Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

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Open to Public

_	For the		and ar year or tay year basing inc.		- 11(V)	mspection		
<u>A</u> _			ndar year, or tax year beginning , 2017, and e	nuing	O Emple	, 20		
B⊓	Check if a	' '	C Name of organization A WELL-FED WORLD		D Employer identification number 27-0865905			
님	Address of		Doing business as A WELL-FED WORLD: PLANTS-4-HUNGER					
	Name cha	ange		om/suite	E Telephor			
닏	Initial retu	ım	1380 MONROE ST NW #222	(202)	495-1348			
닏	Final return	n/terminated	City or town, state or province, country, and ZIP or foreign postal code					
\sqcup	Amended		WASHINGTON, DC 20010			ceipts \$ 2,771,564.		
	Application	on pending	F Name and address of principal officer	-		subordinates? Tyes X No		
			DAWN MONCRIEF, 3936 S. SEMORAN BLVD #271, ORLANDO, FL	32822 H(b) Are all	subordinates	s included? 🗌 Yes 🔲 No		
<u></u>	Tax-exem	pt status_		(7) If "N	lo," attach a	list. (see instructions)		
J	Website:	► W	WW.AWFW.ORG	H(c) Group	exemption	number >		
K	Form of or	rganization	X Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of for	ormation 200	9 M State	of legal domicile DC		
P	art I	Summ	ary					
	1	Briefly de	escribe the organization's mission or most significant activities. A W	ELL-FED WORLD IS A P	LANT-BASED H	UNGER RELIEF, FOOD SECURITY,		
8			ONMENTAL ADVOCACY ORGANIZATION. IN ADDITION TO ONGOING RESEARCH AND					
ā			TIVE GROUPS THAT STRENGTHEN PLANT-BASED FEEDI					
E			is box ▶☐ if the organization discontinued its operations or dispos					
Š	I		of voting members of the governing body (Part VI, line 1a)		3	3		
æ	(of independent voting members of the governing body (Part VI, Iir		4	2		
ë	1		nber of individuals employed in calendar year 2017 (Part V, line 2:		5	3		
Ξ	1		nber of volunteers (estimate if necessary)		6	2		
Activities & Governance			elated business revenue from Part VIII, column (C), line 12		7a	0.		
_	1		ated business taxable income from Form 990-T, line 34		7b	0.		
	 			Prior Ye		Current Year		
	8	Contribut	tions and grants (Part VIII, line 1h)	1.34	5,452.	2,754,624.		
Revenue			service revenue (Part VIII, line 2g)		3, 132.			
Š	,	-	nt income (Part VIII, column (A), lines 3, 4, and 7d)	`	60.	5,434.		
æ	1		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,500.	11,506.		
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12		6,012.	2,771,564.		
	+		nd similar amounts paid (Part IX, column (A), lines 1–3)					
]		paid to or for members (Part IX, column (A), line 4)		8,829.	1,488,888.		
	1		other compensation, employee benefits (Part IX, column (A), lines 5-10		1 7 4 7	126 540		
Ses	1		onal fundraising fees (Part IX, column (A), line 11e)		1,747.	136,549.		
Expenses	I							
ă	1				0.20	746 400		
			penses (Part IX, column (A), lines 11a–11d, 11f–24e)		3,030.	746,499.		
		-	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		3,606.	2,371,936.		
. "		Revenue	less expenses. Subtract line 18 from line 12	Beginning of Cu	7,406.	399, 628. End of Year		
ts or	00 -	T-4-1	-t- (D+ V. P 40)					
Net Assets Fund Balanc	20		ets (Part X, line 16)		5,195.	1,111,864.		
	21		ulities (Part X, line 26)		2,491.	6,817.		
			ts or fund balances. Subtract line 21 from line 20	. 15.	3,704.	1,105,047.		
	art II		ture Block					
			ry, I declare that I have examined this return, including accompanying schedules and ete. Declaration of preparer (other than officer) is based on all information of which pre			ny knowledge and belief, it is		
	1	1	A MANAGER AND A STATE OF THE ST					
e:.		Super	XXIII-/ Jane >	Da	1/15/2	018		
Sig	1	,	ature of officer	Ua.	110			
He	ie		WN MONCRIEF, PRESIDENT AND CEO					
	1		or print name and title	T D-4-		LOTIN		
Pa	id	1	pe preparer's name Preparer's signature	Date	Check [
Pr	eparer	CRAIG	DENLINGER Craig Denlinger	11/15/201	8 self-emp	P01063062		
	e Only	Firm's n				47-2370837		
		Firm's a	ddress ▶ 6403 S Datura St, Littleton, CO 80120	Pho	one no. (3	03) 823-3220		
Ma	y the IR	S discuss	s this return with the preparer shown above? (see instructions)	RECEIV	<u> </u>	🔀 Yes 🗌 No		
For	Paperw	ork Redu	ction Act Notice, see the separate instructions. BAA	REV 12/05/17 PRO		Form 990 (2017)		
			<u>8623</u>	רבט פ = •	ĬŬ.	31		
			<u> වූ </u>	FEB 27 2	U19 19	(1)		

