				(a) is this a	group return		
	Ш.	* P	DAWN MONCRIEF	3636 0 071	Makir atira 4971	ODIANDO	ът ?	32822 H	(b) Are all	subordinates attach a list. (included	
ī	Tav	c-exempt sta		501(c) (a)(1) or	527	If 'No,	attach a list. (see instri	uctions)
<u>, </u>		ebsite: >		301(0) (/ (113	en 110/ 14947	a)(1) UI }		·			
K			WWW.AWFW.ORG	T		Other >	11			exemption nu		
		m of organiza		Trust	Association	Uther	L Yea	r of formation	200	9 m s	tate of le	egal domicile: FL
Pa	rt I	Sum		a mission	ar most sined	Formt noticeture				D TO 1		200 001 100 100
	Ì	<u>-</u>	escribe the organization		_ _							GER RELIEF AND
9		ANIMA	L PROTECTION OR	GAN1ZA	TION. IN	ADDITION T	ONGC	ING RE	SEARCI	H_AND_A	ADVOC	CACY PROGRAMS,
뎔	İ	AMEW	FUNDS AND PART AND FARMING INITIAT	NERO W	TIH THING	CARE AND DECC	OF2 IL	IAT STR	ENGTE	TOURNESS OF THE	WIT-	CONGINITY DUTY INC
Governance	2	Check th	is box > if the org	TARST EN	discontinued	tte operations or d	E ESLOVI	of more the	250	V OUT REAC	n AND	COMMUNITI BUIDLING.
ලි	3		of voting members of the								3	3
	4		of independent voting m	•	• • •						4	3
Ei	5		mber of individuals empl								5	<u></u>
Activities &	6		mber of volunteers (estin								6	2
Ą			elated business revenue								7a	0.
	b	Net unre	lated business taxable ii	ncome fro	m Form 990-1	Γ, line 34					7b	0.
									P	rior Year		Current Year
•	8		tions and grants (Part V		-				1	,565,5	04.	1,345,452.
ᇎ	9		service revenue (Part V									
Revenue	10		ent income (Part VIII, col								63.	60.
Œ	11		venue (Part VIII, column			-					25.	10,500.
	12		enue – add lines 8 thro				line 12)			,573,4		1,356,012.
	13		nd similar amounts paid				1.4.4	7 2017	0	704,9	06.	1,098,829.
Zina z	14	Benefits	paid to or for members ((Part IX, c	olumn (A), lini	ə 4) हे, हैं, . ''	Y. i	. F. F.	<u>'</u> ,			
J	15	Salanes	other compensation, en	nployee b	enefits (Part I)	X, column (A), line	s 5-10)	1	٠٠٠٠ المستا	66,9	09.	71,747.
Expenses	16 a	Professi	onal fundraising fees (Pa	art IX, colu	ımn (A), line 1	1e)	OGDE	14.1			}	
≠ ē	l t	Total fur	draising expenses (Part	IX, colum	in (D), line 25)) >	7	,923.				
) Q	17		penses (Part IX, column							607,5	12	178,030.
5	18		penses Add lines 13-17			•				,379,3		1,348,606.
3	19		less expenses Subtrac			•				194,1		7,406.
) 8 8		110101131	Teas expenses equilibries	20110					Pasinsis			End of Year
1	20	Total as	sets (Part X, line 16)						Beginnir	ng of Сите 751.4		756,195.
ة ﴿ حَ	21		oilities (Part X, line 26)						<u> </u>	5,1		2,491.
	22		ts or fund balances Sub			n						
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Form 990 (2016)

	WELL-FED WORL	JD U		21	-0865905	Pa
	ent of Program S	ervice Accomplish	ments			
. Check if	Schedule O contains a	response or note to any in	ne in this Part III		<u></u> .	
	the organization's missi					
				(IN THE U.S. AND		
WHILE WORK	CING_WITH_NON-	GOVERNMENTAL OR	GANIZATIONS PRO	OMOTING THE BENE	FITS_OF	
See Form 990, F	Page 2, Part III, Line 1 ((continued)				
Did the organiza	tion undertake any sign	nificant program services of	Junno the year which we	re not listed on the prior		
					· · · \ Yes	X
	these new services on					_
•	=	-	es in how it conducts, a	ny program services?	· · · Yes	X
•	these changes on Sch					
Section 501(c)(3	anization's program sei) and 501(c)(4) organiz iny, for each program s	ations are required to rep	each of its three larges ort the amount of grants	t program services, as mea and allocations to others, t	sured by expenses he total expenses	.
a (Code.) (Expenses \$	1,139,014. includ	ling grants of \$ 1	L, 098, 829.)(Revenu	e \$	(
GLOBAL GRA	ANTS: A WELL-F	ED WORLD'S SUST	AINABLE KEYS G	LOBAL GRANTS EMP	OWER	
GROUPS AND) INDIVIDUALS	TO CONTINUE AND	EXPAND THEIR	HIGHLY EFFECTIVE		
WORK ON BE	HALF OF PEOPL	E, ANIMALS, AND	THE ENVIRONMEN	NT. A WELL-FED		
WORLD'S FO	CUS IS ON VEG	AN FEEDING AND	FARMING PROGRAM	MS; FARM ANIMAL		
CARE AND F	RESCUE; AND PR	O-VEGAN ADVOCAC	Y AND COMMUNITY	Y BUILDING.		
			ME_COMMUNITIES	WITH LIMITED AC	CESS	
TO FUNDING	AND PROVEN S	UCCESS RECORDS.				
b (Code ⁻) (Expenses \$	160,044. includ	ting grapts of \$	0.)(Revenu	e \$	
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AND ONLINE						
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•			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	X	
2	Is the organization required to complete Schedule B, Schedule of Continuotors (see instructions)?	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		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		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		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		X
10	Did the organization, directly or through a related organization, hold assets in temporanly restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	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	11 b		х
	c 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	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	х	
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e		Х
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f	Х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14Ь	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	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

[Fĕ	rt IV Checklist of Required Schedules (continued)		Yes	No
20	a 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		
	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	X	
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
24	a 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
	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 any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25	a 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		x
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
	a 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
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		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		x
31		31		X
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		x
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		
	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		37		x
38		38	x	

BAA

Check if Schedule O contains a response or note to any line in this Part V	· · ·		<u>. </u>
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			l
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to pnze winners?	1 c	х	
2 a 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			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	1
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b If 'Yes,' has it filed a Form 990-T for this year?	3 b		
4 a 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)?	4 a		Х
b If 'Yes,' enter the name of the foreign country ▶			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			ĺ
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
- ·			
6 a 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 as charitable contributions?	6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 ь		
7 Organizations that may receive deductible contributions under section 170(c).	1		1
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		x
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			T.,
Form 8282?	7с		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	_		١
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		ĺ
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	- ' '' 		
organization have excess business holdings at any time during the year?	8		1
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		l
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		_
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	- 1		l
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b	-		ĺ
11 Section 501(c)(12) organizations. Enter	}		1
a Gross income from members or shareholders			l
b Gross income from other sources (Do not net amounts due or paid to other sources	j		ĺ
against amounts due or received from them.)	1		l
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	}		ĺ
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			1
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O	-		
b 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			
c Enter the amount of reserves on hand			1
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

