#### \*\* PUBLIC DISCLOSURE COPY \*\*

Form **990** 

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

			ending D	1EC 31, 4041	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addre	WORLD HUNGER RELIEF, INC.			
	Name chang	Doing business as		**-***04	56
	Initial return Final return	,	Room/suite	E Telephone number 254-799-	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	197,364.
	Amen return			H(a) Is this a group re	
	Application	F Name and address of principal officer:KATIE WALTER		for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	
$\overline{\Gamma}$	Tax-ex	empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) c	or 527	4 ' '	list. See instructions
J	Websi	te: ► WORLDHUNGERRELIEF.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	1 Year		State of legal domicile: <b>TX</b>
	art I	Summary	L Tour	or formation, 23 (o) (	Otato or logar dormono, = ==
•		Briefly describe the organization's mission or most significant activities: WORLI	о нима	ED DELTER	TNC TC A
Activities & Governance	'	CHRISTIAN ORGANIZATION COMMITTED TO THE A	ALLEVI	ATION OF FO	OD
'n	2	Check this box  if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets
Š	1	No make or of vertice a provide or of the conveying body (Dort VI) line 10			9
ဗိ		Number of independent voting members of the governing body (Part VI, line 1b)		4	9
∞ ∞				5	16
Ę		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0
ξΞ	1	Total number of volunteers (estimate if necessary)		6	0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12	<u>                                     </u>	7a	0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		
	1_		_	Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		520,047.	102,429.
Revenue	9	Program service revenue (Part VIII, line 2g)		32,423.	3,780.
ž	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,288.	9,556.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-833.	29,379.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		555,925.	145,144.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .		405,710.	166,505.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)	30.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		109,712.	56,440.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		515,422.	222,945.
	19	Revenue less expenses. Subtract line 18 from line 12		40,503.	-77,801.
Net Assets or Find Balances	3			ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		658,779.	584,912.
Ass	21	Total liabilities (Part X, line 26)		2,991.	455.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		655,788.	584,457.
P	art II	Signature Block		00077000	001,107
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the hest of my	/ knowledge and helief it is
		et, and complete. Declaration of preparer (other than officer) is based on all information of wh			, Kilowidago alla bollol, it lo
	, 001100	A and complete. Beclaration of property (caref than officer) to bacca on an information of win	non properor	nao any knowleage.	
C: -		Signature of officer		I Date	
Sig		KATIE WALTER, EXECUTIVE DIRECTOR			
He	re	Type or print name and title			
_			П	Date Check	PTIN
Da!	4	Print/Type preparer's name  Preparer's signature	'	if	
Pai		SHARON M. HERWALD, CPA		self-employe	
	parer	Firm's name PATTILLO, BROWN & HILL, L.L.P.		Firm's EIN	**-***0599
USE	Only	Firm's address P. O. BOX 20725			E4\ 770 4004
		WACO, TX 76702-0725		Phone no. (2	
Ма	y the II	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  WORLD HUNGER RELIEF, INC. IS A CHRISTIAN ORGANIZATION COMMITTED TO THE  ALLEVIATION OF FOOD INSECURITY AND HUNGER THROUGH SUSTAINABLE
	AGRICULTURE, TRANSFORMATIVE EDUCATION, AND COMMUNITY PARTNERSHIPS.
	AGRICULTURE, TRANSFORMATIVE EDUCATION, AND COMMUNITY PARTNERSHIPS.
_	
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 147,356 • including grants of \$ ) (Revenue \$ 30,754 • )
	MAINTAIN A TRAINING FARM THAT SERVES AS A LIVING CLASSROOM FOR INTERNS,
	TOUR GROUPS AND OTHER SERVICE LEARNING ACTIVITIES, TO INCLUDE A SMALL
	DIVERSIFIED LIVESTOCK HERD AND A VEGETABLE OPERATION. EDUCATION IS
	CONDUCTED IN SUSTAINABLE AGRICULTURE AND HUNGER ALLEVIATION. PROVIDED
	DISCOUNTS ON FRESH FARM PRODUCE TO LOW INCOME INDIVIDUALS IN THE
	CENTRAL TEXAS AREA.
4b	(Code:) (Expenses \$) (Revenue \$)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	· - · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 147,356.
	Form <b>990</b> (2021)