OGDEN, UT

Form 99	90 (2017) Page 2
Part	· · · · · · · · · · · · · · · · · · ·
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	PROVIDE DIRECT HUNGER RELIEF THROUGH PLANT-BASED FEEDING AND FARMING PROGRAMS,
	WHILE WORKING WITH POLICYMAKERS, INTERNATIONAL INSTITUTIONS, AND NGOS TO PROMOTE
	THE BENEFITS OF PLANT-BASED DIETS TO IMPROVE GLOBAL FOOD SECURITY, CONSERVE
2	NATURAL RESOURCES, AND CURB GREENHOUSE GASES. Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,600,773. including grants of \$ 1,488,888.) (Revenue \$ 0.)
	GLOBAL GRANTS: A WELL-FED WORLD'S SUSTAINABLE KEYS GLOBAL GRANTS EMPOWER GROUPS AND INDIVIDUALS TO EXPAND THEIR HIGHLY EFFECTIVE
	WORK ON BEHALF OF THEIR COMMUNITIES AND BEYOND. PRIORITIES INCLUDE PLANT-BASED FEEDING AND FARMING PROGRAMS AS DIRECT RESOURCES
	FOR PEOPLE IN NEED AND AS LONG-TERM STRUCTURAL IMPROVEMENTS. FUNDING AND MATERIAL
	ASSISTANCE ARE ALSO PROVIDED FOR MISSION-ALIGNED ADVOCACY AND MOVEMENT-BUILDING.
	······································
4b	(Code:) (Expenses \$ 716, 490. including grants of \$ 0.) (Revenue \$ 0.)
	ADVOCACY AND EDUCATION: A WELL-FED WORLD PRESENTS RESEARCH ON THE BENEFITS OF PLANT-BASED FOODS AND
	FARMING ON GLOBAL HUNGER, FOOD SECURITY, FOOD WASTE, BIOFUELS, CONSERVATION, AND CLIMATE CHANGE.
	FREE EDUCATIONAL MATERIALS ARE PROVIDED IN PERSON, IN PRINT, AND ONLINE AS A PUBLIC SERVICE.
	THE PLANTS FOR HUNGER PROGRAM IS BOTH A HUNGER RELIEF AND EDUCATION CAMPAIGN THAT PROVIDES AN ALTERNATIVE TO
	ANIMAL-BASED FEEDING PROGRAMS.
	•••••••••••••••••••••••••••••••••••••••
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	<u></u>
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 2,317,263.

Form 99	0 (2017)		F	age 🕻
Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	×	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	×	×
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? <i>If "Yes," complete Schedule C, Part II</i>	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	×	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		×
12 a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	×	
b	Schedule D, Parts XI and XII	12a	_ X _	
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		×
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	×	
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	×	
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		×
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		×
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		×
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		×

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Part	V Checklist of Required Schedules (continued)			
		,	Yes	No
_	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	×	
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	×	
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		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	20		X_
	\$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		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
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		×
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		×
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		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		J
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30	-	×
	Part I	31		×
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		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	_		
	19? Note. All Form 990 filers are required to complete Schedule O.	38		_ x

Part	V Statements Regarding Other IRS Filings and Tax Compliance		_	
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u>, , .</u>	. \square
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 14		'	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		ĺ
C	reportable gaming (gambling) winnings to prize winners?	1c	×	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	<u> </u>	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3	ļ		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4-		
_	If (IVan ") ambay his a name of the factors according	4a		_×
þ	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	ł		
	(FBAR).		}	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		ļ	
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1		j
а	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		 ^
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_	L	×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?	P	-	├
a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	 -	
10	Section 501(c)(7) organizations. Enter:	<u> </u>		†
а	Initiation fees and capital contributions included on Part VIII, line 12		1	Ì
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b]		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources			1
40-	against amounts due or received from them.)	400		·}
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	 -	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
is a	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	
a	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		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			_
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u> </u>	<u>×</u>
Secti	on A. Governing Body and Management		Yes	No
4	Establish a number of victims assent an of the accomplish healt, at the end of the toy year.		105	140
та	Enter the number of voting members of the governing body at the end of the tax year 1a 3	,		}
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
_	·			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		ĺ
~	any other officer, director, trustee, or key employee?		——	
3	Did the organization delegate control over management duties customarily performed by or under the direct			×
3	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		
4		4		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	6		×
6 7a	Did the organization have members or stockholders?	 		×
1 a	one or more members of the governing body?	7a		١.,
L	Are any governance decisions of the organization reserved to (or subject to approval by) members,	/a		×
ь	stockholders, or persons other than the governing body?	7b		
٥	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		×
8	the year by the following:			
_		8a	×	
a	The governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	OD		
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		×
Sacti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode l	
Secu	bir b. Folicies (This Section B requests information about policies not required by the internal never	<u>uc 0</u>	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	.00		- -
•	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			 -
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	_
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14		×
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?			
а	The organization's CEO, Executive Director, or top management official	15a	×	
	Other officers or key employees of the organization	15b		×
.=	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		×
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			<u> </u>
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ See Part VI, Line 17 st	:mt		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	1 501(c)(3)s	only
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	:▶	
	DAWN MONCRIEF, 3936 S. SEMORAN BLVD #271, ORLANDO, FL 32822 (202)495-1348			

	-
Page	•

Form 990 (2017)