Form 990 (2016) A WELL-FED WORLD 27-0	865905	ı	Page 6
Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or of Schedule O. See instructions.	7b below, a changes in	nd fo	-
Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	. <u></u>	. X
Section A. Governing Body and Management			
		Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year	3		
b Enter the number of voting members included in line 1a, above, who are independent 1b	3	}	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		1	١
officer, director, trustee, or key employee?			 x
3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	on 3		X
4 Did the organization make any significant changes to its governing documents	}		
since the prior Form 990 was filed?		<u> </u>	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		↓	X
6 Did the organization have members or stockholders?		 	<u> </u>
7 a 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?	7		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		b	x
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year b the following	у		
a The governing body?	8	a X	}
b Each committee with authority to act on behalf of the governing body?	8	X	1
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		<u> </u>	<u> </u>
Section B. Policies (This Section B requests information about policies not required by the Intern	al Revenue		
		Yes	
10 a Did the organization have local chapters, branches, or affiliates?		a	X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure the operations are consistent with the organization's exempt purposes?	neif 10	b	
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11	X	<u> </u>
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	12	X	<u> </u>
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done		×	
13 Did the organization have a written whistleblower policy?	}	+-	X
14 Did the organization have a written document retention and destruction policy?	— —	+	X
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?	<u> </u>	1	
a The organization's CEO, Executive Director, or top management official	15	a X	1
b Other officers or key employees of the organization			X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			 -:- -
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	46		
taxable entity during the year?	16	-	X
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?	16	Ь	
Section C. Disclosure			
17 List the states with which a copy of this Form 990 is required to be filed See Form 990, Page 6, Line 17 (cont	inued)		
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Sche)(3)s only) avail	able	
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial states the public during the tax year	nents available to		

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

Form 990 (2016) A WELL-FED WORLD									27 00650	0.5 Page 7
Part VII Compensation of Officers, Director	ors, Tru	stee	es,	Key	y E	mpl	oye	es, Highest C	27-08659 ompensated Er	
independent Contractors								-		וייין
Check if Schedule O contains a response or Section A. Officers, Directors, Trustees, Ke										<u></u>
1 a Complete this table for all persons required to be listed										
organization's tax year. • List all of the organization's current officers, directo	rs, trustee	es (wi	neth	er in	divi	duals	or c	organizations), reg	ardless of amount of	
compensation. Enter -0- in columns (D), (E), and (F) if no of the organization's current key employees,	•			•		dofi	ndin	n of 'koy amaloyoa	. •	
 List the organization's five current highest compens who received reportable compensation (Box 5 of Form Worganization and any related organizations 	ated emp	loyee	es (c	the	r tha	n an	offic	er, director, truste	e, or key employee)	
 List all of the organization's former officers, key em of reportable compensation from the organization and any 						ensa	ted	employees who re	ceived more than \$10	00,000
 List all of the organization's former directors or tru organization, more than \$10,000 of reportable compensation. 	stees tha	t rece	eive	d, in	the	capa	city	as a former directo	or or trustee of the	
List persons in the following order individual trustees or d employees, and former such persons.			_				-	-		ed
Check this box if neither the organization nor any relation	ted organi	izatio	n co	mpe	ensa	ted a	ny c	current officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per	than	one both	box, o an o ector	ot che unless fficer fruste		П	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Esumated amount of other compensation
	week (list any hours for related organiza- trons below dotted line)	or director	Institutional trustee	Officar	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
_(1) DAWN_MONCRIEF	50.00	x		x				60,000.	0.	7,157.
(2) DAVID HERRING BOARD TREASURER AND SECRETARY	1.00	┼		х			-	0.	0.	0.
(3) MILTON MILLS BOARD DIRECTOR	1.00	Х		х				0.	0.	0.
_(4)										
(5)						-				
(6)				-						
_(7)										
(8)				_						
(9)										
(10)										
(11)		1			\vdash	 	 			

(14)

. 1

(A) Name and title	(B) (C) Position Average hours per officer and a director/frustee) (do not check more than one box, unless person is both an officer and a director/frustee) Reportable compensation from control of the control of		(E) Reportable compensation from	(F) Estima amount of		nated of other						
	(list any hours for related organiza - tions below dotted line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	org an	ipensation the anization of relater anization	n
(15)												
(16)												
(17)												
(18)						-	-			 		_
(19)		-		1	,		-			 		
(20)					-		-			<u> </u>		
(21)				-		 	-		<u></u>	 		_
(22)		-		-		-	-			 		_
(23)				-		-	-			 		_
(24)				-			-			 		_
(25)						-	-					
1 b Sub-total							>	60,000.	0.	l	7,3	1 !
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							>	60,000.	0.		7,5	_ 1 :
2 Total number of individuals (including but not limited from the organization ►	to those I	isted	abo	ve) v	who	rece	ive	d more than \$100,0	000 of reportable co	mpensa	tion	
3 Did the organization list any former officer, director	or trustee	kov	em	nlove	20.	or bu	hos	et componented am	plovos	Г	Yes	F
on line 1a? If 'Yes,' complete Schedule J for such in	idividual		٠.		• •					. 3	-	F
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater to such individual	han \$150,0	2002	If 'Y	es,' c	com	plete	Sc	hedule J for		. 4		
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or services rendered to the organization?	ompensati omplete S	on fro	om a	iny u	inre suc	lated h per	org	ganization or individ	lual 	. 5		T
Section B. Independent Contractors 1 Complete this table for your five highest compensat	ed indeper	nden	t con	trac	tors	that	rec	eived more than \$1	00,000 of			
compensation from the organization. Report compe (A) Name and business addre		the	cale	ndar	yea	ar end	ing	with or within the (B) Description o			C) ensatio	_
Traine and sacrices sacri								Bescription	7 361 11003	Compe		_
												_

	Statement of Revenue
(Part VIII)	Statement of Dovernia
II CALL VIII I	SIMBINEIL OF REVENUE

