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Form **990** 

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2010

Department of the Treasury

Open to Public

		110e Service	***	rements	inspection
		e 2010 calendar year, or tax year beginning , 2010, and end	ing	D 51	, 20
В	Check if	applicable C Name of organization World Hunger Ecumenical Arizona Task Force Inc		D Employ	er identification number
$\sqcup$	Address	change Doing Business As WHEAT			74-2386488
$\sqcup$	Name cl	- I		E Telepho	
$\sqcup$	Initial ref		Suite 118		602/955.5076
$\sqcup$	Termina	City or town, state or country, and ZIP + 4			
	Amende	ed return Phoenix, Arizona 85014-4764		G Gross re	<del></del>
Ш	Applicat	tion pending F Name and address of principal officer	H(a) Is this	a group return f	or affiliates? 🔲 Yes 🗹 No
			- '	all affiliates in	
<u></u>	Tax-exe	mpt status	If "N	lo," attach a l	ist (see instructions)
J	Websit	te: www.HungerHurts.org	H(c) Grou	p exemption	number -
		organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of for	mation	M State	of legal domicile
Pa	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities. The	mission of WH	IEAT is to	educate,
ø		advocate, motivate and empower individuals to action in the fight against hunger.	WHEAT's maj	or empow	erment programs
Activities & Governance		include its fair trade initiative, the Hand to Hand Project; the Clothes Silo providin	g free, profess	ional cloth	ing to women in need;
Ĕ		WHEAT's WorkWear for Men providing appropriate clothing for men in need; and	the Training Pr	ogram for	Management Training.
Ŏ.	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25	% of its net asset	S.	
5	3	Number of voting members of the governing body (Part VI, line 1a)		3	17
S	4	Number of independent voting members of the governing body (Part VI, line 1	b)	4	17
ij	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	·	5	1
ŧ	6	Total number of volunteers (estimate if necessary)		6	512
⋖	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.00
	ь	Net unrelated business taxable income from Form 990-T, line 34		7b	0.00
			Prior Ye		Current Year
45	8	Contributions and grants (Part VIII, line 1h)	32	25,110.00	362,300.00
Ž	9	Program service revenue (Part VIII, line 2g) RECEIVED		31,018 00	233,130 00
Revenue	10	Investment income (Part VIII, column (A), [ines 3, 4, and 7d)		617 00	619 00
æ	11	Other revenue (Part VIII, column (A), Intes 5, 6d, 8c, 9c, 10c, and 11ef		0 00	0 00
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5!	56,745 00	596,049 00
	13	Grants and similar amounts paid (Parl IX, column (A), lines 1–3)	<del> </del>	0 00	0 00
	14	Benefits paid to or for members (Part IX, column A) Fire 4)		0.00	0 00
"	15	Salaries, other compensation, employee benefits (Part-IX; column (A); lines 5–10)	1.	16,565.00	118,450.00
Ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	·	0.00	0.00
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ► 2,700 00		0.00	0.00
X	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	4:	35,672 00	453,923 00
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		52,237.00	572,373 00
	19	Revenue less expenses. Subtract line 18 from line 12	- 35	4,508 00	23,676.00
_ v		rievenue less expenses. Subtract line 10 front line 12	Beginning of Cu		End of Year
ts or ances	20	Total assets (Part X, line 16)	<del></del>	58,023 00	596,388.00
Asse Bak	21	Total liabilities (Part X, line 26)	3.	341.00	339.00
Net Assets ( Fund Balanc	22	Net assets or fund balances. Subtract line 21 from line 20	51	57,682 00	596,049.00
	art II	Signature Block	3:	37,682 00	590,045.00
		<del>- X</del>			Landa de la deservación de la constantina della
		alties of perjury, I declare that I have examined this return, including accompanying schedules and sta et, and complete Declaration of prepager (other than officer) is based on all information of which prepa			y knowledge and belief, it is
-	•		1	7110	120.1
Sig	ın	Signature of officer	Da	<u>"⊃∏9</u>	<del>-   20 (       _     _   _   _  </del>
				rie I	
He	re	Craia R. Oliger, Measure	<u> </u>		
		Type or print name and title	Data	1	TOTIN
Pa	id	Print/Type preparer's name Preparer's signature	Date	Check	] if PTIN
Pro	epare	er	T	self-empl	oyea
	e On		Firm	n's EIN 🟲	<del> </del>
		Firm's address ▶	Pho	one no	
Ma	v the If	RS discuss this return with the preparer shown above? (see instructions)			☐ Yes ☐ No

		3,750.00 including grants of \$ service expenses ► 542,5		000 /	
ю	(Expenses \$	3,750.00 including grants of \$	O OO ) (ricveriae w	000,	
ю		a zeo oo inaliidiga ayayta af A	o oo ) (Revenue \$	0 00 )	
-		services. (Describe in Schedule O.)			
			••		
		•••••			