	. <u></u>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	office of directo	unles	Pos neck ss pe	rson	e than of the state of the stat	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) DAWN MONCRIEF BOARD PRESIDENT & CEO	50.00	×	;	×				65,400.	0.	8,829.
(2) DAVID HERRING BOARD TREASURER AND SECRETARY	1.00	×		×				0.	0.	0.
(3) MILTON MILLS BOARD DIRECTOR	1.00	×		×			-	0.	0.	0.
(4)										
(5)										
(6)		_		-						
(7)			_							
(8)				 	 					
(9)					<u> </u>		_			
(10)										
(11)			-							
(12)			-		-					
(13)										
(14)										

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	office office or directo	unles er and	Pos leck is pe	more rson	than of the street or Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportabl compensatior related organizatio (W-2/1099-M	ns from	Esti amo compo froi orgar and	mated punt of their ensation the nization related izations	1
(15)							-							
(16)														
(17)		<u> </u>									-			
(18)											_			
(19)								-			_	 -	<u> </u>	
(20)											-			
(21)										 ,	_ -			
		ļ						L		i	_	<u> </u>		
(22)														
(23)														
(24)														
(25)														
1b c	Sub-total	VII, Section	n A			 	•	► ► ►	65,400. 65,400.		0.			329.
2	Total number of individuals (including but reportable compensation from the organi	t not limited					_			ore than \$1		of	<u> </u>	<u> </u>
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	fficer, direct						emp	-	est compe	nsated	3	Yes	No X
4	For any individual listed on line 1a, is the organization and related organizations individual	greater that	an \$1	150, ·	000	? #	f "Ye:	s," · ·	complete Sch	edule J fo	r such 	4		×
5	Did any person listed on line 1a receive of for services rendered to the organization?											5		×
	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) Compens	ation	
											-			
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

Part	VIII	Statement of Revenue	· · · · · · · · · · · · · · · · · · ·				
		Check if Schedule O contains a	response or note t			· · · · · ·	<u> </u>
				(A) Total revenue	(R) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax undor sections 512-514
nts	1a	Federated campaigns	1a 35,711.				
ons, Gifts, Grants Similar Amounts	ь	Membership dues	1b]		<i>-</i>	-
	С	Fundraising events	1c				
	d	Related organizations	1d	1			
ns, Sim	e	Government grants (contributions)	1e	}			
ntio er 9	f	All other contributions, gifts, grants, and similar amounts not included above		1	ł	!	
di ti		L L	1f 2,718,913.				
Contributions, and Other Sim	9	Noncash contributions included in lines 1a-		2,754,624.			
	h	Total. Add lines 1a-1f	Business Code	2,734,024.			
Program Service Revenue	2a			 			
Rev	b		1				
Se	C			 			
ervi	d		1			 -	
S E	е		••••				
gra	f	All other program service revenue	e .				
Pro	g	Total. Add lines 2a-2f	. >				
	3	Investment income (including					
		and other similar amounts)		5,434.	0.	0.	5,434.
	4	Income from investment of tax-exem					
	5	Royalties					
		(i) Real	(ii) Personal]			
	6a	Gross rents	00.				
	b	Less rental expenses		1			
	C	Rental income or (loss) 10,5 Net rental income or (loss)		10,500.	10,500.	0.	0.
	d 7a	Gross amount from sales of (i) Securities		10,300.	10,300.		
	, a	assets other than inventory	(,, , , , , , , , , , , , , , , , , , ,	1			
	ь	Less: cost or other basis		1			
		and sales expenses .					
	С	Gain or (loss)		1 1.			
	d	Net gain or (loss)	.				
ĭe	8a	Gross income from fundraising					
Ne.		events (not including \$		1			
Other Revenu		of contributions reported on line 10					
her		See Part IV, line 18	~ <u></u>		1		
ŏ		Less: direct expenses					
		Net income or (loss) from fundral Gross income from gaming activit		 			· · — · — · — · · — · · · · · · · · · ·
	94	See Part IV, line 19					İ
	h	Less: direct expenses		1			
		Net income or (loss) from gaming					
		Gross sales of inventory, le					
		returns and allowances					
	b	Less: cost of goods sold	b	1			
	С	Net income or (loss) from sales o	f inventory ▶				
		Miscellaneous Revenue	Business Code				
	l	OTHER INCOME	9999999	1,006.	0.	_0.	1,006.
	b						
	C						
	d	All other revenue	<u> </u>	1 000			
	12	Total. Add lines 11a-11d		1,006.	10 500		6 440
	12	Total revenue. See instructions.	<u> </u>	2,771,564.	10,500.	0.	6,440.

