SCANNED JUL 1 0 2018

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2017

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

<u>A_</u>	For the 2	017 calendar year, or tax year beginning , 2017, and en	ding		, 20	
В	Check if ap	oplicable: C Name of organization Warrior Food Project, Inc.		D Employe	r identification nu	mber
	Address ct	nange Doing business as			47-1199675	
	Name char	Number and street (or P O. box if mail is not delivered to street address) Room	/suite	E Telephon		
	Initial return	n 13560 Sabal Palm Court	#C		(561) 317-9913	
Ē	Final return/					
$\overline{\Box}$	Amended (G Gross red	ceipts \$	389498
Ħ.		pending F Name and address of principal officer Lawrence Denis	H/al is this a o		ubordinates? Yes	
_	, фрасціо	13560 Sabal Palm Court, #C, Delray Beach FL 33484	()		included? Tes	
	Tax-exemp		7 7 1 1 4 4 4 4		list. (see instruction	
'- -	Website:			exemption i		•
K-		panization ☑ Corporation ☑ Trust ☑ Association ☑ Other ►			of legal domicile:	FL
	art I	Summary	mation. 2014	m State	or logal dorniche.	<u> </u>
-		Briefly describe the organization's mission or most significant activities: Our	miesion is to h	oln Vetera	ne in the United	States
Ф	1					States,
Activities & Governance		neir spouses and children, whose unfortunate situations have left them in the hui	nger warzone,	and to invo	oive the public	
Ě		n fighting Veteran hunger Check this box ▶ ☐ if the organization discontinued its operations or dispose	d of more than	050/ -4:		
8			o oi more mai	1 1	is nei asseis.	_
Ŏ	1	lumber of voting members of the governing body (Part VI, line 1a)		3		3
8	1	lumber of independent voting members of the governing body (Part VI, line 1	b)			2
ŧ		otal number of individuals employed in calendar year 2017 (Part V, line 2a)		5		0
8	1	otal number of volunteers (estimate if necessary)		6		9
⋖		otal unrelated business revenue from Part VIII, column (C)-line 12		7a		0
	b N	let unrelated business taxable income from Form 990-T, line 34	1	7b		0
		S S	Prior Y	ear	Current Ye	ar
ģ	8 0	contributions and grants (Part VIII, line 1n) 351. MAY. 0.2.2018.	310153	·	303548	
Ē	9 F	Program service revenue (Part VIII, line 2g)		0		0
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0		
-	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 17e)		122182		85950
	12 T	otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		432335		389498
	13 6	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	L	350175		316505
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0		0
ø	15 S	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		32500		41000
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0		0
ş	b T	otal fundraising expenses (Part IX, column (D), line 25) ▶ 0				
ũ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4780		7033
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		387455		364538
	19 F	Revenue less expenses. Subtract line 18 from line 12		44880		24960
58			Beginning of Co	urrent Year	End of Yea	r
8 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	20 T	otal assets (Part X, line 16)		77090		102050
let Assets or und Balances	21 T	otal liabilities (Part X, line 26)		0		0
<u> </u>	22 N	let assets or fund balances. Subtract line 21 from line 20		77090		102050
	art II	Signature Block				
Un	der penaltie	es of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to	he best of m	v knowledge and	belief, it is
		and complete Declaration of preparer (other than officer) is based on all information of which prep			,	
_	- 1					
Sig	n l	Signature of officer	, , / Di	ate	. /	
He		LAWRENCE DENIS MAMPING DI	Rector	4	1/27/0	10/8
	i	Type or print name and title	, <u>, , , , , , , , , , , , , , , , , , </u>		1	
		Print/Type preparer's name Preparer's signature	Date		PTIN	
Pa			04/25/18	Check L self-emp	_] #	4601
	eparer	D. Control (100)				
US	e Only			n's EIN ▶	20-127453	
Ma	v the IRS	Firm's address ► 2151 Consulate Drive, #13, Orlando, FL 32837 discuss this return with the preparer shown above? (see instructions)		one no	407-857-900	<u></u> No
		ark Reduction Act Notice see the concepts instructions		• • • •		90 (2017)

Form 99	(2017) Pag
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Our mission is to help Veterans in the United States, their spouses and children, whose unfortunate situations have left them in the
	hunger warzone, and to involve the public in fighting Veteran hunger, through: (1) Community food pantries, food banks, and VA
	hospitals that provide regular, free food to Veterans and their families, (2) Distribution of related foods and services, (3) Public
2	education. Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 337005 including grants of \$ 316505) (Revenue \$ 85950)
	During 2017, we donated over 550,000 pounds of food and beverages to various food banks.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(0000
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
.~	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 337005

Form **990** (2017)

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Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 8 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X... 11f 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14 a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19

