Form **990**

Department of the Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Carriage	C World Hunger Relief, Inc. P. O. Box 639 Elm Mott, TX 76640 Ereleptone number	Α	For t	he 2017 calen	dar year, or tax year begir	ning 7/01	, 2017, and endir	ig 6/3	30		, 2018					
Name change	World Hunger Relief, Inc. P. O. Box 639 Elm Mott, TX 76640 E releptone number 2547995611	В	Check	if applicable:	С			<u> </u>		er ident	ification number					
Rame charge P. O. Box 639 E mother return E mother ret	E Telephone number 2547995611 F Nome and address of principal officer: Same As C Above Mol State of principal officer: Vest No Worldhungerrelief.org Me) is firm a group return for subordinates included? Vest No Worldhungerrelief.org Me) state of legal domicities Vest No Worldhungerrelief.org Me) Me all association No Worldhungerrelief.org Me) Me State of legal domicities TX No Worldhungerrelief.org Me) Me State of legal domicities TX No Worldhungerrelief.org Me) Me State of legal domicities TX No Worldhungerrelief.org Me) Me State of legal domicities TX No Worldhungerrelief.org Me) Me State of legal domicities TX No Worldhungerrelief.org Me) Me State of legal domicities TX No Worldhungerrelief.org Me) Me State of legal domicities TX No Worldhungerrelief.org Me) Me State of legal domicities TX No Worldhungerrelief.org Me) Me State of legal domicities TX No Worldhungerrelief.org Me) Me State of legal domicities TX No Worldhungerrelief.org Me) Me State of legal domicities TX No Worldhungerrelief.org Me) Me State of legal domicities TX No Worldhungerrelief.org Me) Me State of legal domicities TX No Worldhungerrelief.org Me) Me State of legal domicities TX No Worldhungerrelief.org Me) Me State of legal domicities TX No Worldhungerrelief.org Me) Me State of legal domicities TX No Worldhungerrelief.org Me) Me State of legal domicities TX No Worldhungerrelief.org Me) Me State of legal domicities TX No Worldhungerrelief.org Me) Me State of legal domicities TX No Worldhungerrelief.org Me) Me State of legal domicities TX No Worldhungerrelief.org Me) Me State of legal domicities No Worldhungerrelief.org No Worldhungerrelief.org Me) Me St		A	ddress change	World Hunger Rel	ief Inc										
Constructive teach Constru	Elm Mott, TX 76640 Caross receipts \$ 512, 417.		T _N	ame change	P. O. Box 639	ici, inc.										
Total return/terminded Amended return Application pending F Name and address of principal officer: Same As C Above Ha) is this a group return for subcidinates? Yes Yes Total subcidinates? Yes Ye	Filter F					40			Company to the Company of the Compan							
Amended return Application pending F Name and address of principal officer: H(a) is the a group return for subcontables? Yes Same As C Above Yes No. Application pending F Name and address of principal officer: Same As C Above Yes No. Application pending Yes No. Application	Same As C Above Hole is the a group reteath for subdodinates? Ves No No No No No No No N								254	1995	611					
Application pending F Name and address of principal officer: Same As C Above Tax-exempt status \$50(c)(3) \$50(c) * (insert no.) \$494/(a)(1) or \$527 \$70 \$	Name and address of principal officer: Same As C Above Same							1								
Tax-exempt status X 501(c)3 501(c) * (insert no.) 4947(a)(1) or 527	Same As C Above Sign(c) 1 (insert no.) 4947(a)(1) or 527 1706, etc. (see instructions) 1706		\vdash		FW											
Website: Now Now OverlathungerPelief.org Now Telephone	Month Mont			pplication pending	THE PLANTS DO NOT SELECT	officer:		1			100					
Website: Nov Nov DrildhungerPelief. Org No Group exemption number No Group No Grou	Month Mont	-	Tou	average states				If 'No,'	subordinates attach a list.	include (see ins	d? Yes Yes	No				
Part I Summary Briefly describe the organization's mission or most significant activities: See Schedule 0 2 Check this box	ary X Corporation Trust Association Other ► L Year of formation: 1976 MI State of legal domicile: TX Trust Association Trust Association Other ► L Year of formation: 1976 MI State of legal domicile: TX	<u>. </u>					4947(a)(1) or 527									
Briefly describe the organization's mission or most significant activities: See_Schedule_0	cribe the organization's mission or most significant activities: See_Schedule_0. Dox				w.worldhungerrel		Υ			9-2-10/00/- 12-						
Briefly describe the organization's mission or most significant activities: See Schedule 0. 2 Check this box	box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. If the organization discontinued its operations or disposed of more than 25% of its net assets. It voting members of the governing body (Part VI, line 1a). Independent voling members of the governing body (Part VI, line 1b). Independent voling members of the governing body (Part VI, line 1b). Independent voling members of the governing body (Part VI, line 1b). Independent voling members of the governing body (Part VI, line 1b). Independent voling members of the governing body (Part VI, line 1b). Independent voling members of the governing body (Part VI, line 1b). Independent voling members of the governing body (Part VI, line 1b). Independent voling members of the governing body (Part VI, line 1b). Independent voling members of the governing body (Part VI, line 1b). Independent voling members (Part VIII, column (C), line 12. Independent voling members (Part VIII, line 1b). Independent voling members (Part IX, column (A), lines 1-3). Independent voling members (Part IX, column (A), line 1b). Independent voling members (Part IX, column (A), line 1b). Independent voling members (Part IX, column (A), line 1b). Independent voling members (Part IX, column (A), line 2b). Independent voling members (Part IX, column (A), line 2b). Independent voling members (Part IX, column (A), line 2b). Independent voling members (Part IX, column (A), line 2b). Independent voling members (Part IX, column (A), line 2b). Independent voling members (Part IX, column (A), line 2b). Independent voling members (Part IX, column (A), line 2b). Independent voling members (Part IX, column (A), line 2b). Independent voling members (Part IX, column (A), line 2b). Independent voling members (Part IX, column (A), line 2b). I					Association Other ►	L Year of format	ion: 1976	M s	tate of I	egal domicile: TX					
2 Check this box	box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. voting members of the governing body (Part VI, line 1a)	Pa	πı	Summar	у											
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a). 4 Number of independent voting members of the governing body (Part VI, line 1b). 5 Total number of individuals employed in calendar year 2017 (Part VI, line 2a). 5 Total number of individuals employed in calendar year 2017 (Part VI, line 2a). 6 Total number of votinteers (estimate if necessary). 7a Total unrelated business revenue from Part VIII, column (C), line 12 7b Net unrelated business revenue from Part VIII, column (C), line 34. 8 Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 1p). 10 Investment income (Part VIII, line 2g). 110 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 1112, 7557. 113 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), lines 12). 3 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 3 Total fundraising expenses (Part IX, column (A), line 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 3 Total fundraising expenses (Part IX, column (A), line 25). 5 Total fundraising expenses (Part IX, column (A), line 25). 17 Other expenses (Part IX, column (A), line 12). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 20 Total assets (Part X, line 26). 20 Total assets (Part X, line 26). 21 Total liabilities (Part X, line 26). 22 Net assets or fund balances. Subtract line 21 from line 20. 5 Signature of fifteer. 5 Signature of fifteer. 5 Signature of fifteer. 5 Signature of fifteer.	box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. voting members of the governing body (Part VI, line 1a)		1	Briefly descri	be the organization's miss	ion or most significant ac	tivities: See_Scher	dule_0								
B Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2g). 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3). 13 Grants and similar amounts paid (Part IX, column (A), lines 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16a Professional fundraising expenses (Part IX, column (A), line 11e). 17 Other expenses (Part IX, column (A), lines 13-17, Vines 13-	box I if the organization discontinued its operations or disposed of more than 25% of its net assets. voting members of the governing body (Part VI, line 1a) 3 5 independent voting members of the governing body (Part VI, line 1b) 4 7 ber of individuals employed in calendar year 2017 (Part V, line 2a) 5 32 ber of volunteers (estimate if necessary) 6 1,000 lated business revenue from Part VIII, column (C), line 12 7a 0. ted business taxable income from Porm 990-T, line 34. 7b 0. Prior Year Current Year ons and grants (Part VIII, line 1h) 246,777, 271,057. ervice revenue (Part VIII, line 1h) 246,777, 163,812. t income (Part VIII, column (A), lines 3, 4, and 7d) 112,557, 163,812. t income (Part VIII, column (A), lines 3, 4, and 7d) 4, 117, 16,851. nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13,408, 35,722. d similar amounts paid (Part IX, column (A), lines 1-3) aid to or for members (Part IX, column (A), line 4). other compensation, employee benefits (Part IX, column (A), lines 5-10) 307,053, 240,083. all fundraising fees (Part IX, column (A), line 11e) raising expenses (Part IX, column (A), line 11e) raising expenses (Part IX, column (A), line 12) 167,410. 187,077. ness. Add lines 13-17 (must equal Part IX, column (A), line 25) 53,818. enses (Part IX, column (A), lines 11-11d, 11f-24e) 167,410. 187,077. ness. Add lines 13-17 (must equal Part IX, column (A), line 25) 53,818. enses (Part IX, column (A), lines 12 11d, 11f-24e) 163,93,26. 602,325. tites (Part X, line 16) 538,229. 598,511. ture Block I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and behef, it is true, correct, and epaper other than officer) is based on all information of which preparer has any knowledge.	e														
B Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2g). 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3). 13 Grants and similar amounts paid (Part IX, column (A), lines 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16a Professional fundraising expenses (Part IX, column (A), line 11e). 17 Other expenses (Part IX, column (A), lines 13-17, Vines 13-	independent voting members of the governing body (Part VI, line 1a). In independent voting members of the governing body (Part VI, line 1b). In independent voting members of the governing body (Part VI, line 1b). In independent voting members of the governing body (Part VI, line 2a). In independent voting members of the governing body (Part VI, line 2b). In independent voting members of the governing body (Part VI, line 1b). In independent voting members of the governing body (Part VI, line 2a). In independent voting members of the governing body (Part VI, line 1a). In independent voting members of the governing body (Part VI, line 1a). In independent voting members of the governing body (Part VII, line 1a). In independent voting members of the governing body (Part VIII, line 1a). In independent voting members of the governing body (Part VIII, line 1a). In independent voting members of the governing body (Part VIII, line 1a). In independent voting members of the governing body (Part VIII, line 1a). In independent voting members of the governing body (Part VIII, line 1a). In independent voting members of the governing body (Part VIII, line 1a). In independent voting members of the governing body (Part VIII, line 1a). In independent voting members of the governing body (Part VIII, line 1a). In independent voting members of the governing body (Part VIII, line 1a). In independent voting members of the governing body (Part VIII, line 1a). In independent voting members of the governing body (Part VIII, line 1a). In independent voting members of the governing body (Part VIII, line 1a). In independent voting members of the post of the best of my knowledge and belief, it is true, correct, and elegarer (other than officer) is based on all information of which preparer has any knowledge.	E														
B Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2g). 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3). 13 Grants and similar amounts paid (Part IX, column (A), lines 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16a Professional fundraising expenses (Part IX, column (A), line 11e). 17 Other expenses (Part IX, column (A), lines 13-17, Vines 13-	independent voting members of the governing body (Part VI, line 1a). In independent voting members of the governing body (Part VI, line 1b). In independent voting members of the governing body (Part VI, line 1b). In independent voting members of the governing body (Part VI, line 2a). In independent voting members of the governing body (Part VI, line 2b). In independent voting members of the governing body (Part VI, line 1b). In independent voting members of the governing body (Part VI, line 2a). In independent voting members of the governing body (Part VI, line 1a). In independent voting members of the governing body (Part VI, line 1a). In independent voting members of the governing body (Part VII, line 1a). In independent voting members of the governing body (Part VIII, line 1a). In independent voting members of the governing body (Part VIII, line 1a). In independent voting members of the governing body (Part VIII, line 1a). In independent voting members of the governing body (Part VIII, line 1a). In independent voting members of the governing body (Part VIII, line 1a). In independent voting members of the governing body (Part VIII, line 1a). In independent voting members of the governing body (Part VIII, line 1a). In independent voting members of the governing body (Part VIII, line 1a). In independent voting members of the governing body (Part VIII, line 1a). In independent voting members of the governing body (Part VIII, line 1a). In independent voting members of the governing body (Part VIII, line 1a). In independent voting members of the governing body (Part VIII, line 1a). In independent voting members of the post of the best of my knowledge and belief, it is true, correct, and elegarer (other than officer) is based on all information of which preparer has any knowledge.	err	2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets													
B Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2g). 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3). 13 Grants and similar amounts paid (Part IX, column (A), lines 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16a Professional fundraising expenses (Part IX, column (A), line 11e). 17 Other expenses (Part IX, column (A), lines 13-17, Vines 13-	independent voting members of the governing body (Part VI, line 1b). der of individuals employed in calendar year 2017 (Part V, line 2a). ber of individuals employed in calendar year 2017 (Part V, line 2a). ber of volunteers (estimate if necessary). lated business revenue from Part VIII, column (C), line 12. ted business taxable income from Form 990-T, line 34. but one and grants (Part VIII, line 1h). but one and grants (Part VIII, line 1h). but one (Part VIII, line 1h). but one (Part VIII, column (A), lines 3, 4, and 7d). but one (Part VIII, column (A), lines 3, 4, and 7d). but one (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). but one add lines 8 through 11 (must equal Part VIII, column (A), line 12). dismiliar amounts paid (Part IX, column (A), lines 1-3). aid to or for members (Part IX, column (A), line 4). buther compensation, employee benefits (Part IX, column (A), lines 5-10). all fundraising fees (Part IX, column (A), line 11e). but one compensation, employee benefits (Part IX, column (A), lines 5-10). all fundraising expenses (Part IX, column (D), line 25). but one compensation (A), lines 11a-11d, 11f-24e). carsing expenses (Part IX, column (A), lines 11a-11d, 11f-24e). carsing expenses. Subtract line 18 from line 12. carsing expenses. Subtract line 18 from line 12. carsing for Current Year End of Year ts (Part X, line 16). carsing for Current Year End of Year ts (Part X, line 26). carsing for Current Year End of Year 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and eparter (other than officer) is based on all information of which preparer has any knowledge.	8			ox > if the organization	5% of its		sets.								
B Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2g). 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3). 13 Grants and similar amounts paid (Part IX, column (A), lines 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16a Professional fundraising expenses (Part IX, column (A), line 11e). 17 Other expenses (Part IX, column (A), lines 13-17, Vines 13-	ber of individuals employed in calendar year 2017 (Part V, line 2a). 5 32 ber of volunteers (estimate if necessary). 6 1,000 lated business revenue from Part VIII, column (C), line 12. 7a 0. 7b	∞ ত	Δ	Number of in	denendent voting member	ning body (Part VI, line	1a)	an end eith ta	7776676			5				