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	s must complete colu	mn (A).					
Check if Schedule O contains a response or note to any line in this Part IX										
	t include amounts reported on lines 6b, 7b, o, 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	1,111,130.	1,111,130.							
2	Grants and other assistance to domestic									
	ındıviduals. See Part IV, line 22	109,654.	109,654.							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign		į	1]					
	individuals. See Part IV, lines 15 and 16	268,104.	268,104.							
4	Benefits paid to or for members				<u> </u>					
5	Compensation of current officers, directors,									
	trustees, and key employees	65,400.	40,970.	13,080.	11,350.					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and	j								
_	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	53,209.	47,731.	4,270.	1,208.					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)									
9	Other employee benefits	8,829.	6,318.	1,291.	1,220.					
9 10	Payroll taxes	9,111.	6,498.	1,333.	1,280.					
11	Fees for services (non-employees):	2,111.	0,490.	1,555.	1,200.					
''	Management									
b	Legal	3,737.	0.	3,737.	0.					
C	Accounting	2,100.	0.	2,100.	0.					
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25, column									
	(A) amount, list line 11g expenses on Schedule O.)		·							
12	Advertising and promotion	3,323.	0.	0.	3,323.					
13	Office expenses	12,793.	9,093.	3,601.	99.					
14	Information technology	16,611.	12,152.	1,994.	2,465.					
15	Royalties									
16	Occupancy	04.071	24 071	0.						
17 18	Travel	24,871.	24,871.	<u> </u>	0.					
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings .	3,356.	3,356.	0.	0.					
20	Interest	3,330.	3,330.							
21	Payments to affiliates	 								
22	Depreciation, depletion, and amortization .	5,801.	0.	5,801.	0.					
23	Insurance									
24	Other expenses. Itemize expenses not covered				1					
	above (List miscellaneous expenses in line 24e. If				ł					
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)									
a	RACE CAMPAIGN	606,088.	606,088.	0.	0.					
b	PROJECT CONTRACTORS	62,807.	59,485.	0.	3,322.					
C	BUSINESS FEES	5,012.	0.	2,784.	2,228.					
đ	All other expenses									
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	2,371,936.	2,305,450.	39,991.	26,495.					
25 26	Joint costs. Complete this line only if the	2,311,330.	2,303,430.	39, 331.	20,493.					
20	organization reported in column (B) joint costs			ļ						
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if									
	following SOP 98-2 (ASC 958-720)	}								

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X End of year Beginning of year 330,763. 1 209,006. 2 50,423. 250,439. 3 34,221. 3 43,856. 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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). Complete Part II of Schedule L 6 7 273,576. 8 Prepaid expenses and deferred charges 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 348,039. 10b Less: accumulated depreciation 340,788. 10c 334,987. b 11 11 Investments—other securities, See Part IV, line 11 12 12 13 13 Investments—program-related, See Part IV, line 11 14 14 15 15 756,195. 16 1,111,864. 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 2,491. 17 6,817. 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 iabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 2,491. 26 6,817. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕱 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 753,704. 27 1,105,047. 28 0. 0. 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 753,704. 33 1,105,047. 33 Total liabilities and net assets/fund balances . . . 756,195. 1,111,864. 34 Form **990** (2017)

Page	12

Parl	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	·	<u></u> .		<u>. 🗆</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	771,	564.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	371,	936.
3	Revenue less expenses. Subtract line 2 from line 1	3		399,	628.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		753,	704.
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,	153,	332.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	<u> </u>	<u>. </u>
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olaın	in [1 1
	Schedule O.			_	_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			Ц	X
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled o	or		
	reviewed on a separate basis, consolidated basis, or both:		j] [
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			_	_
b	Were the organization's financial statements audited by an independent accountant?		. 2t	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	а		
	separate basis, consolidated basis, or both:				1 1
	➤ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			_	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov				
	of the audit, review, or compilation of its financial statements and selection of an independent account			:	× ,
	If the organization changed either its oversight process or selection process during the tax year, exp	olain	ın		
_	Schedule O.			_	لــــــا
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	orth	1		
_	the Single Audit Act and OMB Circular A-133?		· 3a	4-	<u> ×</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo such as a gradity and the organization did not undergo such as a gradity or sudity and the organization did not undergo such as		1		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	iuits.	3k	_1_	
			F	orm 99	0 (2017)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Vame	of t	he organization					Employer identification	number
A WI	ELI	-FED WORLD					27-0865905	
Par	t I	Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.
The d 1 2 3	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organization hospital's name, city, and state	e:	•				
5		An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II.)					al unit described in
6 7		A federal, state, or local govern An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				the general public
8		A community trust described in						
9		An agricultural research organi or university or a non-land-grauniversity:	nt college of agr	iculture (see instructio	ons). Ente	r the nan	ne, city, and state of	the college or
10		An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt fui t income and uni fter June 30, 197	nctions—subject to co related business taxal 75. See section 509(a	ertain exc ble incom i)(2). (Cor	ceptions, le (less se nplete Pa	and (2) no more that ection 511 tax) from art III.)	า 33¹/₃% of its
11		An organization organized and						
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	orted organization	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). See	e section 509(a)(3).
а		□ Type I. A supporting organ the supported organization supporting organization. Ye	(s) the power to	regularly appoint or e	lect a ma	jority of t		
b		☐ Type II. A supporting organization(s). You must a	the supporting o	rganization vested in	the same			
С		Type III functionally integ its supported organization(ally integrated with,
d		Type III non-functionally integrated that is not functionally integrequirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an	
е		Check this box if the organ functionally integrated, or 1						e II, Type III
f		nter the number of supported o						[
g		rovide the following information		·				
	(i) i	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) is the o listed in you docui		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
B)								
C)								
D)								
E)								

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.)