### Form 990 (2021) WORLD HUNGER RELIEF, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			.,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		7.7
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		Α.
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			3,7
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	טדו		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_ v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domestic government on Fart IX, column (A), line 1: 11 163, complete ochedule 1, 1 arts Farto II	<u> </u>	L	

## Form 990 (2021) WORLD HUNGER RELIEF, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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	<b> </b>		Х
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	210		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f	200		
_	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7,7
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
25.2		35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		
	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1 2	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	INO
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	J		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	Х	

# Form 990 (2021) WORLD HUNGER RELIEF, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	NO
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 16		77	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			<b>₩</b>
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x
<b>h</b>	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		- 25
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<del></del>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990; Part VIII; line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders 11a			
	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		
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	4.4		- V
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.	.0		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   9			-110
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
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	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3		3		х
4	of officers, directors, trustees, or key employees to a management company or other person?	4		X
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	ь		- 22
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<b>.</b> .		Х
	more members of the governing body?	7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<b>_</b>		Х
_	persons other than the governing body?	7b		Λ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Х
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-	Did the award bather have lead about the horse have a sufficience.	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		Λ
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-		Х
40	on Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Λ
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?	45	Х	
	The organization's CEO, Executive Director, or top management official	15a	X	
D	Other officers or key employees of the organization	15b	Λ	
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		х
	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		21
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16h		
800	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only	\ availe	ablo
18	for public inspection. Indicate how you made these available. Check all that apply.	3 Orliy	, availe	ADIC
	Own website Another's website X Upon request Other (explain on Schedule O)			
10	• • • • • • • • • • • • • • • • • • • •	d fine:	noic!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	u iirial	ıcıdı	
20	statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records			
20	KATIE WALTER - 254-799-5611			
	356 SPRING LAKE ROAD, WACO, TX 76705			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	aniza	ation	100	npe	nsat	ted any current officer, of	director, or trustee.	
(A)	(B)			_ (0	<b>C</b> )			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	itior more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week	⊢	CCI ai		1 0010	)/ ii us	100)	from	from related	other
	(list any	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	l trus		ee (ee	nben		1099-NEC)	1099-1420)	and related
	below	dual t	tiona	١. ا	nploy	st cor	_	1000 (VEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	10		o.gaa
(1) JONATHAN GRANT	40.00	_	_		_		_			
EXECUTIVE DIRECTOR		1		х				71,875.	0.	4,030.
(2) TODD STONER	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) RANDALL BROWN	1.00		_							
VICE PRESIDENT		Х		X				0.	0.	0.
(4) GABRIELA COLMAN	1.00							_	_	_
TREASURER	•	X		X				0.	0.	0.
(5) JOANNE BEATY	1.00	Ĭ						_	_	
DIRECTOR		X						0.	0.	0.
(6) HOLLY BURCHETT	1.00							_	_	
DIRECTOR		Х						0.	0.	0.
(7) BRAD LIVINGSTONE	1.00							_	_	
DIRECTOR		Х						0.	0.	0.
(8) COREY MCENTYRE	1.00									
DIRECTOR		Х						0.	0.	0.
(9) GRACE NORMAN	1.00	l								•
DIRECTOR	1 00	Х						0.	0.	0.
(10) JOSH RITTER	1.00	١								•
DIRECTOR	1 00	Х						0.	0.	0.
(11) JEFF KLECK	1.00									0
DIRECTOR	1 00	Х						0.	0.	0.
(12) SAM URLACHER	1.00	<b>.</b> ,							_	0
DIRECTOR (13) FLIGHT DILLON	1.00	Х						0.	0.	0.
(13) ELISHA DILLON	1.00	x						0.	0.	0.
DIRECTOR (14) MATT BURCHETT	1.00	^						<b> </b>	0.	<u> </u>
DIRECTOR	1.00	X						0.	0.	0.
DIRECTOR		<u> </u>	$\vdash$	$\vdash$					0.	· ·
		1								
-										
		1								
		1	1	I		I	1			