B Net unrelated business taxable income from Form 990-T, line 34. 8 Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2g). 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3). 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16a Professional fundraising fees (Part IX, column (A), line 11e). 17 Other expenses (Part IX, column (A), line 25). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16). 20 Total assets (Part X, line 26). 21 Total liabilities (Part X, line 26). 22 Net assets or fund balances. Subtract line 21 from line 20. 23 Net assets or fund balances. Subtract line 21 from line 20. 24 Signature of efficer. Signature of efficer. Date	ber of volunteers (estimate if necessary). lated business revenue from Part VIII, column (C), line 12 ons and grants (Part VIII, line 1h). ons and grants (Part VIII, line 2g). t income (Part VIII, column (A), lines 3, 4, and 7d). one (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). ons and lines 8 through 11 (must equal Part VIII, column (A), lines 1-3). did to or for members (Part IX, column (A), lines 1-3). all fundraising fees (Part IX, column (A), line 2b) orange expenses (Part IX, column (A), line 2b) said fundraising fees (Part IX, column (A), line 1e). orange expenses (Part IX, column (A), line 1e). said fundraising fees (Part IX, column (A), line 1e). orange expenses (Part IX, column (A), line 1e). said fundraising fees (Part IX, column (A), line 1e). said fundraising fees (Part IX, column (A), line 1e). said fundraising fees (Part IX, column (A), line 1e). said fundraising fees (Part IX, column (A), line 1e). said fundraising fees (Part IX, column (A), line 1e). said fundraising fees (Part IX, column (A), line 2b) said fundraising fees (Part IX, column (A), line 2b) said fundraising fees (Part IX, column (A), line 2b) said fundraising fees (Part IX, column (A), line 2b) said fundraising fees (Part IX, column (A), line 2b) said fundraising fees (Part IX, column (A), line 2b) said fundraising fees (Part IX, column (A), line 2b) said fundraising fees (Part IX, column (A), line 2b) said fundraising fees (Part IX, column (A), line 2b) said fundraising fees (Part IX, column (A), line 2b) said fundraising fees (Part IX, column (A), line 2b) said fundraising fees (Part IX, column (A), line 2b) said fundraising fees (Part IX, column (A), line 2b) said fundraising fees (Part IX, column (A), line 2b) said fundraising fees (Part IX, column (A), line 2b) said fundraising fees (Part IX, column (A), line 2b) said fundraising fees (Part IX, column (A), line 2b) said fundraising fees (Part IX, column (A), line 2b) said fundraising fees (Part IX, column (A), line 2b) said	es		Total number	of individuals employed in	s of the governing body (rt // line 20)	** 633 633 63								
B Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2g). 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3). 13 Grants and similar amounts paid (Part IX, column (A), lines 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16a Professional fundraising expenses (Part IX, column (A), line 11e). 17 Other expenses (Part IX, column (A), lines 13-17, Vines 13-	lated business revenue from Part VIII, column (C), line 12. ted business taxable income from Form 990-T, line 34. The prior Year Current Year 246, 777. 271, 057. Instance (Part VIII, line 1h). Instance (Part VIII, column (A), lines 3, 4, and 7d). Instance (Part VIII, column (A), lines 3, 4, and 7d). Instance (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). Instance (Part VIII, column (A), lines 4, 20). Instance (Part VIII, column (A), lines 4, 20). Instance (Part VIII, column (A), lines 4). Instance (Part IX, column (A), line 4). Instance (Part IX, column (A), line 11e). Instance (Part IX, column (A), line 11a-11d, 11f-24e). Instance (Part IX, column (A), lines 11a-11d, 11f-24e). Instance (Part IX, lines 16). Instance (Part IX, line	1	6	Total number	of volunteers (estimate if	necessary)	nt v, inte za)	****** KAOK 60	SCHOOL E							
B Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2g). 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3). 13 Grants and similar amounts paid (Part IX, column (A), lines 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16a Professional fundraising expenses (Part IX, column (A), line 11e). 17 Other expenses (Part IX, column (A), lines 13-17, Vines 13-	Prior Year Current Year 246,777 271,05	Act	7a	Total unrelate	ed business revenue from	Part VIII. column (C), line	- 12			- 7	1,					
Recontributions and grants (Part VIII, line 1h). Program service revenue (Part VIII, line 2g). Investment income (Part VIII, column (A), lines 3, 4, and 7d). Investment income (Part VIII, column (A), lines 3, 4, and 7d). Investment income (Part VIII, column (A), lines 3, 4, and 7d). Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). Investment income (Part VIII, column (A), lines 11e). Investment income (Part VIII, column (A), lines 3, 4, and 7d). Investment income (Part VIII, column (A), lines 3, 4, and 7d). Investment income (Part VIII, column (A), lines 3, 4, and 7d). Investment income (Part VIII, column (A), lines 3, 4, and 7d). Investment income (Part VIII, column (A), lines 3, 4, and 7d). Investment income (Part VIII, column (A), lines 3, 4, and 7d). Investment income (Part VIII, column (A), lines 3, 4, and 7d). Investment income (Part VIII, column (A), lines 11e, 11e, 11e, 11e, 11e, 11e, 11e, 11	Prior Year		b	Net unrelated	business taxable income	from Form 990-T. line 34	e d e kiens ma ma ma me.	** *** *** **	OF 606 16964 16							
8 Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2g). 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12). 376, 859. 487 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), lines 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 307,053. 240 16a Professional fundraising fees (Part IX, column (A), line 11e). b Total fundraising expenses (Part IX, column (D), line 25). 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16). 21 Total liabilities (Part X, line 26). 22 Net assets or fund balances. Subtract line 21 from line 20. Date Signature Premiter Date Signature Printer Date	246,777. 271,057.			***************************************			3 - 3 - 1 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -			75	Current Vea					
Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d). Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12). Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12). Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12). Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12). Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12). Total revenue — add lines 8 through 11 (must equal Part IX, column (A), lines 1-3). Total fundraising add lines (Part IX, column (A), line 4). Total fundraising expenses (Part IX, column (A), line 11e). Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). Total assets (Part X, line 16). Total assets (Part X, line 16). Total liabilities (Part X, line 26). Total carried balances. Subtract line 21 from line 20. Total signature Block Total carried balances. Total liabilities (Part X, line 26). Total liabilities (Part X, line 26). Total carried balances. Total liabilities (Part X, line 26). Total	triccome (Part VIII, line 2g) tincome (Part VIII, column (A), lines 3, 4, and 7d) tincome (Part VIII, column (A), lines 3, 4, and 7d) tincome (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) tinue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) disimilar amounts paid (Part IX, column (A), lines 1-3) aid to or for members (Part IX, column (A), line 4) other compensation, employee benefits (Part IX, column (A), lines 5-10) all fundraising fees (Part IX, column (A), line 11e) traising expenses (Part IX, column (A), line 11e) statistic expenses (Part IX, column (A), line 25) statistic expenses. Subtract lines 18 from line 12 tites (Part X, line 16) to fund balances. Subtract line 21 from line 20 to fund balances. Subtract line 21 from line 20 tites (Part X, line 26) to fund balances. Subtract line 21 from line 20 tites (Part X, line 26) didectare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and reparter (other than officer) is based on all information of which preparer has any knowledge. 1 dectare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and reparer (other than officer) is based on all information of which preparer has any knowledge.	_	8	Contributions	and grants (Part VIII, line			77								
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12). 376,859. 487 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), lines 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 307,053. 240, 16a Professional fundraising fees (Part IX, column (A), line 11e). b Total fundraising expenses (Part IX, column (A), line 25)	tincome (Part VIII, column (A), lines 3, 4, and 7d) anue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) anue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) anue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) dismilar amounts paid (Part IX, column (A), lines 1-3) aid to or for members (Part IX, column (A), line 4) aid to or for members (Part IX, column (A), line 4) aid fundraising fees (Part IX, column (A), line 11e) arising expenses (Part IX, column (A), line 11e) arises (Part IX, column (A), lines 11a-11d, 11f-24e) anses Add lines 13-17 (must equal Part IX, column (A), line 25) arises expenses. Subtract line 18 from line 12 arises (Part X, line 16) arises (Part X, line 26) arises (Part X, line 26) arises (Part X, line 21) arises (Part X, line 21) arises (Part X, line 22) arises (Part X, line 23) arises (Part X, line 24) arises (Part X, line 25) arises (Part X, line 26) ari	- Fe	9	Program serv	rice revenue (Part VIII, line		112 5	57								
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12). 376,859. 487 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), lines 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 307,053. 240, 16a Professional fundraising fees (Part IX, column (A), line 11e). b Total fundraising expenses (Part IX, column (A), line 25)	Indue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Ne l	10	Investment in	ncome (Part VIII, column (/	-										
Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 376,859. 487 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 307,053. 240 16a Professional fundraising fees (Part IX, column (A), line 11e). b Total fundraising expenses (Part IX, column (D), line 25) 53,818. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 167,410. 187 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 474,463. 427 19 Revenue less expenses. Subtract line 18 from line 1297,604. 60 20 Total assets (Part X, line 16) 639,326. 602 21 Total liabilities (Part X, line 26) 538,229. 598 Part II Signature Block Under penalties of perjuy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	nue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	œ	11	Other revenue	e (Part VIII, column (A), lii	nes 5, 6d, 8c, 9c, 10c, an	id 11e)									
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16 Professional fundraising fees (Part IX, column (A), line 11e). 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16). 21 Total liabilities (Part X, line 26). 22 Net assets or fund balances. Subtract line 21 from line 20. 33 Revenue less of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date	d similar amounts paid (Part IX, column (A), lines 1-3). aid to or for members (Part IX, column (A), line 4). bither compensation, employee benefits (Part IX, column (A), lines 5-10). all fundraising fees (Part IX, column (A), line 11e). raising expenses (Part IX, column (D), line 25) senses (Part IX, column (A), lines 11a-11d, 11f-24e). senses (Part IX, column (A), lines 11a-11d, 11f-24e). senses Add lines 13-17 (must equal Part IX, column (A), line 25). sess expenses. Subtract line 18 from line 12. sets (Part X, line 16). sts (Part X, line 16). stor fund balances. Subtract line 21 from line 20. stor fund balances. Subtract line 21 from line 20. stor fund balances. Subtract line 21 from line 20. store Block I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and reparer (other than officer) is based on all information of which preparer has any knowledge.		12	Total revenue	e - add lines 8 through 11	(must equal Part VIII, co	lumn (A), line 12)									
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 53,818. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 38 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	add to or for members (Part IX, column (A), line 4)		13	Grants and si	imilar amounts paid (Part	X, column (A), lines 1-3)										
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 307,053. 240, 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 53,818. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 167,410. 187, 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 474,463. 427, 19 Revenue less expenses. Subtract line 18 from line 12 -97,604. 60, 20 Total assets (Part X, line 16) 639,326. 602, 21 Total liabilities (Part X, line 26) 101,097. 3, 22 Net assets or fund balances. Subtract line 21 from line 20 538,229. 598 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	other compensation, employee benefits (Part IX, column (A), lines 5-10)	- 1	14					_								
16a Professional fundraising fees (Part IX, column (A), line 11e). b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16). 21 Total liabilities (Part X, line 26). 22 Net assets or fund balances. Subtract line 21 from line 20. 23 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	raising expenses (Part IX, column (A), line 11e). raising expenses (Part IX, column (D), line 25) 53,818. raising expenses (Part IX, column (A), lines 11a-11d, 11f-24e). raises. Add lines 13-17 (must equal Part IX, column (A), line 25). raises. Add lines 13-17 (must equal Part IX, column (A), line 25). raises expenses. Subtract line 18 from line 12. raises expenses. Subtract line 18 from line 12. ratio (Part X, line 16). ratio (Part X, line 26). ratio (Part X, line 26). ratio (Part X, line 21). ratio (Part X, line 21). ratio (Part X, line 22). ratio (Part X, line 23). ratio (Part X, line 24). ratio (Part X, line 25). ratio (Part X, line 26).		15				307 0	53	240 0	183						
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16). 21 Total liabilities (Part X, line 26). 22 Net assets or fund balances. Subtract line 21 from line 20. 23 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer	raising expenses (Part IX, column (D), line 25) 53,818. enses (Part IX, column (A), lines 11a-11d, 11f-24e) 167,410. 187,077. enses. Add lines 13-17 (must equal Part IX, column (A), line 25) 474,463. 427,160. ess expenses. Subtract line 18 from line 12 97,604. 60,282. Beginning of Current Year End of Year ts (Part X, line 16) 639,326. 602,325. ities (Part X, line 26) 101,097. 3,814. er or fund balances. Subtract line 21 from line 20 538,229. 598,511. Eure Block I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and reparer (other than officer) is based on all information of which preparer has any knowledge.	ses	16 a				301,0	33.	240,0	05.						
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16). 21 Total liabilities (Part X, line 26). 22 Net assets or fund balances. Subtract line 21 from line 20. 23 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer	tenses (Part IX, column (A), lines 11a-11d, 11f-24e). Inses. Add lines 13-17 (must equal Part IX, column (A), line 25). Inses expenses. Subtract line 18 from line 12. Its (Part X, line 16). Ities (Part X, line 26). Ities (Part X, line 26). Ities (Part X, line 26). Ities (Part X, line 27). Ities (Part X, line 28). Ities (Part X, line 29). Ities	ë						O LANGE	TRANSPORTED TO THE	Chester of						
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16). 21 Total liabilities (Part X, line 26). 22 Net assets or fund balances. Subtract line 21 from line 20. 23 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer	ts (Part X, line 16). To response Subtract line 21 from line 20. To response Subtract line 21 from line 20. The sess expenses Subtract line 21	X				The state of the s										
19 Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year End of Year ts (Part X, line 16) 639, 326 602, 325. ities (Part X, line 26) 101,097 3,814. or fund balances. Subtract line 21 from line 20 538,229 598,511. ities Block I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and reparer (other than officer) is based on all information of which preparer has any knowledge.		-550								187,0	177.				
Total assets (Part X, line 16). Total liabilities (Part X, line 26). Net assets or fund balances. Subtract line 21 from line 20. Total liabilities of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer. Date	ts (Part X, line 16). tities (Part X, line 26). to or fund balances. Subtract line 21 from line 20. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and reparer (other than officer) is based on all information of which preparer has any knowledge.		0.000								427,1	.60.				
Total assets (Part X, line 16). Total liabilities (Part X, line 26). Net assets or fund balances. Subtract line 21 from line 20. Total liabilities (Part X, line 26). Net assets or fund balances. Subtract line 21 from line 20. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date	ts (Part X, line 16)	_	19	Revenue less	expenses. Subtract line 1	8 from line 12		7.	-97,6	04.	60,2	82.				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date	ities (Part X, line 26)	9 0						Beginnin	g of Curren	t Year						
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date	ture Block I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and reparer (other than officer) is based on all information of which preparer has any knowledge.	3ala														
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date	ture Block I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and reparer (other than officer) is based on all information of which preparer has any knowledge. Knowledge	a pu					S NEEDELEE SERVICE SERVICE		101,0	97.	3,8	14.				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date	I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and reparer (other than officer) is based on all information of which preparer has any knowledge.					ne 21 from line 20			538,2	29.	598,5	11.				
Sign Date	Kneyfeling 16	Pa	rt II	Signatur	e Block											
Sign Date	Kneyfeling 16	Unde	r penal	Ities of perjury, I de	eclare that I have examined this return (other than officer) is based on	irn, including accompanying sche	dules and statements, and to	the best of my	knowledge	and beli	ef, it is true, correct, ar	nd				
Sign	Nature of officer Date			1. /	1 1 1 1 1	/	nas any knowledge.									
Sign	Date Date			Signatur	may fleting !!	Σ										
MORO IN VENEZA DE AVI	A DESTRUCTION OF THE SECOND SE	Sig	n		0											
Here Kasey Ashenfelter President Type or print name and title	asey Ashenfelter President	пеі	e	Kase Type or	ey Ashenfelter			Presi	dent							
		-			0.20, 0.30, 0.00, 0	Dranavar's signature	To-ta		1.	7 1	DTIN					
Cleck M II	Clieck A II	-			County Control (Microsoft Control Cont		Date		100°	=						
Paid Isabel Weeden Isabel Weeden self-employed P01259370									self-employ	ed	P01259370					
Preparer Use Only Firm's address Isabel E Weeden, CPA Firm's address Isabel E Weeden, CPA Firm's FIN P				1					-	7						
Too kiver kidge brive		U31	. 01	Firm's addre												
TACK THE PROPERTY OF THE PROPE	Waco, TX 76705 Phone no. 254-292-8770 This return with the preparer shown above? (see instructions)								Phone no.	254-						