Secti	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
•		287,521.	846,637.	1,363,304.	1,345,451.	2,754,624.	6,799,737.
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	287,521.	846,637.	1,565,504.	1,345,451.	2,754,624.	6,799,737.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,703,305.
6	Public support. Subtract line 5 from line 4						2,096,432.
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	287,521.	846,637.	1,565,504.	1,345,451.	2,754,624.	6,799,737.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	20.	76.	7,163.	10,560.	15,934.	33,753.
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.	1,006.	3,110.
11	Total support. Add lines 7 through 10						6,836,600.
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for th		i's first, secon	d, third, fourth	n, or fifth tax ye	ear as a section	on 501(c)(3)
	organization, check this box and stop her			<u></u>	<u>. `</u>	· · · <u>·</u>	🕨 📋
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2017 (line 6	6, column (f) dı	vided by line 1	1, column (f))		14	30.66 %
15	Public support percentage from 2016 Sch						28.28 %
16a	331/3% support test—2017. If the organi						
	box and stop here. The organization qua	•		•			
	331/3% support test—2016. If the organithis box and stop here. The organization	qualifies as a p	oublicly suppo	rted organizat	ion		🕨 🗀
17a	7a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Explain in Part VI how the organization in supported organization	ntion meets the neets the "fact	e "facts-and-d s-and-circum: 	circumstances stances" test.	" test, check The organizati	this box and on qualifies as	stop here. s a publicly ▶ □
18	Private foundation. If the organization distructions						
			· · <u>· · · · · · · · · · · · · · · · · </u>	<u> </u>	· · · · ·	· · · · ·	<u> </u>

Part	Support Schedule for Organiza (Complete only if you checked the				nization faile	d to qualify ur	nder Part II.
	If the organization fails to qualify						
	on A. Public Support	4.1.0040	T (1) 0044	(*) 0045	100010	1 2 2 2 2 2	(0 Tabel
Caler 1	idar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		İ		/	ľ	
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	·					
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3						
L	received from disqualified persons . Amounts included on lines 2 and 3		-/-				
b	received from other than disqualified persons that exceed the greater of \$5,000				:		
_	or 1% of the amount on line 13 for the year Add lines 7a and 7b		/		<u> </u>		<u></u>
8 8	Add lines 7a and 7b Public support. (Subtract line 7c from line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	/					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	/					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b /						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, sheck this box and stop her	-		nd, third, fourth			
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line 8		-				<u>%</u>
16 Section	Public support percentage from 2016 Schon D. Computation of Investment Inc			• • • • •		16	%
17	Investment income percentage for 2017 (I			ov line 13. colur	mn (fl)	17	
18 19a	Investment income percentage from 2016 331/2% support tests—2017. If the organi	Schedule A,	Part III, line 17			18	%
	17 is not more than 331/3%, check this box a	and stop here	. The organizat	ion qualifies as a	a publicly supp	orted organizati	ion . ▶ 🔲
b	331/3% support tests—2016. If the organization 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did	d not check a	box on line 14	. 19a. or 19b. o	check this box	and see instru	ctions >

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.)

	on 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		
20	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	<u> </u>		
3a	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	- 3a		<u> </u>
ь	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)	JD		
	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		
С	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		
ъa	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		-		 -
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		<u> </u>
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		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	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	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		

D	5
Page	2

0-5-4	la A (Firm 200 ar 200 FT) coa?			_ ,
Part	e A (Form 990 or 990-EZ) 2017 V Supporting Organizations (continued)			Page
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	 	
ь	A family member of a person described in (a) above?	11b	<u> </u>	<u> </u>
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		
Secti	on B. Type I Supporting Organizations		14	T Ni -
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	Yes	No
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		
Secti	on C. Type II Supporting Organizations		<u> </u>	<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	<u></u> -		<u> </u>
			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		<u> </u>
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			
Casti	supported organizations played in this regard.	3		L
	on E. Type III Functionally Integrated Supporting Organizations	in other		
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below. 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			
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the 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.			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			

2b

За

reasons for the organization's position that its supported organization(s) would have engaged in these

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

activities but for the organization's involvement.

Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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	1a		
b Average monthly cash balances	1b		<u> </u>
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		·
e Discount claimed for blockage or other factors (explain in detail in Part VI).			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	······································	
Section C - Distributable Amount	I		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	6		
 emergency temporary reduction (see instructions). 7		tograted Type III current	ing organization (acc
i — Oneck here it the current year is the organization's first as a non-functional	ומו עו	tegrated Type III support	ing organization (see

Schedule A (Form 990 or 990-EZ) 2017

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	nizations		
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	h the organization is res	ponsive	_
	(provide details in Part VI). See instructions.	-		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
	Underdistributions, if any, for years prior to 2017			
2	(reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
	1			
<u>;.</u> b	From 2013		<u> </u>	
	Fare 0011	· ·		
	F 0045			
	F 0010			
U	Total of lines 3a through e			·- <u></u>
<u> </u>	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
— <u>''</u>	Carryover from 2012 not applied (see instructions)			
- -	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
7	Section D, line 7:		ļ	
а	Applied to underdistributions of prior years		·····	
	Applied to dilderdistributions of prior years Applied to 2017 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			<u> </u>
		· 		 .
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С				
d	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Par	۰.	Я
rac	16	v

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.)
See Sta	tement
	······································