		Check if Schedule O contains a response or note to a	any line in this Part VIII.			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts ıts	1 a	Federated campaigns 1a 37,1	42.			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1 b]		
5 E	C	Fundraising events 1c		(į
a ii	d	Related organizations 1 d		[{
0 #E		Government grants (contributions) 1 e		ļ		ļ
ફું હું				ļ		
je je	'	All other contributions, gifts, grants, and similar amounts not included above	10	}		{
<u> </u>		Noncash contributions included in lines 1a-1f \$				Í
September		Total. Add lines 1a-1f	1,345,452.			
9		Business Coo		<u> </u>		
<u>e</u>	2 a	1		i l		Ì
8	b	,		[
<u>.</u> 9	c					
e Z	d					
E	e					
gra	f	All other program service revenue		 		
Program Service Revenue		Total. Add lines 2a-2f	•		<u> </u>	
	3	Investment income (including dividends, interest and				
		other similar amounts)	▶ 60.	l o.1	0.	60.
	4	Income from investment of tax-exempt bond proceeds	. , .			
	5	Royalties	. , •			
		(i) Real (ii) Persona	ı			
	6 a	Gross rents 10,500.				-
	ь	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)	10,500.	10,500.	0.	0.
	7 a	a Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory		[
	b	and sales expenses				
	C	Gain or (loss)		ļ j		<u> </u>
	d	d Net gain or (loss)	•	1		
enne	8 a	a Gross income from fundraising events (not including. \$ of contributions reported on line 1c).				
eĸ		i	1]		
Other Rev		See Part IV, line 18 a		{		
2		Less. direct expenses b		į į		ļ
δ	C	Net income or (loss) from fundraising events	>			
		a Gross income from gaming activities See Part IV, line 19				
		b Less, direct expenses b		}		
	С	Net income or (loss) from gaming activities	•			
	10 a	a Gross sales of inventory, less returns and allowances				
	ь	Less cost of goods sold b])
	c	Net income or (loss) from sales of inventory	•			
		Miscellaneous Revenue Business Coc	le			
	11 a					
	b	·			L	
	C			<u> </u>		
	-	d All other revenue				
		Total. Add lines 11a-11d		ļl	<u> </u>	
	12	Total revenue. See instructions	1,356,012.	10,500.	0.	60.

Part IX | Statement of Functional Expenses

Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	991,769.	991,769.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22 · · · · · · · · ·	45,737.	45,737.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	61,323.	61,323.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	60,000.	46,800.	12,000.	1,200.
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 accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	7,157.	5,583.	1,431.	143.
10	Payroll taxes	4,590.	3,580.	918.	92.
11	Fees for services (non-employees)				<u> </u>
а	Management				
Ŀ	Legal				
	: Accounting	8,725.	0.	8,725.	0.
_	Lobbying	0,725.	<u>U.</u>	0,723.	<u> </u>
	Professional fundraising services See Part IV, line 17 .				
	Investment management fees			 	
-	Other (If line 11g amount exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule O)	62,649.	49,399.	13,250.	0.
12	Advertising and promotion	5,060.	0.	0.	5,060.
13	Office expenses	8,008.	4,918.	2,187.	903.
14	Information technology	8,377.	6,059.	1,793.	525.
15	Royalties				
16	Occupancy		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
17	Travel	25,550.	24,404.	1,146.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,403.	2,403.	0.	0.
20	Interest			<u> </u>	<u> </u>
21	Payments to affiliates			L	
22	Depreciation, depletion, and amortization	5,801.	5,626.	175.	0.
23 24	Insurance				
а	VEGAN RACE CAR	51.457.	51.457.	0.	
E	, Appring 18:00 50%				
c					
c					· · · · · · · · · · · · · · · · · · ·
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,348,606.	1,299,058.	41,625.	7,923.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720).				

		Check if Schedule O contains a response or note to any line in this Part X	<i> </i>		· · · · · · · · · · · · ·
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	223,228.	1	330,763.
	2	Savings and temporary cash investments	50,363.	2	50,423.
	3	Pledges and grants receivable, net	41,488.	3	34,221.
Ì	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ļ	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).		6	
\$	7	Notes and loans receivable, net		7	
Assets	8	Inventones for sale or use		8	
₹	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b 7,251.	346,589.	10 c	340,788.
	11	Investments – publicly traded securities		11	
- 1	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
ĺ	15	Other assets See Part IV, line 11	89,756.	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	751,424.	16	756,195.
- 1	17	Accounts payable and accrued expenses	5,126.	17	2,491.
}	18	Grants payable		18	
ĺ	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ĕ.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	5,126.	26	2,491.
g		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			
260		lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	656,542.	27	753,704.
Ba	28	Temporarily restricted net assets	89,756.	28	0.
P	29	Permanently restricted net assets	· · · · · · · · · · · · · · · · · · ·	29	
Net Assets or Fund Balar		Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.			
12	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
AB	32	Retained earnings, endowment, accumulated income, or other funds		32	
إو	33	Total net assets or fund balances	746,298.	33	753,704.
	34	Total liabilities and net assets/fund balances	751,424.	34	756,195.
BA	A ~				Form 990 (2016)

	-0865905	<u> </u>	Pa	ige 1:
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
1 Total revenue (must equal Part VIII, column (A), line 12)	1	1,3	56,0	12
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,3	48,6	506
3 Revenue less expenses Subtract line 2 from line 1	3		7,4	106
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	46,2	298
5 Net unrealized gains (losses) on investments	5			
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			
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
column (B))	10	7!	53,7	04
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII				. [
			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 O.				
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on separate basis, consolidated basis, or both	3			
Separate basis Consolidated basis Both consolidated and separate basis		1 1		1
b Were the organization's financial statements audited by an independent accountant?		2 b	х	1
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate				-
basis, consolidated basis, or both		1 1		1
X Separate basis		1 1		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au review, or compilation of its financial statements and selection of an independent accountant?	dıt, 	2 c		X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	·	3 a		×
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	audit	1 1		
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		_

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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