Form 99			1	Page 4
Part	V Checklist of Required Schedules (continued)			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	00-	Yes	No
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
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		_	_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		✓
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23)	1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		/
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L., Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	 	/
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	1	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1			\ <u>\</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	 	1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		/
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	 	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	30		
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	
		For	m 99 0	(2017)

a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	Part					_
the Einter the number reported in Box 3 of Form 1096. Einter 0- If not applicable Einter the number of Forms W-2G included in line 1a. Enter 0- If not applicable Did the organization compty with backup withholding rules for reportable payments to vendors and operating departed by the properties gaming (gaming) dynamics post provides of the reportable payments to vendors and special gaming (gaming) dynamics to provide the reportable payments to vendors and special gaming (gaming) dynamics of the calendary year ending with or within the year covered by this return? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Bid the regarization have unrielated business gross income of 51,000 or more during the year? 3a July 19°s, "has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0. 3b Lines 1 and 1		Check if Schedule O contains a response or note to any line in this Part V	: : :	 ,	Yes.	No.
b Enter the number of Forms W-2G included in line 1s. Enter 0-f not applicable. □ Did the organization corruply with backing units for reportable payments to verdors and reportable gamming (gambling) withrungs to pitze winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the catendar year ending with or within the year covered by this return. □ It at least one is reported on line 2s, did the organization file all required federal employment tax returns? Note, if the sum of lines is and 2a is greater than 250, you may be required to e-file (see instructions). □ It at least one is reported on line 2s, did the organization file all required federal employment tax returns? Note, if the sum of lines is and 2a is greater than 250, you may be required to e-file (see instructions). □ If Yes is filed a Form 990-Tr for this year? 3 □ If Yes is filed a Form 990-Tr for this year? 1'f W-70 is file 3b, provide an explication in Schedule 0. □ If Yes is filed a Form 990-Tr for this year? 1'f W-70 is file 3b, provide an explication in Schedule 0. □ If Yes is the organization a party to a prohibited tax shelter transaction at any time during the tax year? □ If Yes is to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? □ If Yes is to line 5a or 5b, did the organization file for m888-17 □ Does the organization solicit any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible? □ Organizations that may receive deductible contributions under section 170(c). □ If Yes, if did the organization file of the year of targible personal property for which it was required to file form 8282? □ Organization receive a payment in excess of 975 made party as a contribution and party for goods and services provided to the payor? □ If Yes, if the organization receive and contributions under section 4966? □ Did the organization receive and contribution of carb, beats, ap	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4□		163	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year enting with or within the year covered by this return 5 It at least one is reported on line 2a, did the organization file all required federal employment tax returns? 6 It at least one is reported on line 2a, did the organization file all required federal employment tax returns? 7 Abote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 8 Did the organization in remarked business gross income of \$1,000 or more during the year? 9 A tarny 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; [euch as a bank account, securities account, or other financial accounts?] 9 If "Yes," enter the name of the foreign country; [euch as a bank account, securities account, or other financial accounts? 10 If "Yes," enter the name of the foreign accountry; [euch as a bank account, securities accounts?] 11 If yes, a the organization a party to a prohibited tax shefter transaction? 12 If "Yes," enter the name of the foreign accountry; [euch any the organization accounts?] 13 About any taxable party notify the organization file Form 8886-7? 14 Oboses the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid the organization file Form 8886-7? 15 About the organization self the organization file Form 8886-7? 16 Does the organization shape receive deductible contributions under section 170(c). 17 About the organization shape receive deductible contributions under section 170(c). 18 Did the organization shape receive deductible contributions under section 170(c). 29 Did the organization shape a contribution of usualified inelientual property	b	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		}		ĺ
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendary year entiting with or within the year covered by this return of the contributions. Statements, field for the calendary year entitling with or within the year covered by this return? b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? b If the least one is reported on line 2a, did the organization file all required to e-file (see instructions) 3b ID did not organization have unrelated business gross income of \$1,000 or more during the year? b If Yes,* has if filed a Form 990-T for this year? If Yes 1o line 3b, provide an explanation in Schedule O. 3a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account; or other inancial account; or other authority over, a financial account in a foreign country; level as a bank account, securities account, or other financial accounts; or in the organization and party to a prohibited tax shelter transaction at any time during the tax year? 5a If Yes,* reter the name of the foreign country; level any the file organization and party to a prohibited tax shelter transaction? 6b If Yes,* or line Sa of 5b, did the organization file form 8868-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the very solicitation an express statement that such contributions or gifts were not tax deductible? 6b If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 6b If Yes,* did the organization include with every solicitation and express provided of the payor? 6c Organizations that may receive deductible contributions under section 170(c). 6c If Yes,* did the organization notity the donor of the value of th	C	· · · · · · · · · · · · · · · · · · ·	and	ļ	1	Ē.