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name o	f the organization		Employer identification number
A W	ELL-FED WORLD	1	27-0865905
Par	Organizations Maintaining Donor Adv Complete if the organization answered		ds or Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the benefit conferring impermissible private benefit?	and donor advisors in writing that gran fit of the donor or donor advisor, or fo	or any other purpose
Par			
	Complete if the organization answered '		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea		
	Protection of natural habitat	☐ Preservation of	a certified historic structure
	Preservation of open space	III	and the forms of a second subject
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified h	• •	
d	•	·	2d
3	Number of conservation easements modified, transtax year ►	sferred, released, extinguished, or term	ninated by the organization during the
4	Number of states where property subject to conse	rvation easement is located ▶	
5	Does the organization have a written policy revolutions, and enforcement of the conservation ea		oection, handling of · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing c	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspectin ▶\$	ng, handling of violations, and enforcing o	conservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?		· · · · · · 🗌 Yes 🗌 No
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of organization's accounting for conservation easements	of the footnote to the organization's fina	
Part	Organizations Maintaining Collection Complete if the organization answered		Other Similar Assets.
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the f	assets held for public exhibition, ed	ucation, or research in furtherance of
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar public service, provide the following amounts relative.	assets held for public exhibition, eding to these items	ucation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		▶ \$
_	(ii) Assets included in Form 990, Part X		· · · · • \$
2	If the organization received or held works of art, following amounts required to be reported under S	, historical treasures, or other similar FAS 116 (ASC 958) relating to these ito	assets for financial gain, provide the ems:
a	Revenue included on Form 990, Part VIII, line 1 .		<u>></u> \$
h	Assets included in Form 990, Part X		 .

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Page	4

Part	III Organizations Maintaining							
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and ot	her reco	rds, chec	k any of the	follov	ving that are a	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchange	e progi	rams	
b	☐ Scholarly research		е	☐ Othe	r			
С	☐ Preservation for future generations							
4	Provide a description of the organizate XIII.	on's collections a	and expl	aın how t	hey further t	he org	anization's exe	mpt purpose in Part
5	During the year, did the organization sassets to be sold to raise funds rather							
Part	IV Escrow and Custodial Arra							
	Complete if the organization 990, Part X, line 21.	answered "Yes	" on Fo	m 990, I	Part IV, line	9, or	reported an ar	mount on Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?							
b	If "Yes," explain the arrangement in Pa	rt XIII and comple	ete the fo	ollowing to	able:			
							F	Amount
C	Beginning balance					10		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		<u> </u>
2a	Did the organization include an amoun							_
	If "Yes," explain the arrangement in Pa Endowment Funds.	rt XIII. Check ner	e ir trie e	xpianatio	n nas been p	provide	on Part XIII .	<u> </u>
ıaı	Complete if the organization	answered "Yes	" on Foi	m 990 s	Part IV line	10		
	Complete ii the organization	(a) Current year		or year	(c) Two years		(d) Three years bac	k (e) Four years back
1a	Beginning of year balance			· · · · · · · · · · · · · · · · · · ·	1		<u> </u>	
b	Contributions							
c	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance				L			
2	Provide the estimated percentage of the		nd baland	ce (line 1g	j, column (a))	held a	as:	
а	Board designated or quasi-endowmen	t >	%					
b	Permanent endowment	%						
С	Temporarily restricted endowment ▶	%	000/					
3a	The percentages on lines 2a, 2b, and 2 Are there endowment funds not in the			ization th	at are hold a	nd ad	ministered for ti	ha
Ja	organization by:	possession or a	ie organ	Zanon in	at are rield a	iiiu au	illinistered for ti	Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related or							3b
4	Describe in Part XIII the intended uses							
Part	VI Land, Buildings, and Equip	ment.						
	Complete if the organization	answered "Yes	" on Fo	m 990, I	Part IV, line	11a.	See Form 990	, Part X, line 10.
	Description of property	(a) Cost or ot (investm		1	or other basis other)		Accumulated epreciation	(d) Book value
1a	Land			+	74,020.			174,020.
b	Buildings			1	74,019.		13,052.	160,967.
C	Leasehold improvements							
d	Equipment	ļ						
e Total	Other	ust equal Form 0	90 Part	X column	(R) line 10c	<u> </u>		334.987.

	(a) Description of security or categorial	gory	(b) Book value	(c) Method of valuati	
	(including name of security)			Cost or end-of-year mark	et value
	derivatives		•		
	neld equity interests		·		
3) Other					
(A)					
(B)					
(C)					
(D)					
(E) (F)					
(G)		,			
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments—Program Relat				
	Complete if the organization as		Form 990 Part IV line	L1c See Form 990 Part	X. line 13
	(a) Description of investment		(b) Book value	(c) Method of valuate	
	(a) Booshpaon of artosament		(5) 20011 14.40	Cost or end-of-year mark	
(1)			_ -		
(2)				 _	
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
otal. (Column (l	b) must equal Form 990, Part X, col (B) line 13)				
Part IX	Other Assets.				
	Complete if the organization a	nswered "Yes" or	Form 990, Part IV, line		
		(a) Description		(b) B	look value
(1)					
(2)		<u> </u>			
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	mn (b) must equal Form 990, Part X	col (R) line 15.)			
Part X	Other Liabilities.	, coi. (b) line 13.) .	 	· · · · · · · · · · · · · · · · · · ·	
raitA	Complete if the organization as	newered "Vee" or	Form 990 Part IV line	11e or 11f See Form 99	n Part X
	line 25.	iswered res or	11 01111 330, 1 arc 10, line	116 01 111. 000 1 01111 00	λο, ι αιτλ,
1.	(a) Description of liability	(b) Book va	alue		
	ncome taxes	(2, 333			
(1) Federal in					
					
(2)					
(2)					
(2) (3) (4)					
(2) (3) (4) (5)					
(2) (3) (4) (5) (6)					
(2) (3) (4) (5) (6) (7)					
(2) (3) (4) (5) (6) (7) (8)					
(2) (3) (4) (5) (6) (7) (8) (9)	b) must equal Form 990, Part X, col. (B) line 25)				

Part		er Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		0 771 565
1	Total revenue, gains, and other support per audited financial statements	·	2,771,565.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b		\dashv \vdash	
c d	Recoveries of prior year grants		
e	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	3	2,771,565.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	.	2,771,303.
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	-	
_	Add lines 4a and 4b	. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		2,771,565.
Part			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•	
1	Total expenses and losses per audited financial statements	. 1	2,371,936.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	<u>2,371,936.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIII.)	_	
	Add lines 4a and 4b	. 4c	0 071 006
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	2,371,936.
	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and	Oh, Dort V	line A. Dort V. line
2; Parl	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additiona	I information	on.
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			·
			
·			
·			
•••			

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

OMB No. 1545-0047

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

► Attach to Form 990.