Form 99			1	Page 3
Part	Checklist of Required Schedules			
ì	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
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 candidates for public office? If "Yes," complete Schedule C, Part I	3		,
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 "Yes," complete Schedule C, Part II</i>	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21; 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			~
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	, ,		
а		11a		·
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		,
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e		V
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	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, XII, and XIII is optional.	12b		~
13	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>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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 assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		,
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
20 a		20a		~
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		~

Part	Checklist of Required Schedules (continued)			
T all	Checklist of Required Schedules (continued)	Γ.	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$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 25	24a		,
b b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		V
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<i>'</i>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		~
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 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):			N. A.
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		v
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		~
29 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		V
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		,
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		~
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		V
а	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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	   	,
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	,	

art	Check if Schedule O contains a response to any question in this Part V			
<u> </u>	Officer in deficiency of contains a response to any question in this rait v	· ·	Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
2a	reportable gaming (gambling) winnings to prize winners?	1c	•	:
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Ź	
За	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		7
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		,
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		~
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		,
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).	OD		Ť
	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		_
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?	7c		,
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<b>'</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		V
н 8	If 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 and section 509(a)(3) supporting	7h		V
9	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
э a	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]		*	
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
l2a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		-
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			
С	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<del>                                     </del>
h	If "You" has it filed a Form 720 to report those payments? If "No " provide an explanation in School of O	146		

Part	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions.  Check if Schedule O contains a response to any question in this Part VI			
Secti	on A. Governing Body and Management			
1a b 2	Enter the number of voting members of the governing body at the end of the tax year .  Enter the number of voting members included in line 1a, above, who are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		Yes	No
2	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		/
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?.  Does the organization have members or stockholders?	5 6 7a		> > >
ь 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		<b>✓</b>
a b 9	The governing body?  Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	8a 8b	7 7	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	_	ode.)	
	The state of the s		Yes	No
10a b	Does the organization have local chapters, branches, or affiliates?	10a		~
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			ئـــــــــــــــــــــــــــــــــــــ
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	12c	,	
13	Does the organization have a written whistleblower policy?	13	~	
14 15	Does the organization have a written document retention and destruction policy?	14	~	
а	The organization's CEO, Executive Director, or top management official	15a	` <u>'</u>	لـــــــــــــــــــــــــــــــــــــ
b	Other officers or key employees of the organization	15b	~	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
	with a taxable entity during the year?	16a		~
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	*	
Secti	on C. Disclosure	1		
17 18	List the states with which a copy of this Form 990 is required to be filed ► Arizona  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply.	s only	/) ava	ılable
19	✓ Own website ✓ Another's website ✓ Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.	f intei	rest p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: The Organization, 4000 N 7th St, Ste 118, Phoenix, AZ 85014 602/955.5076	of the	· <b></b>	

Form 990 (2010)		
(500 (50)		

# 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.

(A)	(B)			((	C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr or director	institutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Colleen Boles Chairperson/Director	1	v		,				0.00	0.00	0.00
(2) Eugenia Mancuso Vice Chairperson/Director	1	,		,				0.00	0.00	0 00
(3) Craig Geiger Secretary/Treasurer/Director	1	,		~				0.00	0.00	0.00
(4) Zarinah Awad Director/Past Chairperson	1	,		,				0.00	0.00	0.00
(5) John Bazuscj Director	1	,						0 00	0.00	0.00
(6) Teri Conrad	1	,						0 00	0.00	0.00
(7) Elaine Groppenbacher	1	,						0 00	0.00	0.00
(8) Olivia Gonzales	1	,						0.00	0 00	0.00
(9) Tony Herrera	1	,						0.00	0.00	0 00
(10) Thresa Hickernell	1	,						0.00	0.00	0 00
(11) Gurukirn Kaur Khalsa	1	,						0.00	0 00	0 00
(12) Marjan Nobel	1	,						0.00	0 00	0.00
(13) Kay Roberts	1	,						0.00	0 00	0 00
(14) Bonnie Sloane	1	,						0.00	0 00	0.00
(15) Suerine Stevenson	1	v						0.00	0.00	0.00
(16) Trish Thompson-Winters	1							0.00	0 00	0.00