Statements, field for the calendar year ending with or within the year covered by this return 2 0 b of at least one is reported on line 2a, did the organization fiel alt required federal employment tax roturns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a of the organization have unrelated business gross income of \$1,000 or more during the year? 3b of the organization have unrelated business gross income of \$1,000 or more during the year? 3b of the year? 4th year? If the 3b of time 3b, provide an explanation in Schedule 0 3b over, a financial account in a foreign country (such as a bark account, securities account, or other financial account in a foreign country; such as a bark account, securities account, or other financial accounts ferBAR). 5a Was the organization a party to a prohibited tax shetter transaction at any time during the tax year? 5b of it "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shetter transaction? 6c organization social any contributions that were not tax deductible as charitable contributions? 5c organization social any contributions that were not tax deductible as charitable contributions? 6c organization social any contributions under section 170(c). 7c organizations that may receive deductible contributions under section 170(c). 7c organizations that may receive deductible contributions under section 170(c). 7c organizations that may receive deductible contributions under section 170(c). 7c organizations that may receive deductible contributions under section 170(c). 7c organizations self. exchange, or otherwise dispose of tanglible personal property for which it was required to file from gasization netity the donor of the value of the goods or services provided? 7c organization self. exchange, or otherwise dispose of tanglible personal benefit contract? 7d of the organization self. exchange, or otherwise dispose of tanglible personal personal benefit contract? 7d of the orga		reportable gaming (gambling) winnings to prize winners?		1c	1	İ
b If at least one is reported on line 2a, did the organization file all required federal employment tax ratums? Note, if the sum of lines is and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If 'Yes,' has it filed a Form 980-1 for this year? If 'No' to line 3b, provide an explanation in Schedule 0 3c 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 accounts in a foreign country.) 5c 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. 5c Binding organization and the foreign country. 5c Binding organization and party to a prohibited tax sheller transaction at any time during the tax year? 5c Binding organization aparty to a prohibited tax sheller transaction at any time during the tax year? 5c Binding organization special to a prohibited tax sheller transaction? 6c If 'Yes' to line 5a or 5b, did the organization file Form 8886-17 6c Does the organization shew a murual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c If 'Yes' to line 5a or 5b, did the organization file Form 8867. 6d Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 6d If 'Yes, 'indicate the number of Forms 2626 filed during the year 7d If 'Yes, 'indicate the number of Forms 2626 filed during the year 9d Did the organization sell, exchange, or otherwise dispose of tangible personal persent or otherwise the payor of the organization file and	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 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 in a foreign country; such as a bank account, securities account, or other financial accounts for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 If Yes, "enter the name of the foreign country; \(\bar{\text{PSA}} \) 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Bid organization aparty notify the organization life Form 8886-17 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 bif Yes, "did the organization neceive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 8 bif Yes, "did the organization neceive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 9 bif Yes, "did the organization neceive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 10 bif the organizations the mumber of Forms 8282 filed during the year 11 bid the organization form \$282 filed during the year 12 bid the organization free organization for the year pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 12		Statements, filed for the calendar year ending with or within the year covered by this return 2a	0	ł		
3a Memory of the organization have unrelated business gross income of \$1,000 or more during the year? 3a ✓ 5b 1f *Yas,** has it filled a Form 980-T for this year? If *No* for this 3b, provide an explanation in Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account, in a foreign country № 5country № *Yes,** enter the name of the foreign country: ▶ ** 5country № ** 5countr	р	If at least one is reported on line 2a, did the organization file all required federal employment tax returns'	? .	2b	✓_	L
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? S Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organization make any taxable distributions under section 4966? B 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? B Did the sponsoring organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII,	d					
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the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Byonsoring organization make any taxable distributions under section 4966? Byonsoring organization make any taxable distributions under section 4966? Byonsoring organization make any taxable distributions under section 4966? Byonsoring organization make any taxable distributions under section 4966? Byonsoring organization make any taxable distributions under section 4966? Byonsoring organization make any taxable distributions under section 4966? Byonsoring organization make any taxable distributions under section 4966? Byonsoring organization make any taxable distributions under section 4966? Byonsoring organization make any taxable distributions under section 4966? Byonsoring organization make any taxable distributions under section 4966? Byonsoring organization make any taxable distributions under section 4966? Byonsoring organization make any taxable distributions under section 4966? Byonsoring organization section 4966? Byonsoring organization flie organization necessor? Byonsoring organization flie organization flie organization flie organization flie and necessor. Byonsoring organization flie and necessor.	f				لــــا	✓
Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?					√	
sponsoring organization have excess business holdings at any time during the year?				<u>7h</u>	✓	
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?	8		by the			
Did the sponsoring organization make any taxable distributions under section 4966?	•		· · -	8		 -
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	-	•		0-	, !	1
Initiation fees and capital contributions included on Part VIII, line 12			—	\rightarrow		
a Initiation fees and capital contributions included on Part VIII, line 12			· · ·	90		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b N/A 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders			N/A			ĺ
Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders					, 1	1
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year	11	· · · · · · · · · · · · · · · · · · ·		1		
against amounts due or received from them.)	а		N/A]
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	Ь					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		,				
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			41?	12a	لــــا	L
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 13a N/A 13a 13a 14a V 14b		<u> </u>	N/A			Ī
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			-		\vdash	ļ
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	а		· · -	13a		<u> </u>
the organization is licensed to issue qualified health plans	.					
c Enter the amount of reserves on hand	J	About a suppose that the suppose to the suppose that the suppose that the suppose to the suppose to the suppose that the suppose to the suppose that the suppose that the suppose the suppose that the suppose the suppose that the suppose the suppose that the suppose that the suppose the suppose the suppose the suppose the suppose that the suppose the su				1
14a Did the organization receive any payments for indoor tanning services during the tax year?	c				,	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . 14b		<u></u>		142		1
						