(A)	l i i l pas		(C)	•			(D)	(E)			(F)		
Name and title	Average	<ul> <li>(do not check more than one</li> </ul>					one	Reportable	Reportable		Es	timate	d
	hours per	box	, unle	ss pers	on is	s both	n an	compensation compensati				nount o	of
	week (list any	-					,	from the	from related organization		1	other pensat	tion
	hours for	director				. J		organization	(W-2/1099-MIS			om the	
	related	ee or	stee		ľ	nsate		(W-2/1099-MISC/	1099-NEC)			anizati	
	organizations	Itrus	nal tru		oyee	e mbe		1099-NEC)				d relate	
	below line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ns
	iii ic)	ju L	lns	# :	Š.	ë Ë	요						
					_								
									5				
					_				7				
									<u> </u>				
								.01					
					_								
		-				9							
1b Subtotal							<u> </u>	71,875.		0.		4,03	30.
c Total from continuation sheets to P	art VII, Section A			-		1	<b>&gt;</b>	0.		0.			0.
d Total (add lines 1b and 1c)				)	<u></u>	J	<u> </u>	71,875.		0.		4,03	30.
2 Total number of individuals (including		nose	liste	ed abo	ove	) wh	o re	eceived more than \$100	,000 of reportab	le			C
compensation from the organization		1										Yes	No
3 Did the organization list any former or	fficer director trust	ee k	(ev e	emplo	vee	e or	hia	hest compensated emr	olovee on				-
line 1a? If "Yes," complete Schedule											3		Х
4 For any individual listed on line 1a, is													
and related organizations greater than	1 \$150,000? <i>If</i> "Yes,	" co	mple	ete So	che	dule	J f	or such individual			4		Х
Did any person listed on line 1a receiv					-		elat	ed organization or indiv	dual for services	i			
rendered to the organization? If "Yes,	complete Schedul	e J f	or su	ıch p	ers	on .					5		X
Section B. Independent Contractors  1 Complete this table for your five higher	not componented in	dona		nt oo	ntr		×0 +	hat received mare than	\$100,000 of con	2000	ation f	kom	
<ol> <li>Complete this table for your five higher the organization. Report compensation</li> </ol>	· · · · · · · · · · · · · · · · · · ·	-								ipens	alioni	TOITI	
(A				_				(B)			(C		
Name and bus	iness address	N	ONE	<u> </u>			_	Description of s	ervices		ompe	nsation	1
Total number of independent contract \$100,000 of compensation from the compensation f		ot li	mite	d to t	hos 0		sted	above) who received m	ore than				
\$ 100,000 of compensation from the c	- garnzation										Гокт		

\*\*-\*\*\*0456 WORLD HUNGER RELIEF, INC. Page 9 Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues ..... 1b c Fundraising events ..... 1c d Related organizations ..... 1d 9,184. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 93,245. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g |\$ 102,429. h Total. Add lines 1a-1f **Business Code** 2,025. 111000 2,025 2 a FARM INCOME Program Service Revenue TUITION 611600 1,755. 1,755 b С f All other program service revenue 3,780. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 1,115 1,115. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (ii) Othe (i) Securities 7 a Gross amount from sales of assets other than inventory 19,892 **b** Less: cost or other basis Other Revenue 11,451 7b and sales expenses 8,441 c Gain or (loss) 8,441. 8,441. 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See 2,405 Part IV. line 18 0. **b** Less: direct expenses 2,405. 2,405. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns 67,460. and allowances 40,769 **b** Less: cost of goods sold ..... 26,691. 26,691. c Net income or (loss) from sales of inventory **Business Code** 283. 11 a MISCELLANEOUS INCOME 111000 283. d All other revenue 283.

e Total. Add lines 11a-11d .....