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Part	VII Section A. Officers, Directors, Trus	stees, Key	Emplo	yee	es, a	and	High	est	Compensated	Employees (co	ntınue	ed)		
	(A)	(B)				<b>C)</b>			(D)	(E)			(F)	•
	Name and title	Average	Posit	ion (d	chec	k all 1	that ap	ply)	Reportable	Reportable			mated	
		hours per week	오늘	ä	Q	7	옄포	7,	compensation from	compensation from related	m		unt of ther	i
		(describe	Individual trustee or director	st tu	Officer	Key employee	phes	Former	the	organizations		comp		on
		hours for	중토	tion		힐	yee c	-	organization	(W-2/1099-MISC	)		n the	
		related organizations	] ] हू	altr		yer	) m		(W-2/1099-MISC)				nzatio relate	
		ın Schedule	tee	Institutional trustee		۳	Highest compensated employee	1				organ		
		O)	1	ď		İ	l ted							
(17) Ka	ren Zuckerman	_												
Direct	or	1	~						0 00	0.0	90			0 00
(18) Ta	mera Zıvic, PhD									_				
2	tive Director/CEO	40+	1		~	<b>"</b>	1	-	48,500.00	00	00			0.00
(19)			ĺ											
3		1												
(20)						<u> </u>						_		
32									ĺ					
(21)					<del>                                     </del>			ļ	-					
		1					1							
(22)			t								-			
3		1												
(23)														
32														
(24)			<b> </b>											
3		1												
(25)				-				-		-				
3==1		1						1						
(26)	V		ļ								-			
327		1												
(27)														
<u> </u>														
(28)			<u> </u>		t			T						
3		1				ŀ	Į							
1b	Sub-total	·						<b></b>	48,500.00	0.0	00			0.00
С	Total from continuation sheets to Part							<b>•</b>	0.00		00			ν
d	Total (add lines 1b and 1c)							<b>•</b>	48,500 00	0.0	00			0 00
2	Total number of individuals (including but							e) w	ho received m	ore than \$100	000 ii			
	reportable compensation from the organ			.000			4501	٠,		οιο απαιτ <b>φ</b> του,		•		
	· ·												Yes	No
3	Did the organization list any former of	fficer, direc	ctor c	r tr	uste	eе,	key e	emp	oloyee, or high	est compensa	ated	**	00	-
	employee on line 1a? If "Yes," complete							·				3		1
4	For any individual listed on line 1a, is the	sum of re	porta	ble :	con	npei	nsatio	on a	and other comp	ensation from	the			† ;
	organization and related organizations													
	ındıvıdual	-										4		~
5	Did any person listed on line 1a receive of	r accrue c	ompe	nsa	tion	fro	m any	ur ur	related organiz	ation or indivi	dual			1
	for services rendered to the organization											5		~
Section	on B. Independent Contractors										_			-
1	Complete this table for your five highest	compensat	ted in	dep	end	ent	contr	act	ors that receive	ed more than \$	100,0	000 of		
	compensation from the organization.													
	(A)							Π	(B)		-	(C)		
	Name and business add	lress							Description of s	ervices	Co	mpens	ation	
none														
		,												
	······································							1			_			
-														
2	Total number of independent contractor	rs (includi	ng bi	ıt n	ot	lımıt	ed to	o th	nose listed abo	ove) who				
	received more than \$100,000 in compens													! }
														0 (0010)

	90 (2010 VIII	Statement of Rev							Page 9
``	VIII	Statement of Nev	enue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts st	1a	Federated campaigns		1a	0.00				
ᇍ	b	Membership dues .	[	1b	0 00				
is, g	С	Fundraising events .	<u>L</u>	1c	0.00				
grift	d	Related organizations	· L	1d	0 00				
ini,	e	Government grants (con		1e	0 00				
itio	f	All other contributions, gi							
ip di		and similar amounts not inc	iuded above	1f	362,300 00				
Contributions, grfts, grants and other similar amounts	g	Noncash contributions includ			61,350 00				
-	h	Total. Add lines 1a-11	f			362,300.00			
Program Service Revenue					Business Code				
ver	2a	Educational Programs			611430	145,661.00	145,661.00	0.00	0.00
æ	b	Workwear for Men and	Women		62411	61,350.00	61,350 00	0.00	0.00
vice	С	Hand to Hand Project			62411	26,119.00	26,119.00	0 00	0.00
Ser	d								
Ę	е								
ogra	f	All other program sen							
<u> </u>	g	Total. Add lines 2a-2	f		<u> ▶ </u>	233,130.00			
	3	Investment income		livide	ends, interest,	·			
	and other similar amounts)					619.00	619.00	0 00	0 00
	4	Income from investment	t of tax-exem	pt bo	ond proceeds ►	0.00	0.00	0 00	0 00
	5	Royalties			🕨	0.00	0.00	0 00	0.00
			(ı) Real		(II) Personal	-		4.2	
	6a	Gross Rents	i	0.00	0.00			· · · · · · · · · · · · · · · · · · ·	
	b	Less. rental expenses		0.00	0.00	. 4 🚜	ja vek		
	С	Rental income or (loss)		0.00	0.00	»	*		*
	d	Net rental income or (	loss)		•	0.00	0.00	0.00	0 00
	7a	Gross amount from sales of	(i) Securitie	s	(II) Other	* ,	,		
		assets other than inventory		0.00	0.00		<b>* *</b>	45	m
	b	Less cost or other basis and sales expenses .		0.00	0 00	,	****		
	С	Gain or (loss)		0.00	0.00				
	d	Net gain or (loss)			▶	0.00	0 00	0.00	0 00
r Revenue	8a	Gross income from fuevents (not including \$ of contributions reporte See Part IV, line 18	0.00	-	0 00	€ #	* `	ij. 'e	>
Other		Less: direct expenses		a b	0.00				
0	b	Net income or (loss) fi				0.00	* *	0.00	0 00
		Gross income from ga		_	Ovoing .	0.00		0.30	
	-				0.00	·			
	ь	Less: direct expenses		b	0.00				
	C	Net income or (loss) f				0.00	0.00	0.00	0.00
	10a	Gross sales of in	ventory, le	ess	0 00			3,53	
	ь	Less: cost of goods s		a b					
	C	Net income or (loss) f			<u> </u>	0.00	0.00	0.00	0.00
	<del></del>	Miscellaneous R			Business Code	0.00	0.00	0.00	
	11a								
	Ι.		•••						
	Ь		••					-	
	C	All other revenue							
	d	All other revenue .  Total. Add lines 11a-	11d			0.00			
	12	Total revenue. See in		•		596,049.00	233,749.00	0.00	0 00
		- Juli levellue. Occ II	istractions.	<u> </u>	<u> </u>	330,043.00	233,148.00	0.00	Form <b>990</b> (2010