2016

Open to Public Inspection

Name o	f the	organization			_		Employer identific	ation number	
A WI	ELI	-FED WORLD					27-086590	5	
Part	1	Reason for Public Cha	rity Status (All or	ganizations must co	mplete	this p	art.) See instruction	ns.	
The o	rgar	nization is not a private foundati	on because it is. (For t	ines 1 through 12, check	only on	e box.)			
1	П	A church, convention of church	nes, or association of c	hurches described in se	ction 17	0(b)(1)(<i>i</i>	A)(i).		
2	П	A school described in section	170(b)(1)(A)(ii). (Attac	h Schedule E (Form 990	or 990-	EZ))			
3	П	A hospital or a cooperative hos	spital service organizat	ion described in sectio n	170(b)(1)(A)(iii)			
4	П	A medical research organization	on operated in conjunc	tion with a hospital descr	nbed in s	ection 1	170(b)(1)(A)(iii). Enter t	he hospital's	
		name, city, and state							
5		An organization operated for the section 170(b)(1)(A)(iv). (Con	ne benefit of a college of mplete Part II.)	or university owned or of	perated t	y a gov	ernmental unit describe	n in	
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	Х	An organization that normally run section 170(b)(1)(A)(vi). (C	receives a substantial p Complete Part II.)	part of its support from a	governn	nental ur	nit or from the general p	ublic described	
8	П	A community trust described in	section 170(b)(1)(A)	(vi). (Complete Part II.)					
9	Ħ	An agricultural research organi	, ,, ,, ,		perated i	n coniun	oction with a land-grant o	college	
Ū	Ш	or university or a non-land-grad							
		university	5 5	,			Ū		
10		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)							
11	Ш	An organization organized and	l operated exclusively t	to test for public safety \$	See sect	ion 509((a)(4).		
12		An organization organized and or more publicly supported org lines 12a through 12d that des	anizations described in	section 509(a)(1) or se	ection 5	09(a)(2).	See section 509(a)(3).	urposes of one . Check the box in	
а		Type I. A supporting organization organization organization (s) the power to recomplete Part IV, Sections A	ion operated, supervisegularly appoint or elec	ed, or controlled by its si	upported	organiz	ation(s), typically by givi		
b		Type II. A supporting organiza management of the supporting must complete Part IV, Secti	organization vested ir	trolled in connection with the same persons that	ıts supp control o	orted or r manag	ganization(s), by having je the supported organiz	control or cation(s). You	
C		Type III functionally integrate organization(s) (see instruction	ed. A supporting organ	nization operated in connite Part IV, Sections A,	ection w	ith, and	functionally integrated v	vith, its supported	
d		Type III non-functionally inte functionally integrated. The organistructions) You must comp	ganization generally mi	ust satisfy a distribution i	connecti requirem	on with i ent and	its supported organization attentiveness require	on(s) that is not ement (see	
е		Check this box if the organizat integrated, or Type III non-fund	ion received a written o	determination from the IF	RS that it	ıs a Тур	oe I, Type II, Type III fun	ctionally	
f	En	ter the number of supported org							
g	Pro	ovide the following information a	about the supported or	ganization(s)					
	(i) Ne	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is organization in your go docum	on listed everning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
/A\		,							
(A)									
(B)									
(C)					-				
(D)									
(E)					ļ				
Total									

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	tion A. Public Support				···		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	264,787.	287,521.	843,637.	1,565,504.	1,345,451.	4,306,900.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	264,787.	287,521.	21. 843,637. 1,565,504. 1,345,451.		1,345,451.	4,306,900.
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)						3,083,101.
6	Public support. Subtract line 5 from line 4						1,223,799.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	264,787.	287,521.	843,637.	1,565,504.	1,345,451.	4,306,900.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12.	20.	76.	7,163.	10,560.	17,831.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		656.	623.	825.	0.	2,104.
11	Total support. Add lines 7 through 10 · · · · · · · · · ·						4,326,835.
12	Gross receipts from related activiti	es, etc. (see instru	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s	top here					
Sec	tion C. Computation of Pul	blic Support P	ercentage				
14	Public support percentage for 2010						28.28%
15	Public support percentage from 20	15 Schedule A, Pa	irt II, line 14	• • • • • • • • •		15	28.87 %
16a	33-1/3% support test-2016. If the and stop here. The organization of	e organization did jualifies as a public	not check the box ly supported orgar	on line 13, and lin	e 14 is 33-1/3% or	more, check this b	ox ►
b	33-1/3% support test—2015. If the and stop here. The organization of	e organization did i qualifies as a public	not check a box on ly supported organ	line 13 or 16a, ar nization	nd line 15 is 33-1/3	% or more, check t	his box
17a	10%-facts-and-circumstances te or more, and if the organization meets the 'facts-a	eets the 'facts-and-	circumstances' tes	t check this how a	and stop here. Evr	dain in Part VI how	> 🗓
	10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-	eets the 'facts-and- circumstances' test	circumstances' tes . The organization	it, check this box a qualifies as a pub	ind stop here. Exp blicly supported org	plain in Part VI how panization	the ▶ □
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or	17b, check this box	and see instructio	ns ▶ []