					n 990	(2017)

Part \	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	tructi	ions.
	Check if Schedule O contains a response or note to any line in this Part VI	• •	• •	
Section	on A. Governing Body and Management		Yes	No
4-	Enter the number of voting members of the governing body at the end of the tax year 1a 3		.65	
	If there are material differences in voting rights among members of the governing body, or	1		
	of the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5 6		/
6 7a	Did the organization have members or stockholders?	0		-
14	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
0 4	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	odo l	1
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		<u> </u>	† * —
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Į	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		ļ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓_	ļ
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		,	
40	describe in Schedule O how this was done	12c 13	✓	 ,
13	Did the organization have a written whistleblower policy?	14		1
14 15	Did the process for determining compensation of the following persons include a review and approval by		-	+
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		1
	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		1	
	with a taxable entity during the year?	16a	ļ	√
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	}	}	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure	1 100	Ь	Щ.
17	List the states with which a copy of this Form 990 is required to be filed ▶ Florida			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501	(c)(3):	s only
	available for public inspection. Indicate how you made these available. Check all that apply.		- 1	-
	☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	polic	y, and
	financial statements available to the public dunng the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	s: ►	
	Lawrence Denis, 13560 Sabal Palm Court #C, Delray Beach, 33484, 561-317-9913		-	

_	-
Paga	1

`Form			-
rom	няи	1201	71

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

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

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

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

compensated employees; and former such pers	ons.								-	
☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Lawrence Denis	45			/						
President (2) Double Company	15	✓_		 *				41000	0	0
(2) David Sesa Treasurer	13	1		1	İ	ĺ			٥	0
(3) Gene Feingold	15			 	-					
Secretary		1		1			L		o	0
(4)										
(5)										
(6)										
<u>(u)</u>										
(8)							<u> </u>			
(9)			 							
(10)										
(11)										
(12)										
(13)				Γ						
(14)										

Part	Section A. Officers, Directors, Trust	ees, Key E	mploy	/005			ighe	st C	ompensated E	mployees (co	ntinuec)		
	(A) Name and title		box, office	unles r and	s pe la d	ition more rson irecto	than our both	an ee)	(D) Reportable compensation from	(E) Reportable compensation fro related	этп	Estir amo ot	F) nated unt of her	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	a	from organ and r	ensation in the izzation related izations	
(15)														
(16)														
(17)								-						
(18)								-					_	
(19)									<u> </u>		-			
(20)				-										
(21)			<u> </u>								_			
(22)			_	<u> </u>	ļ		<u> </u>	-						
(23)						<u> </u>					-			
(24)					ļ									
(25)			-	ļ	_		ļ		ļ					
1b	Sub-total	<u></u>	1	<u> </u>	L	<u></u>	<u> </u>		41000	1	0			0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	-						>	41000)	0			0
2	Total number of individuals (including bu reportable compensation from the organ	t not limite		nose	e lis	ted	abov	e) w			,000 c	f		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc						emj		nest compens	sated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re	porta	ble	cor	npe	nsatio	on a es,"	and other complete Sci	pensation from hedule J for	n the such	4		1
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue c ? If "Yes,"	ompe comp	nsa lete	tior Sc	r fro hed	m an	y ur for	nrelated organi such person	zation or indiv		5		1
	on B. Independent Contractors								and that was in	ad mana than	\$ 100 (200 0		
1	Complete this table for your five highest compensation from the organization. Reyear.													ax
	(A) Name and business add	dress							(B) Description of	services	C	(C) ompens		
None								\vdash						
								+						
2	Total number of independent contract							o t	hose listed ab	ove) who				
	received more than \$100,000 of compens	sation from	tne o	rgai	ııza	uon			00				-	

Pari	VIII	Statement of Reve						_
		Check if Schedule O) contains a re	sponse or note to	o any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
节节	1a	Federated campaigns	1a	0				<u> </u>
	ь	Membership dues .		0		1		
S. E	С	Fundraising events .	1c	0				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations		0				
	е	Government grants (con		0				
	f	All other contributions, g	ifts, grants,					
\$ \$		and similar amounts not inc	luded above 11	303548				
吾る	g	Noncash contributions includ	ded in lines 1a-1f: \$	303548				
် ရ	h	Total. Add lines 1a-1	f <u>.</u>	>	303548			
				Business Code				
Ş.	2a							
8	ь							
₹.	С			1				
Š	d			- L				
E	е							
Program Service Revenue	f	All other program ser						
<u>-</u>	g	Total. Add lines 2a-2	f	<u> </u>				
	3	Investment income			Į į			
		and other similar amo	•	.				
	4	Income from investmen		•				
	5	Royalties						
	_		(i) Real	(ii) Personal		·		
	6a	Gross rents						
	b	Less: rental expenses				ı		ļ
	C.	Rental income or (loss)						
	d -d	Net rental income or	(i) Secunties	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	ь	Less: cost or other basis						<u> </u>
		and sales expenses .						
	С	Gain or (loss)	L.,	<u>l</u>				
	d	Net gain or (loss) .		. <u> ▶</u>				
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions report. See Part IV, line 18	ed on line 1c).	a				
¥	Ь	Less: direct expenses	s	b	į			
U		Net income or (loss) f		g events . ▶	1			
	9a	Gross income from ga See Part IV, line 19 .						
		Less: direct expenses Net income or (loss) f	s	ь				
		Gross sales of in	nventory, less	•				
	_	returns and allowance		30000	1			
		Less: cost of goods s		b	1 1			
	C	Net income or (loss) t			85950	85950	0	0
		Miscellaneous	revenue	Business Code			•	1
	11a				<u> </u>			
	b			ļ	ļ			
	C	All other rows		 	 		 	ļ
	d	All other revenue . Total. Add lines 11a-						
	12	Total revenue. See i		🟲		05555		ļ
	1.2	I oral Lakalina. Ogg I	nau ucuona.	· · · · · · · ·	389498	85950		Form 990 (2017)
								1 01111 2 2 2 (2017)