### 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) but are not required to complete columns (B). (C), and (D)

	All other organizations must complete co				
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
	Grants and other assistance to governments and		_		
	organizations in the U.S. See Part IV, line 21	0 00	0 00		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	0 00	0.00		
3	Grants and other assistance to governments,			· · · · · · · · · · · · · · · · · · ·	bs.
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0 00	0 00	* *	₩.
4	Benefits paid to or for members	0 00	0 00		
5	Compensation of current officers, directors,				
	trustees, and key employees	48,500.00	44,620.00	3,395.00	485.00
6	Compensation not included above, to disqualified			-,-,-,-	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.00	0.00	0.00	0.00
7	Other salaries and wages	69,950.00	62,955.00	6,300.00	695 00
8	Pension plan contributions (include section 401(k)		3_,000.00		
	and section 403(b) employer contributions)	0.00	0 00	0.00	0.00
	Other employee benefits	0.00	0 00	0.00	0.00
	Payroll taxes	3,395.00	3,123 00	238.00	34 00
	Fees for services (non-employees):	3,333.00	3,123 00	238.00	34 00
	Management	0.00	0.00	0 00	0.00
	Legal	0.00	0.00	0 00	0.00
	Accounting	500 00	452.00	48 00	0.00
d	Lobbying	0.00	0.00	0.00	0.00
-	Professional fundraising services. See Part IV, line 17	0.00	*		
		0.00	0.00	, v 3 0.00	0 00
	Investment management fees	0.00	0.00	0.00	0 00
	Advertising and promotion	18,000.00			0.00
			18,000.00	0 00	0.00
	Information to the state of	26,300.00	21,500.00	4,500.00	300.00
		15,150 00	11,953.00	2,682.00	515.00
	Royalties	0 00	0.00	0.00	0 00
	Occupancy	64,000 00	57,929.00	5,400.00	671 00
	Travel	4,500.00	4,500.00	0.00	0.00
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	· · · · · · · · · · · · · · · · · · ·	0.00	0 00	0 00	0 00
	Conferences, conventions, and meetings .	2,500.00	2,500 00	0.00	0.00
20	Interest	912 00	912.00	0.00	0.00
	Payments to affiliates	0.00	0.00	0.00	0.00
	Depreciation, depletion, and amortization .	0.00	0.00	0.00	0.00
	Insurance	9,300.00	8,835.00	465.00	0 00
	Other expenses. Itemize expenses not covered		ž	,	Ÿ.
	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column	j ve		•	
	(A) amount, list line 24f expenses on Schedule O.)			* *	
a	Program Materials/printing/mailing	254,044 00	254,044.00	0.00	0.00
-	Equipment	15,372.00	11,300.00	4,072 00	0 00
C	Store Equipment	36,200.00	36,200 00	0.00	0 00
d	Volunteer Appreciation	3,750 00	3,750.00	0.00	0.00
е					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	572,373.00	542,573.00	27,100 00	2,700 00
26	Joint costs. Check here ▶ ☐ If following SOP 98-2 (ASC 958-720). Complete this line				<del></del>
	only if the organization reported in column				
	(B) joint costs from a combined educational				
	campaign and fundraising solicitation				