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization

Calendar 1 Gi ar re er 2 Gi m per ta 3 Gi thi or 4 Ta or ent 5 Tr fai go Ta A A Ta A Ta A Ta C Ta A Ta C Ta A Ta C Ta C	r year (or fiscal year beginning in) in its, grants, contributions, and membership fees eceived (Do not include eny unusual grants')	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
1 Giarre rear 2 Gi mm per ta. 3 Gi thin or 4 Ta or ett fa. 5 Th fa good for 7a Ar 2, dis ex 19 for c Ao 8 Pt 7c Sectio	infts, grants, contributions, and membership fees seceived (Do not include my 'unusual grants')	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
re ar ar 2 Gillian per full re ta ta con the control of the contro	processed (Do not include in y unusual grants') pross receipts from admissions, iterchandise sold or services erformed, or facilities irrished in any activity that is elated to the organization's exexempt purpose pross receipts from activities in a unrelated trade ir business under section 513 ax revenues levied for the ganization's benefit and other paid to or expended on its behalf								
2 Gm mm per full rectal	ny 'unusual grants') iross receipts from admissions, ierchandise sold or services erformed, or facilities irrished in any activity that is elated to the organization's exexempt purpose iross receipts from activities is at are not an unrelated trade in business under section 513 ax revenues levied for the rganization's benefit and of the paid to or expended on some behalf								
2 Gin min per full per tax. 3 Gin thin or ett its 5 Th fair go on dis ex 2, dis ex 19 for C Ac 8 Pt 7c C Sectio	pross receipts from admissions, iterchandise sold or services erformed, or facilities irmished in any activity that is elated to the organization's exempt purpose from activities are not an unrelated trader business under section 513 ax revenues levied for the reganization's benefit and other paid to or expended on she half from the value of services or icultities furnished by a covernmental unit to the reganization without charge form on the control of the reganization without charge for included on lines 1, and 3 received from squalified persons from onther than included on lines 2 and 3 received from other than								
perfure real real real real real real real re	erformed, or facilities irrished in any activity that is elated to the organization's elated to the organization's elated to the organization's elater of the organization's elater not an unrelated trader business under section 513 ax revenues levied for the reganization's benefit and elater paid to or expended on sis behalf								
furre ta. 3 Ghth or 4 Ta or ett its. 5 Th far good for a Ar 2, dis ex 19 for c Ac 8 Pt 7c Sectio	irnished in any activity that is elated to the organization's ex-exempt purpose								
ta. 3 Gil thickness or entited at the state of the state	ex-exempt purpose expressions receipts from activities at are not an unrelated trade in business under section 513 ax revenues levied for the ganization's benefit and other paid to or expended on significant behalf								
3 Gi thi or thi or thi or ell or ell or this start of the thin or this start of this s	ross receipts from activities hat are not an unrelated trade rousiness under section 513 ax revenues levied for the rganization's benefit and other paid to or expended on sobehalf								
or 4 Ta or ett face good for a Ar an distance of the control of th	r business under section 513 . ax revenues levied for the rganization's benefit and ther paid to or expended on s behalf								
ornell its 5 Th far go orn 6 To 7a Ar 2, dis b Ar and dis ex 19 for C Ac 8 Pt 7c Sectio	rganization's benefit and ither paid to or expended on so behalf								
ettidis 5 Th faction 6 To 7a Ar 2, dis b Ar an dis ex 19 for c Ac 8 Pt 7c Sectio	ther paid to or expended on shehalf					1			
far go or 6 Tc 7a Ar 2, dis b Ar an dis ex 19 for c Ac 8 Pt 7c Sectio	iculities furnished by a overnmental unit to the rganization without charge otal. Add lines 1 through 5 mounts included on lines 1, and 3 received from squalified persons								
goord 6 To 7a Ar 2, dis b Ar an dis ex 19 for c Ac 8 Pt 7c Sectio	overnmental unit to the rganization without charge otal. Add lines 1 through 5 mounts included on lines 1, , and 3 received from squalified persons								
6 To 7a Ar 2, dis b Ar an dis ex 19 for c Ac 8 Pu 7c Sectio	otal. Add lines 1 through 5 mounts included on lines 1, , and 3 received from isqualified persons				Į į				
7a Ar 2, dis b Ar an dis ex 19 for a Ac Sectio	mounts included on lines 1, , and 3 received from isqualified persons mounts included on lines 2 and 3 received from other than		1						
2, dis b Ar an dis ex 19 for c Ac 8 Pu 7c Sectio	, and 3 received from squalified persons								
b Ar an dis ex 19 for c Ac 8 Pt 7c Sectio	squalified persons	1	-		[-			
and disex 19 for c Acc 8 Pt 7c Sectio	nd 3 received from other than						·		
dis ex 19 for c Ac 8 Pu 70 Sectio					j	İ			
c Ac 8 Pu 7c Sectio	squalified persons that					İ			
8 Pu 7d Sectio	xceed the greater of \$5,000 or % of the amount on line 13 or the year								
7c Sectio	dd lines 7a and 7b								
Sectio	ublic support. (Subtract line								
	from line 6)		<u> </u>		<u> </u>	!_			
	on B. Total Support								
	year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
	mounts from line 6								
pay rer	ross income from interest, dividends, lyments received on securities loans, nts, royalties and income from								
	milar sources	 			 				
ind	come (less section 511				[]	İ			
	xes) from businesses coursed after June 30, 1975	i			1	[
	dd lines 10a and 10b								
	et income from unrelated business								
	tivities not included in line 10b, hether or not the business is			1	}	·			
	gularly carned on				<u> </u>				
	ther income Do not include ain or loss from the sale of		· · · · · · · · · · · · · · · · · · ·						
ča	apital assets (Explain in art VI)								
13 To	otal support. (Add lines 9, Dc, 11, and 12)								
14 Fi	irst five years. If the Form 990 is ganization, check this box and s	for the organization top here	on's first, second, the	hird, fourth, or fifth	tax year as a secti	on 501(c)(3)	• 🗍		
Sectio	on C. Computation of Pu	blic Support P	ercentage						
	ublic support percentage for 201	•					96		
	ublic support percentage from 20					16	ક		
	on D. Computation of Inv								
	vestment income percentage for			•	•	} 	8		
	vestment income percentage fro					\	ક		
19a 33 is	3-1/3% support tests—2016. If to not more than 33-1/3%, check the notes of the note	he organization did nis box and stop h	I not check the box ere. The organizati	on line 14, and lir ion qualifies as a p	ne 15 is more than 3 publicly supported o	33-1/3%, and line 17 rganization	, ▶ ∏		
b 33	is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
20 Pr	ne 18 is not more than 33-1/3%, o								

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Sec	tion A. All Supporting Organizations			
			Yes	No
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.	1		
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).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
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	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
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.	4b		
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	4c		
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)	5a		
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?	5b		
С	: Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .	6		
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)	7		
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)	8		
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.	9a		
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.	9b		
c	; Did a disqualified person (as defined in line 9a) have an ownership interest in, or denve any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		
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	10a		
b	o 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.)	10b		

Pa	rt IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			<u></u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in 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			
			Yes	No
	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 year (see instructions).			
	The organization satisfied the Activities Test. Complete line 2 below.			
1	The organization is the parent of each of its supported organizations. Complete line 3 below.			
(The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction).	ons)		
2	Activities Test Answer (a) and (b) below.		Yes	No
•	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in 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		
(Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in 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. Answer (a) and (b) below.			
(a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
1	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3ь		

4	Check here if the organization satisfied the Integral Part Test as a qualifying trust or instructions. All other Type III non-functionally integrated supporting organizations	n Nov. 20.	1970 (explain in Part	∕I). See gh E
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recovenes 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		
Sec	tion 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).			
a	Average monthly value of securities	1 a		
t	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	10		
	d Total (add lines 1a, 1b, and 1c)	1 d		
-	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		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion 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		<u> </u>
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-functionally integring (see instructions).	ated Type	III supporting organizat	ion
BAA	•		Schedule A (F	orm 990 or 990-EZ) 2016

rai	t v Type in Non-Functionally integrated 309(a)(3) St	upporung Organiza	uons (conunaeu)	
Sec	tion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	ns,	
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions.	ition is responsive (provid	le details	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016			
a				
b				
<u> </u>	From 2013			
<u>d</u>	From 2014			
е	From 2015	<u> </u>		
f	Total of lines 3a through e	<u> </u>		<u> </u>
g	Applied to underdistributions of prior years	ļ		
h	Applied to 2016 distributable amount	-		
i	Carryover from 2011 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f.]
4	Distributions for 2016 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
_с	Remainder Subtract lines 4a and 4b from 4.	<u> </u>		<u> </u>
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7			
а				<u> </u>
b	Excess from 2013			<u> </u>
C	Excess from 2014			
d	Excess from 2015			
	Excess from 2016			

BAA

Schedule A (Form 990 or 990-EZ) 2016

Part VI: Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b Part III, line 12. Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Pt II Ln 10

Other Income Part II, Line 10 Description: MERCHANDISE SALES 2013: 656. 2014: 623. 2015: 825. 2016: 0.