	IX Statement of Functional Expenses			· · · · · · · · · · · · · · · · · · ·	
Section	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon	se or note to any lir		 	
	t include amounts reported on lines 6b, 7b, a, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	316505	316505		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	41000	20500	20500	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)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	·····			
11	Fees for services (non-employees):				
a	Management				
b	Legal			·	
C	Accounting	990	0	990	0
d	Lobbying	990	U	990	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		 		
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	1260		1260	0
13	Office expenses	3278	0	3278	0
14	Information technology	570	0	570	0
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest			- 	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column	ļ			
	(A) amount, list line 24e expenses on Schedule O.)				
а	Fundraising	935	0	0	935
b	***************************************	555		-	333
c					
ď					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	364538	337005	26598	935
26	Joint costs. Complete this line only if the	507550	301000	20030	300
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 9.9.2 (ASC 958-720)				

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	tX		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	77090	1	91260
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	7690
	5	Loans and other receivables from current and former officers, directors,			
	; 	trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	0
•	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			
ğ	,	_ · · · · · · · · · · · · · · · · · · ·			0
Assets	7	Notes and loans receivable, net	0	7	0
•	8	Inventories for sale or use	0	8	0
	9 10a	Prepaid expenses and deferred charges	0	9	0
	Ь	Less: accumulated depreciation 10b 0	0	10c	
	11	Investments—publicly traded securities	0		
	12	Investments—other securities. See Part IV, line 11	0		0
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0		0
	15	Other assets. See Part IV, line 11	0	15	3100
	16	Total assets. Add lines 1 through 15 (must equal line 34)	77090		102050
	17	Accounts payable and accrued expenses	0	17	102030
	18	Grants payable	0	18	
	19	Deferred revenue	0		
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and	J		
ap		disqualified persons. Complete Part II of Schedule L	0	22	0
_	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schodulo D			
	00	of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
S		complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	7700	07	
ala	28	Temporarily restricted net assets	77090		102050
8	29	Permanently restricted net assets	0	28 29	0
Net Assets or Fund Balances	2.5	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.	0	29	0
寶	30	Capital stock or trust principal, or current funds		30	
98	31	Paid-in or capital surplus, or land, building, or equipment fund		31	······································
A	32	Retained earnings, endowment, accumulated income, or other funds .		32	·····
9	33	Total net assets or fund balances	77090	33	102050
_	34	Total liabilities and net assets/fund balances	77090		102050

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Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	89498
2	Total expenses (must equal Part IX, column (A), line 25)	2			64538
3	Revenue less expenses. Subtract line 2 from line 1	3			24960
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			77090
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1	02050
Part	XII Financial Statements and Reporting	· · · · · ·			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in	- 1		-
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were com				
	reviewed on a separate basis, consolidated basis, or both:	•			1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1 '		i
b	Were the organization's financial statements audited by an independent accountant?		2b		1
-	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	<u> </u>		<u> </u>
	separate basis, consolidated basis, or both:		1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versiaht			
_	of the audit, review, or compilation of its financial statements and selection of an independent according		2c		
	If the organization changed either its oversight process or selection process during the tax year, e.				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao the		-	
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	-	3b	ĺ	ĺ
					/2017