_ •	art X	Balance Sheet			
•			(A) Beginning of year		<b>(B)</b> End of year
T	1	Cash—non-interest-bearing	19,515 00	1	28,455.00
	2	Savings and temporary cash investments	394,593 00	2	445,754.00
	3	Pledges and grants receivable, net	0 00	3	0.00
-	4	Accounts receivable, net	0 00	4	0.00
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
	6	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	0 00	5	0.00
Assets		employees' beneficiary organizations (see instructions)	0 00	6	0.00
	7	Notes and loans receivable, net	0 00	7	0.00
۲	8	Inventories for sale or use	143,915.00	8	122,179.00
	9 10a	Prepaid expenses and deferred charges	0.00	9	0.00
ł		other basis. Complete Part VI of Schedule D 0.00	V		<u> </u>
	b	Less: accumulated depreciation 10b 0.00	0 00		0.00
-	11	Investments—publicly traded securities	0.00	11	0.00
ļ	12	Investments—other securities. See Part IV, line 11	0 00	12	0.00
	13	Investments—program-related. See Part IV, line 11	0 00		0.00
	14	Intangible assets	0.00	14	0.00
	15	Other assets. See Part IV, line 11	0.00	15	0.00
4	16	Total assets. Add lines 1 through 15 (must equal line 34)	558,023.00	16	596,388.00
	17	Accounts payable and accrued expenses	341.00	17	339 00
	18	Grants payable	0.00	18	0.00
	19	Deferred revenue	0.00	19	0.00
	20	Tax-exempt bond liabilities	0.00	20	0.00
2	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0 00	21	0.00
LIADIIILES	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons			
د		Complete Part II of Schedule L	0.00	22	0.00
-	23	Secured mortgages and notes payable to unrelated third parties	0 00	23	0.00
	24	Unsecured notes and loans payable to unrelated third parties	0.00	24	0.00
-	25	Other liabilities Complete Part X of Schedule D	0.00	25	0.00
3	26	Total liabilities. Add lines 17 through 25	341.00	26	339 00
إ	27	Unrestricted net assets	557,682.00	27	596,049 00
	28	Temporarily restricted net assets	0.00	28	0 00
3	29	Permanently restricted net assets	0 00	29	0.00
Net Assets of I alia balances		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.	3 3 8 7 7 7		
ا ي	30	Capital stock or trust principal, or current funds		30	
į	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ŹΙ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ا ز	33	Total net assets or fund balances	557,682.00	33	596,049 0
_ ,		Total liabilities and net assets/fund balances	558,023.00		596,388.00

Посо	12

Check if Schedule O contains a response to any question in this Part XI		
1 Total revenue (must equal Part VIII, column (A), line 12)	596,	049.00
2 Total expenses (must equal Part IX, column (A), line 25)	572,	373.00
3 Revenue less expenses. Subtract line 2 from line 1	23,	676 00
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	557,	682.00
5 Other changes in net assets or fund balances (explain in Schedule O)		0.00
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,		
column (B))	596,	049.00
Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		. 🗆
	Yes	No
1 Accounting method used to prepare the Form 990° ☑ Cash ☐ Accrual ☐ Other	1 2	
If the organization changed its method of accounting from a prior year or checked "Other," explain in		. 3
Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .	2a 🗸	
b Were the organization's financial statements audited by an independent accountant?	2b 🗸	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		
of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c 🗸	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	86	
issued on a separate basis, consolidated basis, or both.		
✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1:33
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	45~ 3 4-	-   44
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 undergo the		
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	
	Form 99	0 (2010)

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

# **Public Charity Status and Public Support**

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

**Open to Public** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Inspection

Name of the organization		<del></del>					Employer ı	dentification	n number	
World Hunger Ecumenic			_				74-2386488			
		rity Status (All orga				<u>-</u>		ınstructio	ons.	
2 A school desc 3 A hospital or a 4 A medical reso	vention of churc ribed in <b>section</b> a cooperative ho	hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjun	churche ch Sched ation des	s describe lule E.) cribed in	ed in sec section	ction 170 170(b)(1)	(b)(1)(A)( (A)(iii).		(iii). Enter the	
5 An organization										
7 🗹 An organization										
9 An organization receipts from support from	on that normally activities related gross investme	n section 170(b)(1)(A receives: (1) more that to its exempt functent income and unreufter June 30, 1975. So	an 33¹/₃9 tions—su lated bu	% of its si bject to d siness ta	upport fr certain e xable in	xceptions come (le	s, and (2 ss sectio	) no more	e than 331/3% of it	
10 An organization 11 An organization purposes of o	on organized and on organized ar one or more pub	I operated exclusively nd operated exclusive plicly supported organ describes the type of	to test for the	or public s ne benefi describe	safety. S t of, to d in sec	ee <b>sectio</b> perform tion 509(a	on 509(a) the func a)(1) or s	tions of, ection 50	9(a)(2). See sectio	
other than fou or section 509	his box, I certify indation manage (a)(2)	Type II c that the organization ers and other than one	is not co e or more	e publicly	lirectly o	r ındirecti ed organ	y by one izations	described	I in section 509(a)(	
organization, o	check this box								e III supporting	
following pers	ons?	he organization acce	_	_			·			
(i) A person (III) below,	who directly or i the governing b	ndirectly controls, eit ody of the supported	her alone organizat	e or toget tion?	her with	persons	describe	d in (ii) ar 	nd Yes No	
(iii) A 35% cor	ntrolled entity of	on described in (i) abo a person described ir ion about the support	n (i) or (II)	above? .					11g(iı) 11g(iı)	
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is the o	organization sted in your document?	(v) Did the orga col (i)	(v) Did you notify ne organization in col (i) of your support?		Is the tion in col ized in the S?	(vii) Amount of support	
			Yes	No	Yes	No	Yes	No		
(A)										
(B)										
(C)										
(D)										
(E)										