Total revenue. See instructions

145,144.

30,754.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
	• •		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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,				
3	-	39,515.		39,515.	
_	trustees, and key employees	33,313.		33,313.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and			( ) )	
	persons described in section 4958(c)(3)(B)	100 (10	00 040	46.556	
7	Other salaries and wages	108,618.	92,042.	16,576.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	7,588.	6,049.	1,539.	
10	Payroll taxes	10,784.	6,793.	3,991.	
11	Fees for services (nonemployees):	•	J.C.		
'' a	Management				
b	Legal	3,914.		3,914.	
С.	Accounting	3,914.	9	3,914.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	1 054		1 051	
f	Investment management fees	1,251.		1,251.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	2,422.	2,422.		
12	Advertising and promotion	730.			730.
13	Office expenses	6,351.	2,052.	4,299.	
14	Information technology				
15	Royalties				
16	Occupancy	11,142.	11,142.		
		3,949.	3,949.		
17	Travel	3,545.	3,343.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 226		1 226	
19	Conferences, conventions, and meetings	1,226.		1,226.	
20	Interest				
21	Payments to affiliates		4 =		
22	Depreciation, depletion, and amortization	15,936.	15,936.		
23	Insurance	9,519.	6,971.	2,548.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а					
b					
C					
d					
е	All other expenses	222 245	147 256	74 050	724
25	Total functional expenses. Add lines 1 through 24e	222,945.	147,356.	74,859.	730.
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
12001	12-09-21				Form <b>990</b> (2021)

Form 990 (2021)
Part X Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to ar	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		27,501.	1	34,810.	
	2	Savings and temporary cash investments			74,801.	2	1,416.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		11,589.	4	16,478.	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	ontributor, or 35%				
		controlled entity or family member of any of th	ese pers	ns		5	
	6	Loans and other receivables from other disqua	sons (as defined				
		under section 4958(f)(1)), and persons describ	ed in se	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation		420,444.	413,086.	10c	397,150.
	11	Investments - publicly traded securities		131,802.	11	135,058.	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15	504.040	
	16	Total assets. Add lines 1 through 15 (must ed			658,779.	16	584,912.
	17	Accounts payable and accrued expenses			2,991.	17	455.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or fo					
bilit		trustee, key employee, creator or founder, sub	· .				
Lia		controlled entity or family member of any of the	- ·			22	
	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not reply ded as line	-				
		parties, and other liabilities not included on line	es 17-24	Complete Part X		25	
	26	of Schedule D  Total liabilities. Add lines 17 through 25			2,991.	26	455.
	20	Organizations that follow FASB ASC 958, cl			2,3320	20	1551
S S		and complete lines 27, 28, 32, and 33.	ieck iiei				
anc	27	Net assets without donor restrictions			425,721.	27	352,480.
Bal	28	Net assets with donor restrictions			230,067.	28	231,977.
P D		Organizations that do not follow FASB ASC					
T.		and complete lines 29 through 33.	000, 0				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund	ls			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
e	32	Total net assets or fund balances			655,788.	32	584,457.
~ ·					658,779.		584,912.

Pulolic

Form 990 (2021)

#### **SCHEDULE A**

(Form 990)

Total

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 \*\*-\*\*\*0456 WORLD HUNGER RELIEF, INC. Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 350,867 314,508. 473,247. include any "unusual grants.") 271,057 102,429 1,512,108. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 271,057. 350,867. 314,508. 473,247. 102,429. 1,512,108. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 1,512,108. 6 Public support. Subtract line 5 from line 4. Section B. Total Support (c) 2019 (d) 2020 (a) 2017 271, 057. **(b)** 2018 Calendar year (or fiscal year beginning in) (e) 2021 (f) Total 473,247. 102,429. 350,867 508. 1,512,108. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, 3,772 3,951 1,958. 1,115. 13,612. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 1,525,720. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 178,848. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.11 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14 % 15 Public support percentage from 2020 Schedule A, Part II, line 14 98.87 15 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ightharpoons Xstop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization \_\_\_\_\_\_\_ 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