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

• Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number

Warri	or Fo	ood Project, Inc.					47-119		
Par		Reason for Public Char						ns.	
		nization is not a private foundate						9	
1		A church, convention of church						UI	
2									
3	H'	A nospital or a cooperative nos A medical research organizatio	n operated in co	anization described in	ital descr	ibed in s	,v~y, ection 170(b)(1)(A)(i	iii). Enter the	
7		hospital's name, city, and state		inganiouon mara noop				,	
5	A London A London								
6		A federal, state, or local govern		mental unit described	in sectio	n 170(b)	(1)(A)(v).		
7	V	An organization that normally described in section 170(b)(1)	receives a subst	tantial part of its supp				the general public	
8		A community trust described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)				
9	t	An agricultural research organi or university or a non-land-grai university:	nt college of agri	iculture (see instructio	ns). Ente	r the nam	ne, city, and state of	the college or	
10	!	An organization that normally r receipts from activities related support from gross investment acquired by the organization at	to its exempt fur income and unr	nctions—subject to co related business taxal	ertain exc ole incom	eptions, a e (less se	and (2) no more thar ection 511 tax) from	າ 33¹/₃% of its	
11		An organization organized and							
12		An organization organized and	operated exclus	ively for the benefit of	, to perfo	rm the fu	inctions of, or to car	ry out the purposes	
		of one or more publicly support Check the box in lines 12a thro							
а	. [Type I. A supporting organ the supported organization supporting organization. Ye	(s) the power to	regularly appoint or e	lect a ma	jority of t			
b	Г	Type II. A supporting organ					upported organization	on(s), by having	
	_	control or management of to	the supporting o	rganization vested in	the same	persons	that control or mana	age the supported	
c	. [Type III functionally integ	•	•		onnection	with, and functiona	ally integrated with,	
•	•	its supported organization(•	
d	· [Type III non-functionally i that is not functionally integ requirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	rtion requirement an	orted organization(s) d an attentiveness	
e) [Check this box if the organ functionally integrated, or	ization received Type III non-func	a written determination	on from the	ne IRS tha organizati	at it is a Type I, Type ion.	e II, Type III	
f	Er	nter the number of supported o	organizations .					[
	Pi	rovide the following information	about the supp	orted organization(s).	<u></u>				
	(i) N	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))		ır governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			'		Yes	No			
(A)						· · · · ·			
						<u> </u>			
(B)									
(C)									
(D)									
(E)									

18

' Schedule A (Form 990 or 990-EZ) 2017 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 **(b)** 2014 (d) 2016 (c) 2015 (e) 2017 (f) Total Gifts. grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 46815 168005 432335 389498 1036653 revenues levied for organization's benefit and either paid to or expended on its behalf . . . 0 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 Total. Add lines 1 through 3. . . . 0 46815 168005 432335 389498 1036653 The portion of total contributions by 5 (other than each person governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 1036653 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Amounts from line 4 46815 168005 432335 389498 1036653 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 0 Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 0 11 Total support. Add lines 7 through 10 1036653 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 ✓ Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f) % 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 % 16a 331/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/2% support test -- 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/2% or more, check 17a 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

	•							
Schedu	ule A (Form 990 or 990-EZ) 2017 III Support Schedule for Organiza	tions Descr	ibed in Sect	ion 509(a)(2)			Page 3	
	(Complete only if you checked the lf the organization fails to qualify	e box on line	e 10 of Part I	or if the organ	nization failed		nder Part II.	,
Sect	ion A. Public Support						$\overline{}$	
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						,1	•
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				Į,			•
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3		ı	I /	I	1	I	

received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year

Section C. Computation of Public Support Percentage

Section D. Computation of Investment Income Percentage

Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))

17 /Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .

18 / Investment income percentage from 2016 Schedule A, Part III, line 17

Public support percentage from 2016 Schedule A, Part III, line 15

Add lines 7a and 7b

20

8	line 6.)						
Secti	on B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	1					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	/					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.) //						
14	First five years. If the Form 990 is for the organization, check this box and stop he			d, third, fourth	_		

19a 331/2% support tests-2017. If the organization did not check the box on line 14, and line 15 is more than 331/2%, and line 17 is not more than 331/s, check this box and stop here. The organization qualifies as a publicly supported organization 331/s% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/s%, and line 18 is not more than 331,2%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

%

%

%

15

16

17

Part IV	Supp	orting	Organization	วทร	ŝ

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

Secti	on A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	-	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10h		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			l
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			1
	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		L
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	ļ		(
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		i	
_		1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported		1	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.			
Casti		2	i	L
Secu	on C. Type II Supporting Organizations		V	Na.
4	18/ana a malaulte, af the approximation), diversion on to provide a divide a the tarresson along a malaulte, of the diversion		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1
	or management of the supporting organization was vested in the same persons that controlled or managed	ļ		
	the supported organization(s).			1
Sacti	on D. All Type III Supporting Organizations	<u> </u>	<u> </u>	L
Section	on b. Air Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	1.00
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ł		l
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	Ì]	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		1
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			}
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		1	İ
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	(e)
	The organization satisfied the Activities Test. Complete line 2 below.		0	۵,
a	The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization is the parent of each of its supported organizations. <i>complete time's below.</i> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity</i> (coo ir	etruci	hone)
·	The organization supported a governmental entity. Describe in Fair Vision you supported a government entity (300 11		10/10/.
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	İ	l	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			ļ
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	ļ	—
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1	1	ļ
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these	1		1
	activities but for the organization's involvement.	2b	<u> </u>	
3	Parent of Supported Organizations. Answer (a) and (b) below.		1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1.		
	trustees of each of the supported organizations? Provide details in Part VI.	3a	 	↓
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1		1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u> </u>	Щ_

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Page	ж

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying Instructions. All other Type III non-functionally integrated supporting organ						
Section A - Adjusted Net Income	Section A - Adjusted Net Income (A) Prior Year					
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 emergency temporary reduction (see instructions).	6					
7 Check here if the current year is the organization's first as a non-functional instructions).	y in	tegrated Type III support	ing organization (see			

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	coses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	th the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
S-	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
<u>b</u>	Excess from 2014			
<u> </u>				
d	Excess from 2016			
е	Excess from 2017			

SCHEDULE I (Form 990)

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

► Attach to Form 990.