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 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendar year (or fiscal year beginning in) ▶ Gifts. grants. contributions. membership fees received. (Do not 170,461 00 281,285.00 199,697.00 325,110.00 362,300.00 1,338,853 00 include any "unusual grants.") . . . revenues levied organization's benefit and either paid 0.00 0.00 0.00 0.00 0.00 0 00 to or expended on its behalf . . . 3 The value of services or facilities furnished by a governmental unit to the 0.00 0.00 0 00 0.00 0.00 0.00 organization without charge . . . . Total. Add lines 1 through 3. . 170,461 00 281,285.00 362,300 00 1,338,853 00 199,697.00 325,110.00 The portion of total contributions by person (other each than 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. 1,338,853.00 Section B. Total Support (a) 2006 (c) 2008 (d) 2009 **(b)** 2007 (e) 2010 (f) Total Calendar year (or fiscal year beginning in) ▶ Amounts from line 4 . . . . 170,461.00 199,697.00 281,285.00 325,110 00 362,300 00 1,338,853.00 Gross income from interest, dividends, 8 payments received on securities loans. 923.00 515.00 612.00 617 00 619 00 3,286.00 rents, royalties and income from similar sources . . . . . . . . . . . . Net income from unrelated business activities, whether or not the business 0.00 0.00 0.00 0.00 0.00 0.00 is regularly carried on . . . . . Other income. Do not include gain or loss from the sale of capital assets 76.286.00 225.105.50 231.018 00 252.818.00 233,130 00 1.018.357 50 (Explain in Part IV.) . . . . . . . Total support. Add lines 7 through 10 11 2,360,496 50 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) Section C. Computation of Public Support Percentage Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . 57.0 % 14 14 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . . . . . . . . 15 54.0 % 331/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this ~ 331/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . . 17a 10%-facts-and-circumstances test-2010. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2009. 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 IV 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

Р	ao	e	4

Part IV	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
Part II, Sec	tion B: Totla Support, Line 10: Income described is from program service revenue through Clothes Silo, Workwear for Men,
Hand to Ha	and Project and Educational Programs

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

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

Secti	on A. Public Support			- 11, p. 10000 01	on proto r are		
Calen	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						-
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an			_			
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	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						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
~	received from other than disqualified						1
	persons that exceed the greater of \$5,000						}
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8		2 2	4: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3:				
	line 6.)						
Secti	on B. Total Support			I		**	
Calen	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,		,			-	
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	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 IV.)						
13	Total support. (Add lines 9, 10c, 11,					<del></del>	
	and 12.)						
14	First five years. If the Form 990 is for the	ne organizatior	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	on 501(c)(3)
	organization, check this box and stop he				<u> </u>	<u> </u>	<b>&gt;</b> 🗀
	on C. Computation of Public Support						
15	Public support percentage for 2010 (line					15	%
16	Public support percentage from 2009 Sci			<u> </u>	<u> </u>	16	
	on D. Computation of Investment In		•			T	<del></del>
17	Investment income percentage for 2010 (					17	· %
18	Investment income percentage from 2009					18	<u>%</u>
19a	331/3% support tests—2010. If the organ						
р.	17 is not more than 331/3%, check this box						
b	331/3% support tests – 2009. If the organiz						
20	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	и посспеска	DUX OF TIME 14,	, _ı ya, or 19b, c	neck this box	and see instru	cuons 🟲 📋

#### SCHEDULE D (Form 990)

# Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 20**10** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number World Hunger Ecumenical Arizona Task Force Inc 74-2386488 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year . . . . . 1 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II Conservation Easements, Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use te.g., recreation or education) Preservation of an historically important land area □ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . **b** Total acreage restricted by conservation easements. . . . . . . . 2b Number of conservation easements on a certified historic structure included in (a) . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . . . . . . . . . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? . . . . In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 . . . . . . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X