Schedule A (Form 990) 2021

more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

<u>Sa</u>	qualify under the tests listed be ction A. Public Support	elow, please comp	olete Part II.)					
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2019	(a) 2010	(4) 2020	(a) 2021	(f) Total	
	Gifts, grants, contributions, and	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
'	membership fees received. (Do not							
	·							
•	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per-							
	formed, 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 bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to				<b>.</b>	()		
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to					1		
	the organization without charge							
6	Total. Add lines 1 through 5							
78	Amounts included on lines 1, 2, and			. (	7,			
	3 received from disqualified persons				$\mathcal{O}$			
k	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							
,	Add lines 7a and 7b			3)				
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support							
	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Amounts from line 6	(4) 2017	(0) 2010	(0) 2010	(4) 2020	(0) 2021	(i) rotar	
	Gross income from interest,		(9)					
	dividends, payments received on							
	securities loans, rents, royalties, and income from similar sources		) `					
L	Unrelated business taxable income						<u> </u>	
L	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b	•					<u> </u>	
"	Net income from unrelated business activities not included on line 10b,	)						
	whether or not the business is							
40	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 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,	
_							<u></u> ▶∟	
Se	ction C. Computation of Publi	c Support Pe	rcentage					
15	Public support percentage for 2021 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%	
	Public support percentage from 2020					16	%	
Se	ction D. Computation of Inves	tment Incom	e Percentage					
17	Investment income percentage for 20	<b>21</b> (line 10c, colur	nn (f), divided by I	ine 13, column (f))		17	%	
18	Investment income percentage from 2	2020 Schedule A,	Part III, line 17			18	%	
	a 33 1/3% support tests - 2021. If the					33 1/3%, and line	17 is not	
	more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization							
k	b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization							

#### Part IV | Supporting Organizations

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

#### Section 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- 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
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on 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.
- 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 line 10b below.
  - **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.)

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
00		
9c		
10a		
10b		

Pa	rt IV	Supporting Organizations (continued)			J
		Continuedy		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		illy member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec		B. Type I Supporting Organizations			
				Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more	supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		rively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported	-		
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion [	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
		icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0		orted organizations played in this regard.	3		
		E. Type III Functionally Integrated Supporting Organizations			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).	•		
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio		
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	20		
<b>L</b>		hese activities constituted substantially all of its activities.	2a		
D		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in	Oh		
2		activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. <b>Answer lines 3a and 3b below.</b> The organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		the organization have the power to regularly appoint or elect a majority of the officers, directors, or each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
h		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	dule A (Form 990) 2021 WORLD HUNGER RELIEF, IN	NC.	*	**-***0456 Page <b>6</b>
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	•
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	,	
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			Y
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c	)	
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors		)	
	(explain in detail in <b>Part VI</b> ):			
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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

instructions).

