# SCANNED AUG 2 3 2019

Form **990-EZ** 

# Short Form Return of Organization Exempt From Income Tax

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

2018

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A F	or the	2018 calenda	ar year, or tax year beginning , 2018	, and ending		, 20
	heck if ap		C Name of organization		D Employe	identification number
<u> </u>	Address c	hange	Eriends Against Hunger			26-1294230
	Name cha	nange Number and street (or P O. box, if mail is not delivered to street address) Room/suite E Tele				e number
===	nitial retur	IPO BOX 7108				(417) 773-1639
===	Final returi Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	112	F Group E	
==		n pending	Springfield, MO 65801-7108	$\bigcup \mathcal{I}$	Number	
		ing Method:		H	Check ▶ [	If the organization is not
	Vebsite	•				attach Schedule B
JT	ax-exen	npt status (che	eck only one) —   501(c)(3)   501(c) ( )   (Insert no.)   4947(a)(1)   €	or 527	(Form 990,	990-EZ, or 990-PF).
		organization	✓ Corporation ☐ Trust ☐ Association ☐ Other			····
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or	more, or if tota	assets	
			500,000 or more, file Form 990 Instead of Form 990-EZ		. •	\$ 19,080
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balance	ces (see the	instructio	
			the organization used Schedule O to respond to any question			
	1		ons, gifts, grants, and similar amounts received		1	19,030
	2		ervice revenue including government fees and contracts		2	
	3	_	ip dues and assessments		3	<del></del>
	4	Investment	•		4	<del></del>
	5a		unt from sale of assets other than inventory 5a		· ·	
•	b		or other basis and sales expenses	†		
	c		ss) from sale of assets other than inventory (Subtract line 5b from	line 5a)	50	_
	6	•	d fundraising events:			
	а	-	ome from gaming (attach Schedule G if greater than			
Revenue		\$15,000) .		Ĺ		
Ven	b	Gross inco	me from fundraising events (not including \$ c	of contribution	s	
Re			aising events reported on line 1) (attach Schedule G if the			
		sum of suc	h gross income and contributions exceeds \$15,000) 6b			
	С		t expenses from gaming and fundraising events 6c			
	d	Net income	e or (loss) from gaming and fundraising events flade lines 6a an	d 6b and sul	otract	_
		line 6c) .			60	
	7a	Gross sales	s of inventory, less returns and allowances		_	
	ь	Less: cost	of goods sold			_
	С	Gross prof	t or (loss) from sales of inventory (Subtract line 7b from line 7a)		70	:
	8	Other revei	nue (describe in Schedule O) OGDEN: UT:		8	
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ▶ 9	19,080
	10		similar amounts paid (list in Schedule O)		10	
	11	Benefits pa	ud to or for members		11	
es	12	Salaries, of	her compensation, and employee benefits		12	!
Expenses	13	Professiona	al fees and other payments to independent contractors		13	
ĝ	14	Occupancy	y, rent, utilities, and maintenance		14	1,851
ú	15	Printing, pu	iblications, postage, and shipping		15	331
	16	Other expe	nses (describe in Schedule O)		16	3,733
	17	Total expe	nses. Add lines 10 through 16	<u> </u>	. ▶ 17	
S	18		deficit) for the year (Subtract line 17 from line 9)			
set	19		or fund balances at beginning of year (from line 27, column (A)			
Asi		end-of-yea	r figure reported on prior year's return)		19	116,405
Net Assets	20	Other chan	ges in net assets or fund balances (explain in Schedule O)		20	
Z	21					129,570
For	Paperv			No. 106421		Form <b>990-EZ</b> (2018)