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Ρ	а	n	е	4

Part	III Organizations Maintaining (	Collections of	Art, Historic	al Treasures	s, or Otl	ner Similar Ass	ets (conti	nued)
3	Using the organization's acquisition, accollection items (check all that apply):	ccession, and ot	her records, o	heck any of the	he follow	ring that are a sig	gnificant us	e of its
а	☐ Public exhibition		d 🗌	Loan or excha	ange pro	grams		
b	☐ Scholarly research		e 🗌	Other				
С	Preservation for future genération	s		3333333				
4	Provide a description of the organization	on's collections a	and explain ho	w they further	r the org	anızatıon's exem	pt purpose	in Part
	XIV.							
5	During the year, did the organization s	solicit or receive	donations of	art, historical t	treasures	s, or other similar	_	_
	assets to be sold to raise funds rather t			-			Yes_	
	line 9, or reported an amount	δη Form 990, F	Part X, line 2	1.				art IV,
1a	Is the organization an agent, trustee, included on Form 990, Part X?	\					: ☐ Yes	□ No
b	If "Yes," explain the arrangement in Par	rt XIV and comple	ete the followi	ng table:				
		\				An	nount	
C	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year	\			1e			
f	Ending balance	· · · · · · · · · · · · · · · · · · ·			lf			
2a	Did the organization include an amount		art X, line 21?				☐ Yes	□No
Par	If "Yes," explain the arrangement in Part Endowment Funds. Comple		otian analys	rad "Vas" to	Form 00	On Port IV line	10	
rai	Endowment Funds. Comple	(a) Current year	(b) Prior year			(d) Three years back		ars back
10	Pographia of year helance	(a) Current year	(b) Noi year	(c) Two yea	ars back		4	- J
1a b	Beginning of year balance		$\overline{}$				·	
C	Net investment earnings, gains, and					aittús (t.a. í	olymer :	
•	losses				Į.		<u> </u>	
d	Grants or scholarships			$\overline{}$		15 (A)		3
e	Other expenditures for facilities and	•		+		Marketin in		
•	programs					ARREST HOLE		
f	Administrative expenses			<del></del>		* * * . *	·	
g	End of year balance					· dad	. 27	. 4
2	Provide the estimated percentage of th	e vear end balan	ce held as:	<del></del>	<del>/</del> ,			
а	Board designated or quasi-endowment	•	%					
b	Permanent endowment ▶		· <del></del>					
C	Term endowment ▶ %							
3a	Are there endowment funds not in the	possession of th	ie organizatioi	n that are held	and adj	ministered for the	)	
	organization by:				,	\	Ye	s No
	(i) unrelated organizations					\	3a(i)	T
	(ii) related organizations					.\	3a(ii)	
b	If "Yes" to 3a(ii), are the related organiz					. \	3b	
4	Describe in Part XIV the intended uses							
Part	VI Land, Buildings, and Equipr	ment. See Form	n 990, Part X	, line 10.				
	Description of investment	(a) Cost or ot (investm		ost or other basis (other)	de	Accumulated preciation	(d) Book va	ılue
1a	Land				1			
b	Buildings						\	
C	Leasehold improvements .				ļ			
d	Equipment							
e	Other							
Total.	Add lines 1a through 1e. (Column (d) me	ust equal Form 9	90, Part X, col	umn (B), line 1	<i>O(c).)</i> .	▶		

Part VII	Investments-Other Securitie	s. See Form 990, Part X,	line 12.	
· (ε	Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year m	
(1) Financia	I derivatives			
(2) Closely-I	held equity interests			<u> </u>
(3) Other				
(A)				
(B)				
(C)				
(D)				,-
(E)				
(F) (G)			-	
(G) (H)	······			
(I)		· -		
	(b) must equal Form 990, Part X, col. (B) line 12)	•		
		•	line 10	
Part VIII	Investments - Program Relate			
	(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
/4)	<del></del>	-		
(1)				
(2)	<del></del>			
(3)			<del> </del>	
(5)			<del>                                     </del>	
(6)				
(7)				
(8)			•	
(9)	\			
(10)		1		
Total. (Column	(b) must equal Form 990, Part X, col (B) line 13.) ▶	• \	>	7. Ô. 1
Part IX	Other Assets. See Form 990, F	art X, line 15.		
		(a) Description		(b) Book value
(2)				
(3)				
(4)				
(5)				
_(6)		<del></del>	<u> </u>	
(7)			<del>\</del>	
(8)				
(9) (10)				
	ımn (b) must equal Form 990, Part X,	col (B) line 15.)		<del></del>
Part X	Other Liabilities. See Form 999			
1.	(a) Description of liability	(b) Amount		
(1) Federal	income taxes		1	ŀ
(2)			1	
(3)			1	i !
(4)			1	! }
(5)			7	! !
(6)			]	į
(7)				i
(8)				,
(9)			_	
(10)			_	
(11)			_	
	(b) must equal Form 990, Part X, col (B) line 25.) ▶			!
2. FIN 48 (A	ASC 740) Footnote. In Part XIV, provid	e the text of the footnote to	the organization's financial statem	nents that reports the
organizatio	n's liability for uncertain tax positions	under FIN 48 (ASC 740).		