2017

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

Open to Public Inspection

Name of the organization

Employer identification number

A WELL-FED WORLD				27-086	
Part I General Informatio Form 990, Part IV, line	14b.		the United States. Comp	plete if the organization and	swered "Yes" on
For grantmakers. Does the assistance, the grantees' e grants or assistance?	ligibility for th	e grants or as	sistance, and the selection		
 For grantmakers. Describe assistance outside the Unit Activities per Region. (The formal of the formal	ed States.	-			its and other
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) North America	0	0	ADVOCACY AND COMMUNITY BUILDING	GLOBAL GRANTS	6,415.
(2) East Asia and Pacific	0.	0	FEEDING PROGRAMS	GLOBAL GRANTS	11,000.
(3) Europe	0	0	FEEDING AND FARMING AND ADVOCACY	GLOBAL GRANTS	200,669.
(4) Middle East	0	0	FEEDING PROGRAMS	GLOBAL GRANTS	50,020.
(5)					
(6)					
(7)	<u> </u>				
(8)	ļ			}	
(9)					
(10)	<u> </u>				
(11)					
(12)					
(13)					
(14)					
(15)	<u> </u>				
(16)					
(17)					
3a Sub-total	0	0			268,104.
c Totals (add lines 3a and 3b)	0	0			268,104.

Page -2

Schedule F (Form 990) 2017

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. Part II

(2) (2) (4) (6)	of (b) IRS code section and EIN (f applicable)		(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)
(5) (4) (5)		, ,						
(3) (4) (6) (6)		Furope	Grant for film docum	5,603.	ONLINE	0.	NONE	NONE
(4)		Europe	Grant for vegan feed	10,000.	ONLINE	0.	NONE	NONE
(5)		Europe	Grant for animal san	173,664.	WIRE	0.	NONE	NONE
(5)		East Asia and Pacific	East Asia and Pacific Grant for animal adv	10,000.	ONLINE	0.	NONE	NONE
(9)		Middle East	Grant for animal adv	50,020.	WIRE	0.	NONE	NONE
E								
(8)								
(6)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter က

Enter total number of other organizations or entities

Schedule F (Form 990) 2017

BAA

REV 11/13/17 PRO

Schedule F (Form 990) 2017

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. Schedule F (Form 990) 2017 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant REV 11/13/17 PRO (c) Number of recipients (b) Region (a) Type of grant or assistance Part III (10) <u>E</u> (12) (13) (45) (16) (18) Ξ ල <u>4</u> 9 (15) (17) 8 (5) 6 8 <u>6</u>

Page 4

BAA	REV 11/13/17 PRO	Schedule F (Form 990) 201
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)		X 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)		⊠ 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).		⊠ 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)		⊠ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		⊠ No
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		🗷 No
Part	IV Foreign Forms		

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

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service Name of the organization A WELL-FED WORLD

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

Open to Public Inspection 20

OMB No 1545-0047

Employer identification number 27-0865905

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

es No	the selection criteria used to award the grants or assistance?	Ţ
	Joes the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	1 Dc
	General Information on Grants and Assistance	Partl

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

N

Fall	990, Part IV, line 21, 1	ssistance to DC for any recipient	that received mo	ore than \$5,000.	Part II can be di	uplicated if addition	Grants and Other Assistance to Domesuc Organizations and Domesuc Governments. Complete in the Organization answered trest of Porni 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	refed res off rollin
1 (a) Name	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	(d) Amount of cash (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 300 E	(1) 300 POUND VEGAN 1940! PARTHENIA ST. 12043 NORTHRIDGE CA 91324 47-4769303 501 (C) (47-4769303	501(C)(3)	136,624.	0			VEGAN ADVOCACY
(2) MaituFoods 6099 PATTILLO WAY L	(2) MaituFoods 099 PATTILLO MAY LITHONIA GA 33058 47-2562670 501 (C) (3)	47-2562670	501 (C) (3)	95,000.	0			Vegan Feeding Program
(3) INTERNI 9862 MAIN STR	(3) INTERNATIONAL FUND FOR AFRICA 982 MAIN STREET, SUITE A FAIRFAX VA 22031 61-1512663 501 (C) (61-1512663	501 (C) (3)	91,000.	0.			Vegan Feeding Program

Vegan Feeding

0

59,500

501 (C) (3)

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56,000.

501 (C) (3)

47-1591536

(5) GROW WHERE YOU ARE 6099 PATTILLO WAY LITHONIA GA 33058

0

55,000.