	1990 (2017) World Hunger Relief, Inc.	74-1880456	Page 2
Par	- The state of the		
1	Check if Schedule O contains a response or note to any line in this Part III		X
1:			
	See Schedule 0		
	FHEE F		
2	Did the organization undertake any significant program services during the year which were not listed on the prior		
-	Form 990 or 990-EZ?	—————————————————————————————————————	
	If 'Yes,' describe these new services on Schedule O.	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servi	ices? Yes	X No
	If 'Yes,' describe these changes on Schedule O.	iccs les	V NO
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by	expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations and revenue, if any, for each program service reported.	to others, the total e	xpenses,
4 a		venue \$)
	Maintain a training farm that serves as a living classroom for int	erns, tour gr	coups
	and other service learning activities, to include a small diversif	ied_livestock	k herd
	and a vegetable operation. Training is conducted in farming, commu	nity developm	ment
	and holistic approaches to improving lives. Provided discounts on	<u>fresh farm pr</u>	coduce
	to low income individuals and seniors in the Central Texas area.		
4 b	(Code:) (Expenses \$ including grants of \$) (Rev	venue \$)
		-	
	=======================================		
4 c	(Code:) (Expenses \$ including grants of \$) (Rev	venue \$	Ň
		rende \$)
		. – – – – – –	
4 d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		1
	Total program service expenses ► 256.681		