Pt II Ln 17a

A WELL-FED WORLD MEETS THE FACTS AND CIRCUMSTANCES TEST BY REPRESENTING THE BROAD INTERESTS OF THE PUBLIC, MAINTAINING A DEFINITIVE PROGRAM FOR ACCOMPLISHING ITS CHARITABLE WORK AROUND THE WORLD AND APPEALING TO PERSONS WITH BROAD COMMON INTERESTS AND PURPOSES. A WELL-FED WORLD EMPOWERS GROUPS AND INDIVIDUALS TO CONTINUE AND EXPAND THEIR HIGHLY EFFECTIVE WORK ON BEHALF OF PEOPLE, ANIMALS, AND THE ENVIRONMENT. PRIORITY IS GIVEN TO THOSE IN LOW-INCOME COMMUNITIES WITH LIMITED ACCESS TO FUNDING AND PROVEN SUCCESS RECORDS. A WELL-FED WORLD IN-HOUSE OUTREACH AND EDUCATION PROGRAMS INCLUDES CAMPAIGNS SUCH AS HUMANE FACTS, PLANTS-4-HUNGER, PB&J CAMPAIGN, AND WORLWIDE VEGAN BAKE SALE. A WELL-FED WORLD ALSO CONDUCTS AND PRESENTS RESEARCH ON ISSUES RELATED TO THE NEGATIVE IMPACT OF ANIMAL AGRICULTURE ON GLOBAL HUNGER, FOOD SECURITY, FOOD WASTE, BIOFUELS, CONSERVATION, AND CLIMATE CHANGE. A WELL-FED WORLD PLANS TO CONDUCT MORE FUNDRAISING TO ACHIEVE A BROADER DONOR BASE.

SCHEDULE D (Form 990)

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 2016

Department of the Treasury Internal Revenue Service Name of the organization

rm990. Open to Public Inspection
Employer identification number

	A WELL-FED WORLD				27 0065005		
D		Advised Funds or Of	har Similar Funds		27-0865905		
Par	Complete if the organization answer	red 'Yes' on Form 990.	Part IV. line 6.	o Acc	ounts.		
		(a) Donor advised		(b) Fi	unds and other acco	ounts	
1	Total number at end of year	(a) Donor donoe	Tundo	(2). (3.100 0.10 00101 0001		
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 a	durant in writing that the as	nata hald in danas advis	ad funda			
3	are the organization's property, subject to the orga	inization's exclusive legal co	ntrol?		<u> </u>		No
6	Did the organization inform all grantees, donors, a for chantable purposes and not for the benefit of the impermissible private benefit?	nd donor advisors in writing ne donor or donor advisor, or	that grant funds can be for any other purpose o	used only conferring	· · · · Yes	П	No
Par	t II Conservation Easements.	 					
	Complete if the organization answer	red 'Yes' on Form 990,	Part IV, line 7.				
1	Purpose(s) of conservation easements held by the	organization (check all that	apply).				
	Preservation of land for public use (e.g., recre	ation or education)	Preservation of a h	nstorically	important land area	3	
	Protection of natural habitat		Preservation of a c	ertified his	stonc structure		
	Preservation of open space						
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation	contribution in the form	of a conse	rvation easement o	n the	
	last day of the tax year		f		eld at the End of t	h- T-	. V
	Total number of conservation easements		}	2 a	eld at the End of t	ле тах	rear
	Total number of conservation easements			2 b			
	: Number of conservation easements on a certified		,	2 c			
				-24			
•	Number of conservation easements included in (c) structure listed in the National Register			2 d			
3	Number of conservation easements modified, tran tax year ▶	sferred, released, extinguish	ed, or terminated by the	e organizat	tion during the		
4	Number of states where property subject to conse	rvation easement is located	·				
5	Does the organization have a written policy regard and enforcement of the conservation easements it				Tyes		No
6	Staff and volunteer hours devoted to monitoring, in	nspecting, handling of violation	ons, and enforcing cons	ervation ea	asements during th	e year	
7	Amount of expenses incurred in monitoring, inspect	cting, handling of violations,	and enforcing conservat	tion easem	nents during the yea	ar	
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requ	rements of section 170	(h)(4)(B)(ı) 	П	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the						
_	conservation easements.	tions of Art Historias	Transuras as Of	har Cir	llos Acceto		
Par	Organizations Maintaining Collect Complete if the organization answer	red 'Yes' on Form 990,	Part IV, line 8.	mer Sin	mar Assets.		
1 &	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hele in Part XIII, the text of the footnote to its financial s	d for public exhibition, educa	tion, or research in furth				
ŀ	If the organization elected, as permitted under SF/ historical treasures, or other similar assets held for following amounts relating to these items:	AS 116 (ASC 958), to report r public exhibition, education	in its revenue statemen , or research in furthera	t and bala nce of pub	nce sheet works of blic service, provide	art, the	
	(i) Revenue included on Form 990, Part VIII, line	1			▶\$		
	(ii) Assets included in Form 990, Part X				▶\$		
2	If the organization received or held works of art, hi amounts required to be reported under SFAS 116	storical treasures, or other s (ASC 958) relating to these	milar assets for financia tems.	al gain, pro	vide the following		
E	Revenue included on Form 990, Part VIII, line 1				▶\$		
	Assets included in Form 990, Part X				• S		

Part III Organizations Maintaining Coll	ections of Art, Histo	orical Treasures, or	Other Similar Ass	sets (continued)						
3 Using the organization's acquisition, accession, items (check all that apply)	and other records, check	any of the following that a	are a significant use of its	s collection						
a Public exhibition	d Loan	or exchange programs								
b Scholarly research	e Other									
c Preservation for future generations										
4 Provide a description of the organization's colle Part XIII.	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5 Dunng the year, did the organization solicit or re to be sold to raise funds rather than to be maint	ained as part of the organ	zation's collection?		Yes No						
Escrow and Custodial Arrange line 9, or reported an amount on	Form 990, Part X, line	ne organization ansv e 21.	vered Yes on Form	1 990, Part IV,						
		• • • • • • • • • • • • •	ets not included	Yes No						
b If 'Yes,' explain the arrangement in Part XIII and	complete the following ta	ible.								
c Beginning balance				Amount						
d Additions during the year			. 1c							
e Distributions during the year			. 1e							
f Ending balance			. 11							
2 a Did the organization include an amount on Form				Yes No						
b If 'Yes,' explain the arrangement in Part XIII Ch			-	L						
Part V Endowment Funds. Complete if	the organization ans	wered 'Yes' on Form	990, Part IV, line 1	0.						
(a) Curren			(d) Three years back	(e) Four years back						
1 a Beginning of year balance										
b Contributions										
c Net investment earnings, gains, and losses										
d Grants or scholarships										
e Other expenditures for facilities and programs										
f Administrative expenses										
g End of year balance										
2 Provide the estimated percentage of the current	year end balance (line 1g	g, column (a)) held as:								
a Board designated or quasi-endowment	%									
	n ń									
c Temporarily restricted endowment	_ &									
The percentages on lines 2a, 2b, and 2c should	equal 100%.									
3 a Are there endowment funds not in the possessi organization by	on of the organization that	t are held and administere	ed for the	Yes No						
(i) unrelated organizations				. 3a(i)						
(ii) related organizations				. 3a(ii)						
b if 'Yes' on line 3a(ii), are the related organization				. 3b						
4 Describe in Part XIII the intended uses of the or		unds								
Part VI Land, Buildings, and Equipment Complete if the organization answers		990, Part IV, line 11a	a. See Form 990, P	art X, line 10.						
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value						
1 a Land		174,020.		174,020.						
b Buildings		174,019.	7,251.	166,768.						
c Leasehold improvements										
d Equipment										
e Other		<u> </u>								
Total. Add lines 1a through 1e (Column (d) must equ	ial Form 990, Part X, colu	mn (B), line 10c)		340,788.						
BAA			Sched	ule D (Form 990) 2016						