501 (C) (3)

3621 GRAND AVENUE OAKLAND CA 94610 | 81-0712013

(6) Plant Based Foods Association

JAS-451 HUNGERFORD DRIVE \119 ROCKVILLE ND 20850 \47-3548953

(7) Food for Life / Juliana's Sanctuary

Ö

42,500

501(C)(3)

0

30,000

501 (C) (3)

19215 32ND AVENUE NE SEATTLE WA 98155 26-3681514

(8) HELP ANIMALS INDIA

1200 NORTH ROLFT STREET #317 ARLINGTON VA 22209 26-3273351 (10) OUR HEN HOUSE P.O. BOX 310 GERMANTOWN NY 12526 27-2476183

(9) BY ANY GREENS NECESSARY

(11) Triangle Chickens Advocates

(4) PEP FOODS, INC. 2309 AVAION AVENUE BALTIMORE MD 21217 | 47-2974057

Vegan Farming

Vegan Feeding Program

Vegan Advocacy

Animal Care and Rescue

Vegan Education

Vegan Advocacy

0

25,000

501 (C) (3)

Ö

25,000

501 (C) (3)

87	87 GRANGER ROAD CHAPEL HILL NC 27516 46-5128341	16-5128341	501 (C) (3)	25,000.		0.				Animal Care an
(12)	(12) See Statement	! !		251 838						
8	2 Enter total number of section 501(c)(3) and gover	501(c)(3) and go	vernment organizations listed in the line 1 table	ions listed in the li	ne 1 table .					A
က	3 Enter total number of other organizations listed	ganizations lister	in the line 1 table					•	٠	A

Rescue

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Schedule I (Form 990) (2017)

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

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Schedule I (Form 990) (2017)

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance 77,526. 32,128 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients 1 Education and advocacy to African American communities 2 Animal protection and advocacy speaking tour (a) Type of grant or assistance Part IV Part III က 4 S 9

Schedule I (Form 990) (2017)

A WELL-FED WORLD

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

Continuation Statement Purpose of grant Vegan Feeding Program Vegan Feeding Program Vegan Feeding Program Community Building Animal Care and Rescue Animal Care and Rescue Environmental Advocacy Animal Care and Rescue or assistance Vegan Education Vegan Education ANIMAL ADVOCACY Animal Advocacy Vegan Education Animal Advocacy Vegan Education Animal Advocacy Vegan Education Vegan Education Vegan Advocacy Vegan Advocacy Vegan Advocacy Vegan Advocacy of assistance Description noncash (book, FMV, appraisal, Method of valuation other) Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments 。 。 0 0 · 0 0 ö 0 。 . 0 0 。 0 。 ö ö 0 ö 0 assistance ö Ö Amount of non-cash 13,500. 7,500. 21,500. 15,000. 14,500. 11,000. 10,000. 10,000. 10,000. 10,000. 9,500 9,250. 7,000. 7,000. 6,000. 6,000. 6,000. 20,000. 13,500. 12,038. 6,525. cash grant 20,525. Amount of IRC Section 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) 501(C)(3) 501(C)(3) 501 (C) (3) 501 (C) (3) 501(C)(3) 501 (C) (3) 501 (C) (3) 501(C)(3)473083906 811358578 475359545 161578939 465723375 522034417 512902917 591999433 814124366 467478504 270755383 271388790 461163821 522248977 471722891 521302627 261380608 202855094 760565621 815389577 464638061 812841121 1049 MCCOEMICK STREET, APT 404, NORTH HOLLYWOOD, CA 91601 P.O. Box 66234, Houston, TX 77266 6233 E. Sierra Morena, MESA, AZ 85215 P.O. Box 15, Mehoopany, PA 18629 488 Stow Ave Apt C, Oakland, CA 94606 P.O. Box 2472 , Cranberry Jownship, PA 16066 Food Not Bombs - Houston P.O. Box 238 , KAPAAU, HI 96755 Name and address of P.O. Box 9773, WASHINGTON, DC 20016 P.O. Box 607604 , CHICAGO, IL 60660 3321 Georgia Ave NA Unit 43885, Mashington, DC 20010 P.O. Box 149, Ithaca, NY 14851 0101 Ashburton Lane , Bethesda, MO 20817 .0. Box 16104 , Oakland, CA 94610 12 Milligan Lane , JOHNSON CITY, TN 37601 701 AVENUE C APT 7B , BROOKLYN, NY 11218 2309 Avalon Avenue , BALTIMORE, MD 21217 1031 33rd Street #174 , DENVER, CO 80205 165 Court Street #17, Brooklyn, NY 11231 Parrison Street No 14 , MASE_NGTON, DC 20015 Massey Road , SPRINGFIELD, VT 05156 2040 S Stuart Street , DENV3R, CO 80219 2309 Avalon Avenue, BALFIMORE, MD 21217 organization or government

A WELL-FED WORLD Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments

Continuation Statement

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370170110	501 (0) (3)	5 500	C	Vegan Education
840 N Eutaw Street, Baltimore, MD 21201	(0) (0) 100		•	
		251 238	c	
		. 0.00 / 10.2	.	

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Inspection Name of the organization Employer identification number A WELL-FED WORLD 27-0865905

Pt VI, Line 11b: 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
DIRECTOR AND FILED WITH THE IRS.
Pt VI, Line 12c: ANY ACTIONS THAT MAY INCLUDE A CONFLICT OF INTEREST ARE BROUGHT
BEFORE THE BOARD OF DIRECTORS.
Pt VI, Line 15a: 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.