OMB No. 1545-0047 2017 Open to Public

Internal Revenue Service		▶ Go to ı	www.irs.gov/Form9	90 for the latest inf	ormation.			Inspection			
Name of the organization							Employer identifica	tion number			
Warnor Food Project, Inc							47-119	99675			
Part General Information	Part I General Information on Grants and Assistance										
1 Does the organization maint	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and										
the selection criteria used to	award the grants	or assistance?					🔽	Yes 🗌 No			
Describe in Part IV the organ	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.										
art II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form											
990, Part IV, line 21,	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description noncash assista		turpose of grant or assistance			
(1) Merrimack Valley Food Bank							-				
735 Broadway Street, Lowell, MA	22-3241609	501(c)(3)	0	12700	FMV	Food and Beverag	es Programs	3			
(2) Center for Food Action							_				
192 W Demarest Ave, Englewood, NJ	22-2189072	501(c)(3)	0	5800	FMV	Food and Beverag	es Programs	s			
(3) Northern Illinois Food Bank											
273 Dearborn Ct, Geneva, IL 60134	36-3203648	501(c)(3)	0	58000	FMV	Food and Beverag	es Programs	3			
(4) Food Bank of NYC						}					
39 Broadway, New York, NY 10006	13-3179546	501(c)(3)	0	45400	FMV	Food and Beverag	es Programs	s			
(5) Gulfstream Goodwill Industries											
1715 Tiffany Drive E, WPB, FL	59-1197040	501(c)(3)		6350	FMV	Food and Beverag	es Programs	5			
(6) Palm Beach County Food Bank						l					
525 Gator Drive, Lantana, FL 33462	90-0788707	501(c)(3)	0	5400	FMV	Food and Beverag	es Programs	5			
(7) Akron Food Bank											
350 Opportunity Parkway, Akron, OH	34-1369388	501(c)(3)		10200	FMV	Food and Beverag	es Programs	s			
(8) Connecticut Food Bank											
2 Research Parkway, Wallingford, CT	06-1063025	501(c)(3)	0	9400	FMV	Food and Beverag	es Programs	3			
(9) Food Bank of Monmouth and O			1			1					
3300 Route 66, Neptune, NJ 07753	22-2622522	501(c)(3)		18000	FMV	Food and Beverag	es Programs	3			
(10) Westmoreland County Food Ba					I						
100 Devonshire Drive, Delmont, PA	25-1422682	501(c)(3)	0	5460	FMV	Food and Beverag	es Programs	s			
(11) St. Louis Area Food Bank											
70 Corporate Woods Dr, Bridgeton M	43-1253102	501(c)(3)	0	5900	FMV	Food and Beverag	es Programs	3			
(12) World Harvest Charities]		1			1					
3200 South Grand Ave, LA, CA	39-2064653	501(c)(3)	0		FMV	Food and Beverag	es Programs	5			
2 Enter total number of section				line 1 table			•	26			
3 Enter total number of other	organizations listed	I in the line 1 table	• . <u></u>				▶	0			

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

Cat. No. 50055P

Schedule I (Form 990) (2017)

Part III	Grants and Other Assistance t Part III can be duplicated if addit			ne organization answ	vered "Yes" on Form 990,	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7						
art IV	Supplemental Information. Pro	ovide the information r	equired in Part I, I	ine 2; Part III, colum	nn (b); and any other additi	onal information.
ART I, LIN	tay be required to provide reports and/o	or photographic evidence i	upon request. We ma	ay conduct site visits to	grantee organizations, if deem	ned necessary
 ART II (C	ontinued)					
	a's Food Bank, 36-3651063, 8 South Mic	higan Avenue, Chicago, IL	60603, 501(c)(3), 61	90 noncash, FMV, Prog	rams	
4 Food Ba	ank of the Rockies, 84-0772672, 10700 E	45th Avenue, Denver, CC	80239, 501(c)(3), 71	100 noncash, FMV, Prog	rams	
5 Salvatio	n Army, 419 W Avenue G, Temple, TX 7	6503, 501(c)(3), 4400 none	ash, FMV, Programs			
6 Food Ba	ank of WNY, 22-2470820, 91 Holt Street,	Buffalo, NY 14206, 501(c)	(3), 10800 noncash, F	MV, Programs		
7 Good P	rovider Food Bank, 1444 San Francisco	Avenue, Long Beach, CA	90813, 501(c)(3), 114	I50 noncash, FMV, Prog	grams	
8 Food B	ank of Southern California, 95-3557056,	1444 San Francisco Aveni	ie, Long Beach, CA 9	90813, 501(c)(3), 7800 n	oncash, FMV, Programs	
a Corre	ento Food Bank, 94-3315566 , 333 3rd /	Avenue Sagramente CA	5917 5 01/6\/2\ 747	Francock FMV Pro		
3 Sacram	eno Food Bank, 54-33 13300 , 333 310)	Avenue, Sau amenio, CA s	3611, 301(0)(3), 141:	noncash, PMV, Plogra	ins	Schedule I (Form 990)