913

3

Friends Against Hunger Tax ID: 26-1294230

Form	990-EZ (2018)					Page 2
Pa	Balance Sheets (see the instructions	for Part II)			-	
	Check if the organization used Schedule		ny question in this	Part II		🗆
		· · · · · · · · · · · · · · · · · · ·		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			116,405	22	129,570
23	Land and buildings				23	120/51
24	Other assets (describe in Schedule O)				24	
25	Total assets		• • • • • • • •	116,405		129,570
26	Total liabilities (describe in Schedule O)			1 10,400	26	129,57
27	Net assets or fund balances (line 27 of column	· · · · · · · · · · · · · · · · · · ·	h line 21\	116,405		420.574
					211	129,570
rai	<del>-</del>					Expenses
	Check if the organization used Schedule	O to respond to a	ny question in this	Pan III L	(Rec	uired for section
Wha	it is the organization's primary exempt purpose?		<del></del>			c)(3) and 501(c)(4)
	cribe the organization's program service accompli				_	inizations, optional for
as r	neasured by expenses. In a clear and concise m	nanner, describe the	e services provide	d, the number of	othe	irs)
pers	ons benefited, and other relevant information for ea	ach program title.				
28	We supplied food for at risk youth in Springfield. Fill	ling a hole in social s	ervices that are avai	lable for Youth.		
	We supplied cooked food as well as pantry items. Ti					
	(Grants \$ 1,000) If this amount	includes foreign gra	ints, check here	▶ 🖺	28a	1,000
29						1,000
	meals for hungry people living in the poorest parts o					
	meats for nungry people living in the poorest parts o	i the city and also at	the City Dump.			
	(Consta & gasa) If the garagest		nto obsoleboro		00-	
	(Grants \$ 2,000) If this amount	includes foreign gra	ints, check here .	· · · P L	29a	2,000
30					İ	1
						İ
				•••••	İ	
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	<u>.</u> ▶□	30a	
31	Other program services (describe in Schedule O)				1	
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	▶ 🛄	31a	
32	Total program service expenses (add lines 28a t	through 31a)	· · · · · · ·	<u></u> ▶	32	3,000
Par	List of Officers, Directors, Trustees, and Key	/ Employees (list each	one even if not com	pensated-see the ii	nstruc	tions for Part IV)
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV		🗀
		(b) Average	(c) Reportable	(d) Health benefits,		
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		Estimated amount of other compensation
	• •	devoted to position	(if not paid, enter -0-)			itter compensation
<u></u>	- Dishar Ward	<del></del>	<u> </u>	<del> </del>	-	
	n Brigham-Wood	1 _	[	$\langle$		_
	sident	2	<u> </u>	9	0	
	b Wood					
_Vic	e-President	1		<u> </u>	0	0
Kate	Carmean	ŀ		}		
_ Dir	ector	11		<u> </u>	0	0
_						
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Part				_
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	162	<b>140</b> ✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		<b>→</b>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		7
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			1
b	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeo or were	4 "	4.	٩٠
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	<u> </u>	✓.
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	{		
39	Section 501(c)(7) organizations. Enter.			
a	Initiation fees and capital contributions included on line 9	ł		
40a	Gross receipts, included on line 9, for public use of club facilities	1		
40a	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	<u></u> 40e	<u> </u>	· ·
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Karen Brigham-Wood Telephone no. ▶			
	Located at ► 419 S Ingram Mill, Springfield, MO ZIP + 4 ►		T	T
b	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)?	42b	Yes	NO V
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country ▶	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<b>√</b>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		<b>-</b>
С	Did the organization receive any payments for indoor tanning services during the year?	44c		7
ď	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
4	explanation in Schedule O	44d		<b>V</b>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		1

Form 990	-EZ (20	018)						P	age <b>4</b>
	`							Yes	No
		ne organization engage, directly or in					n 🗓	,	٠,٠
_		ndidates for public office? If "Yes," o		, Part I	• • •	· · · · · ·	46		_✓
Part V	_	Section 501(c)(3) Organization: All section 501(c)(3) organization 50 and 51. Check if the organization used Sci	s must answer que				ables f	or line	es . 🗆
								Yes	No
		ne organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) ele		effect during the ta	× 47		1
48	s the	organization a school as described in	n section 170(b)(1)(A)(i	)? If "Yes," comple	te Sched	ule E	48		1
		e organization make any transfers t			anization <sup>•</sup>	?	49a		<b>V</b>
		s," was the related organization a se					49b		L
		plete this table for the organization's							
	empio	byees) who each received more than	1 \$100,000 of comper	nsation from the oi	<del></del>		enter "N	ione."	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI	contri benefi		e) Estimate other com		
N/A No	Paid	Employees				-			
					<del></del>				
						j			
			*****						
f 7	Fotal	number of other employees paid ov	er \$100,000	. ▶	0	···			
51 (	Comp	lete this table for the organization'	s five highest compe	ensated independe	ent contr	 actors who each r	eceived	more	than
	100,	000 of compensation from the orga	nization. If there is no	ne, enter "None "					
	(a) l	Name and business address of each independ	lent contractor	(b) Type of	service	(c) Co	mpensatio	on	
							<del></del>		
WA NO	aid C	ontractors							
		<u> </u>	<del></del>					-	
				İ					
•••••									
		<del></del>							
		number of other independent contra	<del>-</del>		.▶				
	comp	ne organization complete Scheduleted Schedule A	<u>,</u>	<u> </u>	<u></u>	<u></u>	Yes		
Under per Tue, corre	nalties e ect, and	of perjury, I declare that I have examined this r I complete, Declaration of greparer lother than	eturn, including accompany i officer) is based an all info	ying schedules and stat rmation of which prepa	ements, and rer has anv	d to the best of my know knowledge	ledge and	belief,	rt is
		A Bal	11/200			I amil	20.2	819	, —
Sign		Signature of officer				Date / /	SU/A	<del>7</del>	
Here		Karen Brigham - Wood				4/20/2	019		
_	_	Type or print name and title							
 Paid		Print/Type preparer's name	Preparer's signature		Date	Check I if	PTIN		
Prepai	rer					self-employed			
Use O		Firm's name ▶				Firm's EIN ▶			
		Firm's address ▶				Phone no			
viay the	IRS	discuss this return with the preparer	snown above? See i	nstructions	<u> </u>	<u> ▶</u>	☐ Yes		<u> </u>
							Form <b>99</b> 0	)-EZ	(2018)