Schedule	D (Form 990) 2016 A WELL-FED WORLD		27-0865905	Page
Part VII	Investments — Other Securities. Complete if the organization answered	'Yes' on Form 990.	Part IV. line 11b. See Form 990. Part X	. line 12
(a) Des	scription of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year ma	
	cial denvatives	 	<u> </u>	
	ly-held equity interests			
(3) Other	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
(A)		<u> </u>	<u></u>	
$\frac{(B)}{(C)}$				
(C)		·}		
(D) (E)		·		
(F)		\ 		
(G)		· 		
(H)				
(1)				
Total		•		
Part VII	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year	market value
(1)		 	<u> </u>	·
(2)		 		
(3)		 		
<u>(4)</u> (5)		 		
(6)		 		
(7)		<u> </u>		
(8)				
(9)				
(10)				
Total	Other Assets.	· <u> </u>	<u> </u>	
Part IX	Complete if the organization answered			
<u>(1)</u>	(a) De	escription	(b)	Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(8)	· · · · · · · · · · · · · · · · · · ·			
(9)				
(10)				
	olumn (b) must equal Form 990, Part X, column (B)	line 15)	·····	
Part X	Other Liabilities. Complete if the organization answered 'Yes' on	Form 000 Dart IV line 1	Lio or 11f Soo Form 000 Part V line 25	
	(a) Description of liability	(b) Book value		
(1) Fed	eral income taxes			
(2)	· · · · · · · · · · · · · · · · · · ·			
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total		tests to the executed to the		
	or uncertain tax positions in Part XIII, provide the text of the foo		anciai statements that reports the organization's trability for t	

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	
 Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 		
1 Total revenue, gains, and other support per audited financial statements	1	1,356,012.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	1	
b Donated services and use of facilities	1 1	
c Recovenes of prior year grants		
d Other (Describe in Part XIII)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	1,356,012.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII)		
c Add lines 4a and 4b	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,356,012.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	1,348,606.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	1	
b Prior year adjustments	1 1	
c Other losses		
d Other (Describe in Part XIII)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	1,348,606.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII)		
C Add lines 4a and 4b	4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,348,606.
Part XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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.

OMB No 1545-0047 2016

Open to Public Inspection

Name of the organization A WELL-FED WORLD 27-0865905 General Information on Activities Outside the United States. Complete if the organization answered 'Yes' Part I on Form 990. Part IV. line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the **United States** 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (b) Number of (d) Activities conducted in (e) If activity listed in (f) Total (a) Region employees, agents, and independent offices in the the region (by type) (such (d) is a program expenditures for region as, fundraising, program service, describe and investments services, investments, specific type of in the region contractors grants to recipients service(s) in in the region located in the region) the region 0 O VEGAN LEVOCACY AND CONVINITA SHILDING GLOBAL GRANTS (1) North America 16,229. 0 (2) Central America O VEGAN FEEDING PROGRAMS GLOBAL GRANTS 4,500. 0 (3) East Asia and Pacific O VEGAN FEEDING PROGRAMS GLOBAL GRANTS 4,170. 0 (4) Europe O FEEDLYS AND FARMING AND FROM ADJOCAC! GLOBAL GRANTS 20,642. (5) Middle East 0 O VEGAN FEEDING PROGRAMS GLOBAL GRANTS 8,000. 0 (6) Russia O VEGAN FEEDING PROGRAMS GLOBAL GRANTS 1,500. 0 O VEGAN FEEDING PROGRAMS GLOBAL GRANTS (7) South America 2,281. (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)3 a Sub-total 0 0 57,322 **b** Total from continuation sheets to Part I . . .

c Totals (add lines 3a and 3b)

57,322

Schedule F (Form 990) 2016 A WELL-FED WORLD

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

-	(a) Name of organization	(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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
Ξ			Europe	VECAN FEEDING STPFGR	8,000.	WIRE	0.	NONE	NONE
(2)									
(3)									
(,
(2)									
(9)									
(2)									
(8)									
(6)									
(10)									
(11)									
(12)									
(13)				-					
(14)									
(15)									
(16)									
2 E	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as lax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	ions listed above that a sction 501(c)(3) equiva s or entitles.	are recognized as chilency letter	narities by the fore	iign country, recogni	ized as tax-exempt	by the IRS, or for w	hìch 	٦
BAA			l					Schedule F	Schedule F (Form 990) 2016

Page 3

Schedule F (Form 990) 2016 A WELL-FED WORLD

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

	יים מקשים מיים ו	o pondo muo					
(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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(5)							
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
ВАА						Schedule F	Schedule F (Form 990) 2016

Sche	dule F (Form 990) 2016 A WELL-FED WORLD	27-0865905	Page 4
Par	t IV Foreign Forms		
'n	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 Received 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)		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)	n 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)		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)	· · · · · Tes	X No

TEEA3505 09/26/16

Schedule F (Form 990) 2016

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Page 5

Supplemental Information Part V

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Pt I Line 2

FOLLOW-UP PROJECT REPORTS, PHOTOS (WHEN POSSIBLE), AND ORGANIZATIONAL NEWSLETTERS (ONLINE OR PRINTED), ARE COLLECTED AND FILED. OTHER DOCUMENTATION IS ALSO COLLECTED AND FILED AND FOLLOW-UP WITH 3RD PARTY SOURCES IS CONDUCTED WHEN DEEMED NECESSARY. NOTE: MANY INTERNATIONAL GRANTS GO THROUGH U.S. BASED ORGANIZATIONS.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.