			_	_
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete		Yes	No
2		1	X	
:	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Build the organization engage in direct or indirect political expensions.		X	
	B Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	in effect during the tax year? If 'Yes,' complete Schedule C, Part II			X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.	5		X
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	_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,'			X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian services? If 'Yes,' complete Schedule D, Part IV.	8		X
10	Did the organization, directly or through a state of	9		X
	Tes, complete schedule D, Part V	10		Х
	or X as applicable.			<u> </u>
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule	11 a	х	12000
	abolic the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b	X	
//	assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c	*	Х
	in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		X
-	but the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
1	the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D. Part X.	11 f		X
	Schedule D, Parts XI and XII	12a		X
	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D. Parts XI and XII is entired.	12b		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule F	13		X
146	r bid the organization maintain an office, employees, or agents outside of the United States?	14a		X
t	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.			v
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.	14b		<u>X</u>
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	15	+	<u>X</u>
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).	16		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	+	X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
BAA	TEEA0103L 08/08/17	13	200 (5	Λ.

Form 990 (2017) World Hunger Relief, Inc. Part IV Checklist of Required Schedules (continued)

20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a	Yes	N
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		
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		
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		H
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?			
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24c 24d	-	
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		
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		
	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		
7	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		
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A 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		
9	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.	29		
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30		
	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	TEIT	
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		
4	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		
Бa	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		
3	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		
7	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		
2	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	

Form 990 (2017) World Hunger Relief, Inc. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V....

	1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	b Litter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	100000000000000000000000000000000000000		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	1 c		798
	on at least one is reported on line 2a, did the organization file all required federal employment to a return 2	4	V	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to a file (see instant)	2b	Х	
	by the organization have unrelated business gross income of \$1,000 or more during the user?		To Design	V
	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0.	3 a		X
	financial account in a foreign country (such as a bank account, securities account, or other authority over, a	3 b		
	and the name of the foleldit confilts:	4a		X
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		0.14	
	a ridd the digaritzation a party to a prohibited tax shelter transaction at any time during the tax and			V
	to a porty flority the utualization that it was or is a porty to a problem.	5 a		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 b		X
(Sa 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?	5 c		
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were Organizations that may receive deductible and the statement of the s	6 a		X
7	Organizations that may receive deductible contributions under section 170(c).	6 b		
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
		7 a		X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file d If 'Yes,' indicate the purples of 5 and 2000 to	7 b		
	d If 'Yes,' indicate the number of Forms 8282 filed during the year. 7d	7 c		X
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 e		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	7 f		Χ
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 g	-	
8	organization being an annual maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7h	Description of the last of the	Plants.
9	Sponsoring organizations maintaining donor advised funds.	8		
	a Did the sponsoring organization make any taxable distributions under section 4966?			
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9 a		
10	Section 501(c)(7) organizations. Enter:	9 b		De.Historia
	a Initiation fees and capital contributions in the second capital			
	D GFOSS receipts, included on Form 990, Part VIII, line 10, feet the			
11	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	against amounts due or received from them.)			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
	to test the amount of tax-exempt interest received or accrued during the year	12a		and the
15	Section 501(c)(29) qualified nonprofit health insurance issuers	Two S		
	a is the organization licensed to issue qualified health plans in more than one state?	13a	-	
	Note: See the instructions for additional information the organization must report on Schedule O	.04	No.	250
	Enter the amount of reserves the organization is required.			
	13h	Ton	1	
14	c Enter the amount of reserves on hand		7	
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
BAA		14b		
		arm (200 /2	017

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

Check if Schedule O contains a response or note to any line in this Part VI.

Se	ction A. Governing Body and Management			E-103 103 C	[Х
	Face no. 1 2 6			Yes	No
1	a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members	1a (5	The sale	
	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.		, test		
	b Enter the number of voting members included in line 1a, above, who are independent		1942 T	774	
2	Did any officer, director, trustee, or key employee have a family relationship or a hyginasa relationship	ata the same of	-	NIA.	
	officer, director, trustee, or key employee?	nip with any other	2		v
3	UILLINE OF ADIZATION delegate control over management of the				X
4	respond to a management company or other pers	on?	3		Х
	since the prior Form 990 was filed?		,		v
5	bld the organization become aware during the year of a significant diversion of the organization	ion's assoto?	-		X
6	bid the organization have members or stockholders?		6		X
7	a Did the organization have members, stockholders, or other persons who had the power to elect or a members of the governing body?	aura/faza rareare meternirekenneken	7 a		Х
	b Are any governance decisions of the organization reserved to (or subject to approval by) men stockholders, or persons other than the governing body?	2000 00 00 00 00 00 00 00 00 00 00 00 00			
8	Did the organization contemporaneously document the meetings held or written actions undertaken	COMMON CONTRACTOR CONT	7 b		X
	some matronicing.				
	a The governing body?		8a		X
	b Each committee with authority to act on benalf of the governing body?		8 b		X
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannorganization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		9		Х
e	ction B. Policies (This Section B requests information about policies not requ	uired by the Internal Re	evenu	ie Co	de.)
				Yes	No
10	a Did the organization have local chapters, branches, or affiliates?	******************	10 a		X
	o if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and operations are consistent with the organization's exempt purposes?		10 b		
111	a rias the organization provided a complete copy of this form 990 to all members of its governing body before filing the f	rm?	11 a	Х	
12:	Describe in Schedule O the process, if any, used by the organization to review this Form 990	See Schedule O			
1	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	Interes communications	12a	X	
•	to conflicts?	ould give rise	12b	Х	
(Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Ye Schedule O how this was done	T. J T		Λ	
13	Did the organization have a written whistleblower policy?	******************	12 c		X
14	Did the organization have a written document retention and destruction policy?	titel had all total total rawner early con-	14	X	
15	Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and dec	by independent		Λ	
ā	The organization's CEO, Executive Director, or top management official See . Schedule.	.0.	15a	Х	
Ł	Other officers or key employees of the organization	Est bid bit interpretation and service	15 b	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).				87
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar taxable entity during the year?	arrangement with a	16 a		Х
b	of 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate participation in joint venture arrangements under applicable federal tax law, and take stops to	e its	100		St.
ec	organization's exempt status with respect to such arrangements?tion C. Disclosure		16 b		
	List the states with which a copy of this Form 990 is required to be filed ► None				
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an for public inspection. Indicate how you made these available. Check all that apply.	d 990-T (Section 501(c)(3)s	only) a	– – – availal	ble
		(explain in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest polithe public during the tax year. See Schedule O	cy, and financial statements availab	ole to		
0	State the name, address, and telephone number of the person who possesses the organization's bool	s and records:			
	Erin Williams P O Box 369 Flm Mott TV 76705 254-700-561				

Form 990 (2017)	World	Hunger	Relief.	Tno
		TAGILACT	MCTTCI.	1116

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the
- 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
- 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 nor any related organization compensated any current officer, director, or trustee.