Part	ΧI	Reconciliation of Change in Net Assets from Form 990 to A	udite	d Financial Stateme	ents	<b>&gt;</b>
1	Total	revenue (Form 990, Part VIII, column (A), line 12)			1	596,049,00
2	Total	expenses (Form 990, Part IX, column (A), line 25)			2	572,373 00
3	Exce	ss or (deficit) for the year. Subtract line 2 from line 1		[	3	23,676.00
4	Net u	unrealized gains (losses) on investments			4	0.00
5	Dona	ated services and use of facilities		[	5	0.00
6	Inves	stment expenses			6	0.00
7		period adjustments			7	0.00
8		r (Describe in Part XIV.)			8	0.00
9	Total	adjustments (net). Add lines 4 through 8			9	0.00
10	Exce	ss or (deficit) for the year per audited financial statements. Combine	lines :	3 and 9	10	23,676.00
Part	XII	Reconciliation of Revenue per Audited Financial Stateme	ents \	With Revenue per	Ret	turn
1	Total	revenue, gains, and other support per audited financial statements			1	596,049 00
2	Amo	unts included on line 1 but not on Form 990, Part VIII, line 12:			to 7 a	
а	Net u	unrealized gains on investments	2a	0.00		
b	Dona	ated services and use of facilities	2b	0.00		•
С	Reco	overies of prior year grants	2c	0.00		
d		r (Describe in Part XIV.)	2d	0.00	1.2	
е	Add	lines 2a through 2d			26	e 0 00
3		ract line <b>2e</b> from line <b>1</b>			3	596,049 00
4	Amo	unts included on Form 990, Part VIII, line 12, but not on line 1:	1		*	
а		stment expenses not included on Form 990, Part VIII, line 7b	4a	0 00	1	, , ,
b		r (Describe in Part XIV )	4b	0 00		3
С		II a			40	0.00
5	Tota	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	596,049.00
Part	XIII	Reconciliation of Expenses per Audited Financial Staten	nents	With Expenses pe	er R	leturn
1	Tota	expenses and losses per audited financial statements			1	572,373 00
2	Amo	unts included on line 1 but not on Form 990, Part IX, line 25:			¥. `	
а	Dona	ated services and use of facilities	2a	0.00		
b	Prior	year adjustments	2b	0.00	12/3	*
С	Othe	rlosses	2c	0.00	100mg 1	ř.
d		r (Describe in Part XIV.)	2d	0.00	3/3	
е		lines 2a through 2d			26	0.00
3	Subt	ract line <b>2e</b> from line <b>1</b>			3	572,373.00
4	Amo	unts included on Form 990, Part IX, line 25, but not on line 1:			~ `	-3
а	Inves	stment expenses not included on Form 990, Part VIII, line 7b	4a	0 00	PV.	. 🎇
b		r (Describe in Part XIV.)	4b	0 00	1	,
С	Add	lines <b>4a</b> and <b>4b</b>	-		40	0.00
5	Tota	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)		5	
<b>Part</b>		Supplemental Information				
Part V	, line 4	nis part to provide the descriptions required for Part II, lines 3, 5, and 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines information.				

#### SCHEDULE M (Form 990)

#### **Noncash Contributions**

OMB No 1545-0047

2010

 ▶ Complete if the organizations answered "Yes" on Form

 990, Part IV, lines 29 or 30.

 ▶ Attach to Form 990.

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

World Hunger Ecumenical Arizona Task Force Inc

Employer identification number 74-2386488

Types of Property (d) (a) (b) Noncash contribution Check if Number of contributions or Method of determining amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art-Works of art . . . . 2 Art-Historical treasures . . . 3 Art-Fractional interests . . . Books and publications . . 5 Clothing and household goods . . . . . . . . . 61,350.00 cost sold in store 6 Cars and other vehicles . . . 7 Boats and planes . . . . . Intellectual property . . . . 8 9 Securities-Publicly traded . . 10 Securities-Closely held stock . Securities-Partnership, LLC, 11 or trust interests . . . . . 12 Securities-Miscellaneous . . 13 Qualified conservation contribution-Historic structures . . . . . . . . 14 Qualified conservation contribution-Other . . . Real estate - Residential . . . 15 Real estate -- Commercial . . 16 17 Real estate—Other . . . . . Collectibles . . . . . . . 18 19 Food inventory . . . . . 20 Drugs and medical supplies . . 21 Taxidermy . . . . . . . 22 Historical artifacts . . . 23 Scientific specimens . . . . 24 Archeological artifacts . . . Other ► ( 25 Other ► ( 26 Other► ( 27 28 Other ► ( Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

Schedule M (	Form 990) (2010) Page	e <b>2</b>
Part II	<b>Supplemental Information.</b> Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.	
	and co. 7 libe complete time part for any decisional information.	_
		<b>_</b>

#### **SCHEDULE 0** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

2010

Employer identification number

74-2386488

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

World Hunger Ecumenical Arizona Task Force Inc Part III: Statement of Program Service Accomplishments 4d Other program services: Expenses related to Volunteer Support Services Part VI: Governance, Management, and Disclosure: Section A. Governing Body and Management: Line 8a/b: All meetings of the organization and its board and committees are documented in written form and held within the organization, including actions undertaken during the year. Section B Policies Line 11a: The Organization's accountant and Treasurer reviews the completed Form 990 with the Full Board at a regularly scheduled Board meeting. The Board then votes to accept or reject the completed Form 990; the Form 990 is NOT signed and sent in until the Full Board unanimously agrees to accept the Form 990. Line 12c: Each board member, officer and staff person is required to disclose and sign any conflicts of interest, annually through the organization's written Conflict of Interest form Section C. Disclosure Line 19: The Organization's governing documents, conflict of interest policy and financial statements are available to public through written and verbal request; by email and on the internet on the organization's website and through guidestar org Line 15a/b: The Organization's board determines the compensation of its Executive Director and other staff based on research and profiles done of other similar organization and trends by its Human Resource Committee.

Line 2c The organization has a Treasurer and a finance committee thatassumes responsibility for oversight of the audit, review or

Part XI. Financial Statements and Reporting