Attach to Form 990. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States A WELL-FED WORLD
Part I | General Information on Grants and Assistance Department of the Treasury Internal Revenue Service
Name of the organization SCHEDULE I (Form 990)

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Open to Public Inspection

Employer Identification number

27-0865905

OMB No 1545-0047 2016

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answere Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	ance to Domesti for any recipient	c Organizations that received mor	lanizations and Domestic Governments. eceived more than \$5,000. Part II can be du	ernments. Il can be du	Complete if the organization answered 'Yes' on plicated if additional space is needed.	on answered 'Ye e is needed.	s, on
1 (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 noncash assistance	(h) Purpose of grant or assistance
(1) Africa_Network_Anımal_Well1031_33rd_Street_#174 Denver CO 80205	42-1722891	501(c)(3)	14,000.	0			Grant for anim
[4] Better_Health_Better_Life 2309_Avalon_Ave Baltimore MD 21217		501(c)(3)	46,000.	0			Grant for vega
(3) Black Vegans Rock	81-1358578	501(c)(3)	6,500.	0			Grant for Veda
(4) Brighter Green 165 COURT STREET	26-1380608	501(C)(3)	17,000.	0			Grant for Rese
[5] Brother_Wolf_Anımal_Rescu RO Box_8195Asheville NC 28814	20-8787719	501(C)(3)	. 000.	0			Grant for anım
161 Chillis on Wheels 701 Avenue C. Apt 7B Brooklyn NY 11218	47-3083906	501(C)(3)	8,500.	0			Grant for Vega
(7) Coalition for Healthy Sch PO Box 737 Mamaroneck NY 10543	43-2054405	501(C)(3)	18,500.	0			
(8) Compassion_Actions_Projec	27-2627420	501(C)(3)	7,000.	0			
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table.	and government org	anizations listed in the	line 1 table				
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instructio	ns for Form 990.		TEEA3901	11/03/16	Schedu	Schedule I (Form 990) (2016)

Continuation Sheet for Schedule I (Form 990)

 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

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Continuation Page

2016

Grant to Suppo Schedule I Cont (Form 990) 2016 Grant for vega Srant for even Frant for vega srant for Ethi Srant for vega Frant for Vega **Srant** for Vega srant for Cow Grant for Hip (h) Purpose of grant or assistance Employor identification number Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) 27-0865905 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, 0 Ö 0 0 0 0 (e) Amount of non-cash assistance 11,000. 88,032. (d) Amount of cash grant 37,500. 14,575. 91,750 32,500 61,250 5.500 24,000 10,000 TEEA4001 11/03/16 (c) IRC section (if applicable) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501(C)(3) 501 (C) (3) 501 (C) (3) 501(C)(3) 44-3173680 26-3681514 60-3019150 61-1512663 27-2476183 47-3548953 45-4549583 47-1591536 81-2841121 52-1302627 (p) EIN _ 451 HUNGERFORD DRIVE #119 _International Fund for Af. 77 Park Terrace_East #D19. _ DJ_Cavem_ = Organic_Garden _ Food_for_Life /_Juliana's Pursuit of a Green Planet - 924 Stallings Ave SE --_ 1213_SW_330th_Place____ - P.O. BOX 42363_SW____ _ 19215_ 32nd_Avenue_N.E._ - FARM (Farm Animal Rights _6301_Stevenson_Ave____ (a) Name and address of organization or government 10101 Ashburton Lane - FaunAccion Education - Food Not Bombs ----_ Grow Where You Are __ - Help Animals India -Federal Way WA 98023 Alexandria VA 22304 ROCKVILLE MD 20850 2040 S_Stuart_St_ Bethesda MD 20817 New York NY 10034 Atlanta GA 30316 ATLANTA GA 30311 Seattle WA 98155 Our Hen House_ Denver CO 80219 A WELL-FED WORLD Name of the organization

Form 990)
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Sheet for S
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 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

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Continuation Page

Schedule I Cont (Form 990) 2016 Grant for prom Grant for vega Grant for anim Grant for vega Grant for farm Grant for yout Grant for buil Grant for holi (h) Purpose of assistance Employer identification number Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) 27-0865905 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 ö C 0 C (e) Amount of non-cash assistance 21,000. 65,000 ,500, 8,000 25,000 (d) Amount of cash 12,500 60,000 9,500 TEEA4001 11/03/16 33, (c) IRC section (if applicable) 501(C)(3) 501(C)(3) 501(C)(3) 501(c)(3) 501 (C) (3) 501(C)(3) 501(c)(3)501(c)(3)47-2975068 47-5354495 81-0712013 77-0467495 16-1578939 52-2248977 46-0675457 46-5128341 (p) EIN Plant_Based_Foods_Associa 87_GRANGER_ROAD _____CHAPEL HILL NC 27516 _ YES!_ Youth for Environmen _ The Pollination Project _Triangle_Change_for_Al. 1563 Solano Ave #643_ Velvet's Vegan_Cuisine _11665_Cygnet_Drive___ (a) Name and address of organization or government Springfield VT 05156 2309 Avalon Ave ___ 3621 GRAND AVENUE PEP Foods, Inc. _ Baltimore MD 21217 Berkeley CA 94707 Berkeley CA 94703 _ 158 Massey_Road _ 3240 King Street __VINE_Sanctuary__ OAKLAND CA 94610 Waldorf MD 20601 _Tribe_of_Heart_ __<u>PO_Box_149</u>____ Ithaca NY 14851 A WELL-FED WORLD Name of the organization

Schedule I (Form 990) (2016)

Page 2 Schedule I (Form 990) (2016) A WELL-FED WORLD

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

can be duplicated if additional space is needed.	se is needed.				
(a) Type of grent or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book FMV, appraisal, other)	(f) Description of noncash assistance
1 Granz for expectional animal respue work (stroend grant)	1	15,000.			
2 Gerr for sealers of mean copecity - Better Saling International (stipen)	1	6,250.			
3 decr for separa of researchoosite - Better Sating Internetional (support)	П	6,250.			
4 Grant for vegan food distribution (stipend)	٠٠٠	5,000.			
5 Grant for Vegan Feeding Program & Outreach	24	13,237.			
9					
7					
Part IV Supplemental Information. Provide the informat	de the information	required in Part I, lin	ie 2; Part III, colum	ion required in Part I, line 2; Part III, column (b); and any other additional information.	ditional information.

TEEA3902 11/03/16

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

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Department of the Treasury Internal Revenue Service

Pt VI, Line 15a

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

Name of the organization

A WELL-FED WORLD

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THEN SHARED WITH THE ENTIRE BOARD FOR COMMENTS BEFORE IT IS SIGNED BY THE EXECUTIVE

Pt VI, Line 11b DIRECTOR AND FILED WITH THE IRS.

ANY ACTIONS THAT MAY INCLUDE A CONFLICT OF INTEREST ARE BROUGHT BEFORE

Pt VI, Line 12c THE BOARD OF DIRECTORS.

THE EXECUTIVE DIRECTOR'S COMPENSATION IS DECIDED BY THE BOARD OF DIRECTORS AND IS BASED ON COMPARABLE PAY FOR OTHER EXECUTIVE DIRECTORS OF ORGANIZATIONS OF COMPARABLE SIZE. THE DECISIONS REGARDING THE EXECUTIVE DIRECTOR'S SALARY ARE DOCUMENTED IN WRITING AT THE TIME OF

DECISION, THE LAST COMPENSATION REVIEWED IN DECEMBER 2015.