	T	T	-			-	,	T	or, or trustee.	
(A) Name and Title	(B) Average hours per	tha	n one s both dir	box, an or ector	not ch , unle office r/trust		on	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
(1) D	week (list any hours foi related organiza tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Dee Dee Carson Director	2									ST. TANKS
(2) Kasey Ashenfelter	0	X						0.	0.	0.
President	$-\frac{3}{0}$			Х				0.		
_(3) Jo Anne Beaty	3			11		\vdash	-	0.	0.	0.
Vice President	0			Х			- 1	0.		11.62
(4) Todd Stoner	3			21			-	0.	0.	0.
Treasurer	0	1		Х			- 1	0.		5
(5) Randall Brown	3		1			-	+	0.	0.	0.
Secretary	0	1 1		Х				0.		
_(6) Rebecca Mann	40		+	A			\dashv	0.	0.	0.
Interim Executive Director					x			E 000		
7 Patrick Lillard	40			-	Λ	-	+	5,080.	0.	0.
COO & Education Director					Х			40 700		
_(8) Jeremy Everett	20		+	-	Δ	-+	+	48,700.	0.	0.
Senior Fellow	- 20				Х			10 000		
(9)			1	1	Λ	1	+	18,000.	0.	0.
(10)			+	\dashv	\dashv	+	+		-	
(11)		-	+	+	-		+			
(12)										
(13)				1	\dashv	+	+			
(14)		1		+	\dashv		+			
ВАА	TEEA01	07L (08/08/	17			L			Form 990 (2017)

Fact vii Section A. Officers, Directors, Tru	(B)				2)						0011	anaca,
(A) Name and title	Average hours per week	offic	, unle cer ar	check ess pend a	erson direct	than is bot or/trus	h an stee)	Reportable compensation from	(E) Reportable compensation from	an	(F) Estimate	other
	(list any hours for related organiza tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	0	ompensa from the organizati and relate rganizatio	e ion ed
(15)						ä						
(16)												
(17)			1									
(18)			-									
(19)								Ť				
(20)			+			-	-					
(21)			+	-								
(22)			+				-					
23)			+				+					
24)			+									
25)			+	1								
1 b Sub-total						_		71,780.	0.			0
c Total from continuation sheets to Part VII, Section	n A		ere.	esca s		1	٠ -	0.	0.			0
d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to the argument to th	to those lis	sted a	bove	e) w	ho r	eceiv	ed n	71,780.	of reportable comp	oncotio	n	0
from the organization • 0				· ·			04 11	ποτο τημη φτου,ουσ	or reportable comp	ensauc	11.1	
3 Did the organization list any former officer, directed on line 1a? If 'Yes' complete Schedule I for such	or, or trus	tee, I	кеу	emp	oloy	ee, c	r hic	ghest compensate	d employee		Yes	No
 on line 1a? If 'Yes,' complete Schedule J for such For any individual listed on line 1a, is the sum of the organization and related organizations greater such individual. 	muividua	<i>u.</i>					Sec	de comunicación esta esta esta esta esta esta esta esta	CERCO CERCERTARA	. 3	Service.	Х
Such individual	*******			1505	1000			***********	SEE SEE SAME END KIKE KAKE	4	Si to S	Х
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If 'Yes,</i>	compens complete	ation e Sch	froi nedu	m a ile J	ny ι I for	inrel: suct	ated pe	organization or in	ndividual	. 5		X
1 Complete this table for your five highest compens	ated inde	pende	ent o	cont	tract	ors t	hat	received more that	an \$100,000 of			
compensation from the organization. Report compens. (A) Name and business addre		ne cal	enda	ar ye	ear e	endin	g wit	th or within the orga (B) Description of		22	C)	
								_ 5551170011 01	-3,1,000	Jorripe	a isaliU	
							1					
Total number of independent contractors (including but	t not limit	ad to	thee	م انم	tod	aha:	2)	ho received				
\$100,000 of compensation from the organization	0	JU IU	11105	G 115	ieu	anov	w (S	no received more th	1ai i			

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from to
i a Federa	ed campaigns				Teveride		512-514
b Wembe	rship dues						
d Related	sing events organizations	<u>1c</u>					
e Governme	nt grants (contribut	tione) 1d	-				
5 f All other			32,539.				
g Noncash o	contributions, gifts, nounts not included ontributions include	d in lines 1a-1f: S	230,310.				
	dd lines 1a-1f.			271 057			
			Business Code	271,057.			-4 - Em 25 - 2
b Tuiti c Other d e f All other	Income		111000	109,706.	109,706.		
b Tuiti			611600	35,274.	35,274.		
c Other			111000	18,832.	18,832.		
a				207002.	10,032.		
f All other							
g Total A	program servii	ce revenue					
	nt income (163,812.			
other sir	nilar amounts)	luding dividend	s, interest and	14.14			
4 Income	rom investmen	t of tax-exempt	bond proceeds	16,851.	16,851.		
5 Royalties			bond proceeds :				
1		(i) Real	(ii) Personal				
	nts. , , , , ,						
	ntal expenses						
c Rental inco	me or (loss)						
d Net renta	al income or (lo	ss)				TENEDAL TE	
7 a Gross amou	int from sales of r than inventory	(i) Securities	(ii) Other				
	xpenses						
	loss)						
d Net gain	or (loss)		(deretar expense)	NAMES OF STREET, STREE	THE REAL PROPERTY.		
8a Gross ind (not inclu	ome from fund	raising events					
See Part	IV line 19	ronnine (c).			TO 100 100 100		
b Less: dire	ect expenses						
c Net incor	ne or (loss) from	m fundraising o	vents				
9 a Gross inc	ome from gami						
b Less: dire	ct expenses						
			ties			SAN SANTE ART	
			ues				
and allow	es of inventory, ances	, less returns	60 607				
b Less: cos	t of goods sold.	b	00/05/.		Seate Seate		
c Net incon	ne or (loss) from	n sales of inver	24,975.	25 700			
Mis	cellaneous Revenue	i iiivei	Business Code	35,722.	35,722.		
11a				AND DESCRIPTION OF THE PARTY OF	ATE AND ADDRESS OF BUILDING		
b							
C							***************************************
	evenue						
e rotal. Add	i iines 11a-11d			titu			
12 Total reve				487,442.			