6

Par	rt V Type III Non-Functionally Integrate	d 509	9(a)(3) Supporting Orga	anizations <sub>(continued</sub>	1)	
Secti	tion D - Distributions					Current Year
1	Amounts paid to supported organizations to accomp	lish ex	empt purposes	1	1	
2	Amounts paid to perform activity that directly furthers	s exem	pt purposes of supported			
	organizations, in excess of income from activity			2	2	
3	Administrative expenses paid to accomplish exempt	purpos	ses of supported organization	ns 3	3	
4	Amounts paid to acquire exempt-use assets			4	4	
5	Qualified set-aside amounts (prior IRS approval require	red - <i>pi</i>	rovide details in <b>Part VI</b> )	5	5	
6	Other distributions (describe in Part VI). See instruction	ons.		6	6	
7	Total annual distributions. Add lines 1 through 6.			7	7	
8	Distributions to attentive supported organizations to	which t	the organization is responsive	e		
	(provide details in Part VI). See instructions.			8	8	
9	Distributable amount for 2021 from Section C, line 6			9	9	
10	Line 8 amount divided by line 9 amount			10	0	
Secti	tion E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6					•
2	Underdistributions, if any, for years prior to 2021 (rea	son-			>	
	able cause required - explain in Part VI). See instructi	ons.				
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
С	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e		5			
g	Applied to underdistributions of prior years		7			
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,	٠, (	2			
	line 7: \$					
	Applied to underdistributions of prior years	<del>- 1</del>				
	Applied to 2021 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021,					
	any. Subtract lines 3g and 4a from line 2. For result g	reater				
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021 Subtract lines					
	and 4b from line 1. For result greater than zero, explain	ın ın				
	Part VI. See instructions.					
7	<b>Excess distributions carryover to 2022.</b> Add lines 3 and 4c.	ij				
8	Breakdown of line 7:					
а	Excess from 2017					
b	Excess from 2018					
С	Excess from 2019					
d	Excess from 2020					
е	Excess from 2021					

Schedule A (Form 990) 2021

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
PART II, SHORT YEAR EXPLANATION:
INFORMATION SHOWN FOR 2021 IS FOR A SHORT YEAR PERIOD OF JULY 1, 2021
THROUGH DECEMBER 31, 2021 DUE TO A CHANGE IN ACCOUNTING PERIOD.
~O,
6.0
10
• (1

20

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

WORLD HUNGER RELIEF, \*\*-\*\*\*0456 INC. Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 🔟 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ 🕨 \$ \_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

\*\*-\*\*\*0456

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$18,200.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 9,184.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	10110	\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

#### WORLD HUNGER RELIEF, INC.

\*\*-\*\*\*0456

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. From Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of or	rganization		Employer identification number				
WORLD	HUNGER RELIEF, INC.		**-***0456				
Part III		through <b>(e) and</b> the following line ent charitable, etc., contributions of <b>\$1,000 or I</b>	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yeary. For organizations ess for the year. (Enter this info. once.)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift	<b>_</b>				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
			20,3				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee						
Ī		No Zin 11	notationismp of translation to translation				
		-60					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	. 10	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
}		(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

WORLD HUNGER RELIEF, INC.

**Employer identification number** \*\*-\*\*\*0456

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	land a mark a library in the land of the		Yes No
Pai			art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.	10	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	re
	listed in the National Register	(()	2d
3	Number of conservation easements modified, transferred, rel		organization during the tax
	year <b>&gt;</b>	( ) ·	
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(I	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of		her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for public	olic exhibition, education, or research in fu	therance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these item	S.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treatments		
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		• \$
h	Assets included in Form 990. Part X		<b>&gt;</b> \$

chedule D (Form 990) 2021	WORLD	HUNGER	RELIEF,	TNC
cnedule D (Form 990) 202 i	MOLLED	HONGEN	KELLER,	TIVC