Schedule I (Form 990) (2017)	2 of 2				Page 2		
Part III		Domestic Individua	als. Complete if the	e organization ansy	vered "Yes" on Form 990.			
	art III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.							
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
1								
2								
3						<u> </u>		
4								
5								
6								
7								
Part IV	Supplemental Information. Prov	ride the information r	equired in Part I, I	ine 2; Part III, colum	n (b); and any other additi	onal information.		
PART II (Continued)							
20 Belling	gham Food Bank, 91-0918619, 1824 Ellis Si	treet, Bellingham, WA 982	225, 501(c)(3), 4700 i	noncash, FMV, Program	s			
21 Comm	unity Food Bank of NJ, 22-2423882, 31 Ev	ans Terminal, Hillside, NJ	1 07205, 501(c)(3), 70	00 noncash, FMV, Prog	rams			
22 Comn	nunity Distribution Center, 11350 Saticoy St	reet, Sun Valley, CA 913	52, 501(c)(3), 9500 n	oncash, FMV, Programs	<u> </u>			
23 Comm	nunity Food Share, 74-2227731, 650 South	Taylor Avenue, Louisville	, CO 80027, 501(c)(3), 8180 noncash, FMV,	Programs			
24 Colum	ibia Pacific Food Bank, 91-1819749, 474 Mi	fton Way, St. Helens, OR	97051, 501(c)(3), 110	000 noncash, FMV, Pro	grams .			
25 Second Harvest Food Bank, 32-0362611, 8014 Manne Way, Irvine, CA 92618, 501(c)(3), 6500 noncash, FMV, Programs								
26 Utah Food Bank, 87-0212453, 3150 S 900 W, South Salt Lake, UT 84119, 501(c)(3), 24000 noncash, FMV, Programs								
20 X 2011 502 5011 0 1 50 1 1 50 500 11 60001 501 Land, 51 57 1 51 50 10/00 10100001, 1 117 1 159 5110								

Schedule I (Form 980) (2017)

SCHEDULE M (Form 990)

Noncash Contributions

| G

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

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

	r Food Project, Inc.	<u> </u>	<u></u>		<u> </u>	47	7-11996	75		
Part	Types of Property	T		(c)		· ····				
		(a) Check if applicable	(b) Number of contributions or items contributed	Noncash con amounts repo Form 990, Part	orted on		ethod of			
1	Art-Works of art		· · · · · · · · · · · · · · · · · · ·							
2	Art—Historical treasures	-								
3	Art Fractional interests									
4	Books and publications									
5	Clothing and household									
	goods	1			273305	FMV				
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities-Publicly traded									
10	Securities—Closely held stock .									
11	Securities-Partnership, LLC,	Ì								
	or trust interests									
12	Securities-Miscellaneous									
13	Qualified conservation									
	contribution—Historic									
	structures					<u> </u>				
14	Qualified conservation									
	contribution—Other					ļ				
15	Real estate—Residential					1				
16	Real estate—Commercial					ļ				
17	Real estate—Other		<u> </u>			ļ				
18	Collectibles				 	-				
19	Food inventory									
20	Drugs and medical supplies	-				ļ				
21	Taxidermy									
22	Historical artifacts						_			
23	Scientific specimens	<u> </u>				}				
24	Archeological artifacts					├				
25	Other ► (<u> </u>				├				
26	Other ► ()					 				
27	Other ()	ļ			 .	 				
<u>28</u> 29	Other ► () Number of Forms 8283 received	hy the or	nanization during the tax s	year for contrib	utions for	 				
23	which the organization completed					29		^		
	Who i the organization completed		5, 1 at 17, Bonoo 7 toknomo	agomom		25		0	Yes	No
30a	During the year, did the organiza	tion receive	by contribution any prope	arty reported in	Part I line	e 1 thi	ough			
Jua	28, that it must hold for at least t									
	to be used for exempt purposes	•		· ·				30a		1
b	If "Yes," describe the arrangement		-	· · ·	- •	•				-
31	Does the organization have a		otance policy that require	es the review	of anv n	onsta	ndard			
٠.	<u>_</u>							31		1
32a	Does the organization hire or us			ns to solicit, pro	cess, or s	ell nor	ncash	<u> </u>	-	_
	-	-						32a		1
b	If "Yes," describe in Part II.	•		· ·	•	•				<u> </u>
33	If the organization didn't report an	amount in	column (c) for a type of pro	perty for which	column (a)	is che	cked.			
	describe in Part II.		(-) (-) (-) (-) (-) (-) (-) (-) (-)				,			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 20**17**

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number				
Warrior Food Project, Inc.	47-1199675				
PART VI, SECTION B					
11b. Electronic copies of the Form 990 are made available to each member of the governing body for r	eview via electronic mail.				
40. A					
12c. Annual conflict of interest disclosures are mandated					

PART VI, SECTION C					
19. The governing document, bylaws, conflict of interest policy, and financial information is available t	o the public upon request. Copies of				
each filed 990 are available for public inspection at www guidestar.org.	··				