Form 990 (2017) World Hunger Relief, Inc. Part IX Statement of Functional Expenses

6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.		охропосо	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3					
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	71,780.	0.	71,780.	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	151,242.	106,041.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	101/242.	100,041.		45,201.
9	Other employee benefits				
10		17,061.	8,112.	F 401	2 152
11	Fees for services (non-employees):	17,001.	8,112.	5,491.	3,458.
	Management				
	Legal				
	Accounting	8,161.		0.161	
	Lobbying	0,101.		8,161.	
e	Professional fundraising services. See Part IV, line 17				
	Investment management fees	1,502.		1 500	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule (A)	1,302.		1,502.	
	Advertising and promotion.	2,640.			2,640.
13	Office expenses	2,818.		2,818.	2,040.
	Information technology.			2,010.	
	Royalties				
	Occupancy				
	Travel	2,500.	2,500.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	743.	743.		
20	Interest	5,614.	743.	F 614	
21	Payments to affiliates	0,011.	-	5,614.	
	Depreciation, depletion, and amortization	20,001.	20,001.		 :
23	Insurance	15,832.	20,001.	15,832.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).	20,002.	Period Care	13,032.	
а	Farm_Expenses	77,626.	77,626.		
	Produce and Meat Purchases	41,658.	41,658.		
c	Miscellaneous	5,463.	11,000.	5,463.	
d	Postage and Shipping	2,519.		5,405.	2,519.
е	All other expenses				2,313.
25	Total functional expenses. Add lines 1 through 24e	427,160.	256,681.	116,661.	53,818.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				,

Part X Balance Sheet

-		Check if Schedule O contains a response or note	to any line	e in this Part X	A 60 F F F F F F F F F F F F F F F F F F		
					(A) Beginning of year		(B) End of year
	1	Tion interest bearing.	aleas exxixos	3 - 1 - 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	4,355	. 1	
	2	davings and temporary cash investments			4,333	2	30,492
	3	rieuges and grants receivable, net				3	26,236
	4	Accounts receivable, net		G 524 L L		4	
	5		officers,	directors,			6,626
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), persons described in section 4958(c) employers and sponsoring organizations of section 501(c beneficiary organizations (see instructions). Complete	persons (a (3)(B), and (9) volunt	as defined under d contributing tary employees'		5	
5	7	Notes and loans receivable, net	c r art ii u	i Scriedule L		6	
Assets	8	Inventories for sale or use.	5 9 9 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6	escensio ener ena era era era gra		7	
Ř	9	Prepaid expenses and deferred charges.		8			
	10.	a Land hullding and hullding an	1 I	DISTRIBUTED DE COMP		9	
	10.	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10-				LA MENTE HE Y
	1	b Less: accumulated depreciation.			THE THE THE SALETING		
	11	Investments — publicly traded securities.	מטו	362,935.	457,145.	10 c	442,439.
	12	Investments – other securities. See Part IV, line 11.	titi na es	to the total terms of the control of		11	
	13	Investments – program-related. See Part IV, line 11.	that the see		177,826.	12	96,532.
	14	Intangible assets.		13			
	15	Other assets. See Part IV, line 11.		14			
	16	Otal assets. Add lines 1 through 15 (must equal line		15			
0	17		639,326.	16	602,325.		
	18	Grants payable	45,718.	17	3,813.		
	19	Deletted revenue		18			
	20	rax-exempt bond liabilities		20			
es	21	Escrow or custodial account liability. Complete Part I		192.5			
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L		-		21	
_	23	Secured mortgages and notes payable to unrelated th	ird parties	***********		22	
	24	Unsecured notes and loans payable to unrelated third	inu parties	S	55,379.	23	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	s to relate	ed third parties,		24	_
	26	Total liabilities. Add lines 17 through 25.		-	101 007	26	1.
es		Organizations that follow SFAS 117 (ASC 958), check her lines 27 through 29, and lines 33 and 34.	re ► X	and complete	101,097.	26	3,814.
Jug	27	Unrestricted net assets			210 260	-	
<u>a</u>	28	Temporarily restricted net assets.	CCC VAR ALLY		312,362.	27	372,644.
d E	29	Permanently restricted net assets.		39,657.	28	39,657.	
Net Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), ch and complete lines 30 through 34.	• П	186,210.	29	186,210.	
S	30	Capital stock or trust principal, or current funds	0.0				
Set	31	Paid-in or capital surplus, or land, building, or equipm		30			
As	32	Retained earnings, endowment, accumulated income,		31			
et	33	Total net assets or fund balances	or other t	unus	F00 00:	32	
Z	34	Total liabilities and net assets/fund balances.	er er er er e	PET 179 179 19 19 19 19 19 19 19 19 19 19 19 19 19	538,229.	33	598,511.
BA					639,326.	34	602, 325.

Form 990 (2017) World Hunger Relief, Inc. Part XI Reconciliation of Net Assets	74-	74-1880456		Pa	age 1 :
The state of the Assets					
Check if Schedule O contains a response or note to any line in this Part XI		or end the end of	energy e		
the remainded (mast equal that vini, column (A), line 12)	description and see	1	4	87,	442.
- The index equal Fait IX, column (A), line 25)		2		27,	
The first less expenses, educate mile 2 month line 1		3		60,	
(Hust equal Part X, line 33, column (A))	*********	4		38,	
Net unrealized gains (losses) on investments.		5			
bonated services and use of facilities		6			_
/ investment expenses		7			
Find period adjustments	CONTROL CALLED	8			
Other changes in net assets or fund balances (explain in Schedule O)	MODERNEY MOVES AND SHOWING	9			0.
10 Net assets or fund balances at end of year Combine lines 3 through 0 (must equal Dest V. line 22)				_	0.
coldini (b))	**********	10	5	98,5	511.
Part XII Financial Statements and Reporting					
Check if Schedule O contains a response or note to any line in this Part XII					
			1	Yes	
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			3	103	140
If the organization changed its method of accounting from a prior year or checked 'Other,' expl					
in editedale o,			12-04		
2 a Were the organization's financial statements compiled or reviewed by an independent accounts	ant?		2a	Х	11.05
If 'Yes,' check a box below to indicate whether the financial statements for the year ways		********	La	Λ	
The same same, consolidated basis, or botti.	lied or reviewe	ed on a	Det Co		1919
X Separate basis Consolidated basis Both consolidated and separate basis			19-2		1 100
b Were the organization's financial statements audited by an independent accountant?					Х
If Yes, check a box below to indicate whether the financial statements for the	· · · · · · · · · · · · · · · · · · ·	d totalestes s	2b		Λ
	eu on a separa	ite			Marie Control
Separate basis Consolidated basis Both consolidated and separate basis					
C If 'Yes' to line 2a or 2h, does the organization have a committee that assume	aht of the audit				100000
and selection of all independent accountant?	er var en en en en en en en en		2 c		Х
If the organization changed either its oversight process or selection process during the tax year in Schedule O.	, explain				NAME.
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth	in the Single			1200	
readily feet and civils circular A-1551 properties are related to the test see the see the see the see the see	er ess er er er er e		3 a		X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo to	he required aud	t			
or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b		
***************************************			Form	990 (2017