ı aı	t iii   Organizations Maintaining C		-				nueu)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	make significant use o	fits		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or excl	nange progran	n			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organizatior	n's exempt purpose in	Part XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other	similar assets			_
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	llection?		Yes		No
Par	t IV Escrow and Custodial Arran	<b>gements.</b> Comple	te if the organization	n answered "Y	'es" on Form 990, Part	IV, line 9, c	r	
	reported an amount on Form 990, Par	· · · · · · · · · · · · · · · · · · ·						
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other asse	ets not included			_
	on Form 990, Part X?					Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					
						Amour	nt	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	ıstodial accou	nt liability?	Yes	<u> </u>	No
	If "Yes," explain the arrangement in Part XIII.						<u>. L</u>	
Par	t V Endowment Funds. Complete i		swered "Yes" on Fo					
		(a) Current year	(b) Prior year	(c) Two years		- ' '	ır years	back
1a	Beginning of year balance	131,802.	106,648	102,	505. 96,5	32.	177,	826.
b	Contributions							
С	Net investment earnings, gains, and losses	14,757.	26,816.	6,	132. 7,30	58.	16,	748.
d	Grants or scholarships		5					
е	Other expenditures for facilities							
	and programs	10,250.						518.
f	Administrative expenses	1,251	1,662.	<u>·</u>	989. 1,39			524.
g	End of year balance	135,058.	131,802.	<i>.</i>	102,50	05.	96,	532.
2	Provide the estimated percentage of the curr		e (line 1g, column (a	)) held as:				
а	Board designated or quasi-endowment	100.0000	_%					
b	Permanent endowment	%						
С		%						
	The percentages on lines 2a, 2b, and 2c sho	*						
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administere	ed for the organization			
	by:						Yes	No
	(i) Unrelated organizations					3a(i)		X
	(ii) Related organizations					3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization					3b		
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	t VI Land, Buildings, and Equipm		Doubly line dda C	F 000	Doub V. line 10			
	Complete if the organization answered	1	<u> </u>					
	Description of property	(a) Cost or of	` '		(c) Accumulated	( <b>d</b> ) Boo	ok value	€
		basis (investr	,		depreciation	2.2	5,9	13
	Land			5,943. 9,327.	211 207	1 /	4,9	3U 70
b	Buildings		45	3,341.	314,397.		4,9	<u> </u>
	Leasehold improvements		12	2,324.	106,047.	2	6,2	77
	Equipment		13	4,344.	100,04/•		0,4	<i>,</i> , •
	Other		V 1 (D) 1' 1	0 - 1		3 0	7 1	50
ıotal	. Add lines 1a through 1e. (Column (d) must e	quai Form 990, Part .	x, column (B), line 1	uc.)	<b></b>	39	7,1	<u> </u>

Schedule D (Form 990) 2021

Scriedule D (Form 990) 2021 WORLD HOROLL	CIUDIDI, III	·	0 ± 5 0 Fage 0
Part VII Investments - Other Securities.	5 000 D 111/1	441 O E 000 D 1 V II 40	
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)		O <sub>4</sub>	
(6)		30	
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	e 11d. See Form 990. Part X. line 15.	
	escription		(b) Book value
(1)			. ,
(1)	769		
(3)	<u> </u>		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	4F \		
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	15.)	<b>&gt;</b>	
	F 000 D+ IV I'	- 44 446 O Farm 000 Bart V line 05	•
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	e TTe or TTf. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Column (b) must equal Form 990, Part X, col. (B) line	25.)		·

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

132054 10-28-21 Schedule D (Form 990) 2021

#### SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2021

Open to Public

Inspection

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

WORLD HUNGER RELIEF, INC.

Employer identification number \*\*-\*\*\*0456

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INSECURITY AND HUNGER THROUGH SUSTAINABLE AGRICULTURE, TRANSFORMATIVE

EDUCATION, AND COMMUNITY PARTNERSHIPS.

FORM 990, PART VI, SECTION A, LINE 2:

TWO OF THE BOARD MEMBERS ARE SPOUSES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS SUBMITTED TO THE BOARD OF DIRECTORS FOR REVIEW BEFORE THE FORM IS SUBMITTED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE DETERMINES COMPENSATION. THE COMMITTEE PRESENTS THE COMPENSATION INFORMATION TO THE BOARD OF DIRECTORS WHICH APPROVES THE COMPENSATION. A STAFF PAY MATRIX IS UTILIZED THAT APPLIES A FORMULA THAT INCLUDES YEARS OF EXPERIENCE, YEARS AT THE ORGANIZATION, AND A BASE PAY RATE.

FORM 990, PART VI, SECTION C, LINE 18:

ANNUAL FORM 990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE. FORM 1023 IS AVAILABLE BY REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

INFORMATION CONCERNING THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS ARE AVAILABLE BY REQUEST.