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

	ds Against Hunger	:1. Ot-1: /AII					94230		
Par							ns.		
	organization is not a private founda						$\wedge d$		
1	A church, convention of churc						/ N )		
2									
3	☐ A hospital or a cooperative hos								
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state								
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6 7									
8	☐ A community trust described i			Part II.)					
9	☐ An agricultural research organ				erated in	conjunction with a l	and grant college		
	or university or a non-land-gra university:	int college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	tho collogo or		
10	An organization that normally in receipts from activities related support from gross investment	to its exempt fu	nctions—subject to c	ertain exc	ceptions.	and (2) no more tha	n 331/3% of its		
	acquired by the organization a	ifter June 30, 197	75. See <b>section 509(</b> a	<b>a)(2).</b> (Co	mplete Pa	art III.)			
	An organization organized and						_		
12	☐ An organization organized and	operated exclus	ively for the benefit o	f, to perfo	orm the fu	unctions of, or to car	ry out the purposes		
	of one or more publicly support Check the box in lines 12a thro	orted organizatio	ns described in <b>secti</b>	ion 509(a	1)(1) or se	ection 509(a)(2). Se	e <b>section 509(a)(3).</b>		
		•		-					
а	Type I. A supporting organ the supported organization	ization operated	regularly appoint or e	olica by	its suppo	nca organization(s), he directors or trust	typically by giving		
_	supporting organization. Y	ou must comple	ete Part IV, Sections	A and B	•				
b	☐ <b>Type II.</b> A supporting orgal control or management of	nization supervis	ed or controlled in co	nnection	with its s	that control or man	on(s), by naving		
	organization(s). You must				: bersons	that Control of man	age the supported		
С	☐ Type III functionally integ	rated. A suppor	tıng organizatıon opei	rated in c	onnectio	with, and functions	ally integrated with,		
d	its supported organization(  Type III non-functionally						orted organization(s)		
u	that is not functionally integrity integrity in the requirement (see instructional section in the requirement in the requiremen	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an	d an attentiveness		
е	☐ Check this box if the organ	nization received	a written determination	on from t	he IRS th	at it is a Type I, Type	e II, Type III		
	functionally integrated, or	Type III non-fund	tionally integrated sup	pporting	organızat	ion.			
f	Enter the number of supported of						· · [		
g	Provide the following information	n about the supp	orted organization(s)			· · · · · · · · · · · · · · · · · · ·			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
(A)									
				<del></del>					
(B)									
(C)									
(D)									
(E)									
Total					<del> </del>				

Page 2	2
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Part							
	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support				<del> </del>		<del></del>
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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)						
6	Public support. Subtract line 5 from line 4						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10	/			<u></u>	<u> </u>	
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the						· -
	organization, check this box and stop he			· · · ·			•
Secti	on C. Computation of Public Suppor					1	
14	Public support percentage for 2018 (line 6					14	<u>%</u>
15	Public support percentage from 2017 Sch 331/3% support test—2018. If the organi	nedule A, Part	III, line 14 .			15	shook this
16a	box and stop here. The organization qual						
b	331/3% support test—2017. If the organithis box and stop here. The organization	zation did not	check a box	on line 13 or 16	3a, and line 15	is 331/3% or m	ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts facts-and-circ	s-and-circums cumstances" to	ances" test, clest. The organ	heck this box ization qualifie	and stop here s as a publicly	Explain in supported □
b	10%-facts-and/circumstances test—20 15 is 10% or/more, and if the organization in Part VI how the organization in supported organization	ition meets the neets the "fac	ne "facts-and- cts-and-circum	circumstances stances" test.	" test, check The organizat	this box and along qualifies as	stop here. s a publicly
18	Private foundation. If the organization di instructions	d not check a	box on line 13	3, 16a, 16b, 17a	a, or 17b, ched	ck this box and	see
							0 or 990-EZ) 2018

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

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

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						_
	received. (Do not include any "unusual grants.")	223892	144548	77398	36513	19030	501381
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or 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	ľ	i				
	furnished by a governmental unit to the				}		
	organization without charge						
6	Total. Add lines 1 through 5	223892	14454	77398	36513	19030	501381
7a	Amounts included on lines 1, 2, and 3				1		
	received from disqualified persons .	111160	10000	2000	327	4000	127487
b	Amounts included on lines 2 and 3					i	
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				İ		
	· •					4000	407407
С 8	Add lines 7a and 7b	111160	10000	2000	327	4000	127487
O	line 6.)	1		į			373894
Secti	on B. Total Support						373034
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	223892	144548	77398	36513	19030	501381
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	t	ŀ		1		
	royalties, and income from similar sources.	9	19	33	38	50	149
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		l		i		
	acquired after June 30, 1975			, 22			
_	Add lines 10a and 10b	9	19	<u>′</u> 33	38	50	149
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on		1				
40	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)		ļ				
13	Total support. (Add lines 9, 10c, 11,		1				
	and 12.)	223901	144567	77431	36551	19080	501530
14	First five years. If the Form 990 is for th	e organization'	s first, second	d, third, fourth,	or fifth tax ye	ar as a section	n 501(c)(3)
	organization, check this box and stop her					<u> </u>	▶ 🗆
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2018 (line 8					15	74.57 %
16	Public support percentage from 2017 Sch			<u> </u>	<u> </u>	16	76.37 %
	on D. Computation of Investment Inc				(6)	147	922.0/
17	Investment income percentage for 2018 (I					17	.030 %
18	Investment income percentage from 2017 331/2% support tests—2018. If the organi	Schedule A, P	art III, IINE 17			18   ore than 331/a9/	.021 %
19a	17 is not more than 331/3%, check this box						
L	33 <sup>1</sup> / <sub>3</sub> % support tests—2017. If the organiz						
b	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did						

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Fart 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 Fart I, complete Sections A and D, and complete Part V.)

Section	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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and dontinuing 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		- (1
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	 3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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		gran grana
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).			_~
b	<b>Type I or Type II only.</b> 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 <b>Part VI</b> .	6		, ,
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	, 	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	<u>* = </u>	Ja ,
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 <b>Part VI</b> .	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 <b>Part VI</b> .	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		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
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		
	A family member of a person described in (a) above?	11b		
	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		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one of 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	Ì		
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) affectively operated, supervised, or	14	*4	74 601
	controlled the organization's activities of 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 realizations, if any, applied to such powers during the tax year.	<u> </u>		
		1	ļ	ļ
2	Did the organization operate for the benefit of any supported organization other than the supported		ŀ	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	]		]
	VI how providing such benefit carned of the purposes of the supported organization(s) that operated,		<b></b> _	
	supervised, or controlled the supporting prganization.	2	L	
Section	on C. Type II Supporting Organizations		1	
			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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed		د	
			<u>-</u> -	
	the supported organization(s).	1	L	
Section	on D. All Type III Supporting Organizations			LAIR
	The state of the s		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		
_	1/	<del>  '-</del>		
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		l	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
•	By reason of the relationship described in (2), did the organization's supported organizations have a	<del>-</del>		
3	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sacti	on E. Type III Functionally Integrated Supporting Organizations		L	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s).
' a	The organization satisfied the Activities Test. Complete line 2 below.			-,.
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see ın	struct	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
a	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	, , 21	۱.	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
=	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u> </u>		
-	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policics, programs, and activitios of each	سيمي		2
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V' Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
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		
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			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	П		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	y int	egrated Type III supporti	ng organization (see
instructions)			

Schedule A (Form 990 or 990-EZ) 2018



Friends Against Hunger Tax ID: 26-1294230

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			<u> </u>
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			1
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iiı) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			- 1
h	Applied to 2018 distributable amount			
- 1	Carryover from 2013 not applied (see instructions)			
j	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
_	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:		,	•
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016		A CONTRACTOR OF THE PROPERTY O	y 1 k/1 t*
d	Excess from 2017	Participant of participants of the participant of the participants of the participant of the participants of the participant of the participa		and a second superior
	Evenes from 2018	anne et e un sang a métrophée de faces de s		

Schedule A (Form 990 or 990-EZ) 2018