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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)

2012

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

| A | For the | 2012 cale | endar year, or tax year beginning , 2012, and ending | 1 | | , 20 |
|----------------------------------------------|--------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------|
| В | Check if a | applicable | C Name of organization World Hunger Ecumenical Arizona Task Force, Inc. | | D Employe | er identification number |
| | Address | change | Doing Business As WHEAT | | | 74-2386488 |
| _ | Name ch | - | Number and street (or P O box if mail is not delivered to street address) Room/suit | е | E Telephon | ne number |
| \neg | Initial retu | - | 4000 North 7th Street Suit | te 118 | | 602/955.5076 |
| $\overline{}$ | Terminati | | City, town or post office, state, and ZIP code | | | |
| _ | Amended | | | | G Gross re | ceipts \$ 874,572.00 |
| | | | Phoenix, Arizona 85014-4764 F Name and address of principal officer Tamera Zivic, PhD | H(n) is thus | | for affitiates? Yes No |
| | Application | on penaing | 1 | l l | l affiliates in | |
| | | | 4000 North 7th Street, Suite 118, Phoenix, Arizona 85014-4764 | | | list. (see instructions) |
| <u>. </u> | | npt status | ✓ 501(c)(3) | ⊣ | | |
| | Website: | | w.HungerHurts.org | | exemption | ····· |
| _ | | | ✓ Corporation Trust Association Other ► L Year of formation | on 1979 | M State | of legal domicile AZ |
| Ρ? | art I | Summ | | | | |
| | | - | escribe the organization's mission or most significant activities: The mis | | | |
| ø | L . | | , motivate and empower individuals to action in the fight against hunger. W | | | |
| ä | [| | ts fair trade initiative, the Hand to Hand Project; the Clopthes Silo providing | | | |
| Ĕ | | | WorkWear for Men provide appropriate clothing for men in need; and the M | | | |
| Activities & Governance | 2 | Check th | his box $lacktriangle$ if the organization discontinued its operations or disposed $\mathfrak c$ | of more than | n 25¦% of | its net assets. |
| 5 | 3 | | of voting members of the governing body (Part VI, line 1a) | | 3 | 18 |
| Se | 4 | Number | of independent voting members of the governing body (Part VI, line 1b) | | 4 | 18 |
| ij | 5 | Total nu | mber of individuals employed in calendar year 2012 (Part V, line 2a) | | 5 | 1 |
| Çţ | 6 | | mber of volunteers (estimate if necessary) | | 6 | 549 |
| ٩ | 7a | | related business revenue from Part VIII, column (C), line 12 | | 7a | 0.00 |
| | b | | elated business taxable income from Form 990-T, line 34 | | 7b | 0.00 |
| | | | | Prior Y | ear | Current Year |
| _ | 8 | Contribu | utions and grants (Part VIII, line 1h) | 5 | 08,223.00 | 437,660.00 |
| Revenue | 9 | Program | n service revenue (Part VIII, line 2g) | 1 | 98,540.00 | 436,219.00 |
| ave | 10 | • | ent income (Part VIII, column (A), lines 3, 4, and 7d) | | 723.00 | 693.00 |
| ď | 11 | | evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0.00 | 0.00 |
| | 12 | | venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 7 | 07,486.00 | 874,572.00 |
| _ | 13 | | and similar amounts paid (Part IX /qcilumn (A), Ines 1-3) | <i>'</i> | 0.00 | 0.00 |
| | 14 | | s paid to or for members (Par IX, column (A), Jine 4) | | 0.00 | |
| | 1 4- | | , other compensation, employee benefits (Patrix) column (A), lines 5–10) | - | | |
| Ses | 15 | | الإياا المما | | 57,615.00 0.00 | 1 |
| ë | 16a | Tabelfor | ional fundrais no rees (Raft IX, column 13A), line 11e) , | e i complete de la co | 0.00 11-04 (1 mg) | |
| Expenses | b | | ndraising expenses (Part IX, column (D), line 25) 4,100.00 | | | |
| _ | 11/ | | xpenses (Part IX, column (A), lines 1 (ar +1d, 11i-24e) | | 33,827.00 | |
| | 18 | | penses. Add lines (3) 17 (must equal Part IX, column (A), line 25) | | 91.442.00 | |
| | 19 | Revenu | e less expenses. Subtract line 18 from line 12 | Beginning of C | 16,044.00 | |
| sets or | <u> </u> | | | | | |
| SSet | 20 | | ssets (Part X, line 16) | | 19,824.00 | |
| Net Ass | 21 | | ubilities (Part X, line 26) | | 341.00 | |
| _ | | | ets or fund balances. Subtract line 21 from line 20 | | <u> 19,483.00</u> | 747,980.00 |
| | art II | | ature Block | | | |
| U | nder pen | alties of per | դաy, I declare that I have examined this return, including accompanying schedules and state iplete Declaration of preparer (other than officer) is based on all information of which prepare | ements, and to | the best of | my knowledge and belief, it is |
| | ue, corre | ct, and com | piete Declaration of preparer (other than officer) is based on an information of which prepare | i nas any kno | | 1.012012 |
| ۵. | | | light a Mariello | | رحی | 10/0015 |
| | gn | Ship. | gnature of officer Management South Transport | 4 | Date | • |
| H | ere | 7 | uaenia 11 ariouso scry 11 las | uzer | | |
| | | 17 - | pe or print name and title | | | - Introduction |
| P | aid | Print/ | Type preparer's name Preparer's signature | ate | Check | ☐ if PIN |
| | repar | er 🗀 | | | self-en | nployed |
| | se Or | | s name 🕨 | F | rm's EIN 🕨 | |
| | | Firm's | s address > | P | hone no | |
| · M | ay the | | uss this return with the preparer shown above? (see instructions) | | <u> </u> | Yes No |
| = | - Dono | | | No. 11282V | | Form 990 (2012) |

| | those employed who have littl | e extra to spend business attire. | · | | |
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| | | | *************************************** | ······ | |
| | | | | | |
| ; | (Code. 62411) (Expense | es \$ 59,400.00 including | grants of \$ | 0.00) (Revenue \$ | 73,500.00) |
| | | npowerment programs includes | | | |
| | | 3 countries, including the United | | | |
| | | | | | |
| | | lothe, shelter and educate them | seives and their ramilles. | air trade is a very succe | ssrui and positive |
| | way to fight hunger and pover | ty, worldwide. | | *************************************** | |
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| | | | | | |
| | | | | | |
| t | Other program services (De | | | | |
| | (Expenses \$ 4,917.0 | o including grants of \$ | 0.00) (Revenue \$ | 0.00) | |
| 9 | Total program service exp | enses > 711,463.0 | 00 | | |

Form **990** (2012)

| Form 99 | 0 (2012) | | F | age 3 |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------|----------|
| Part | Checklist of Required Schedules | | | |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | | 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 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u>·</u> |
| 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 for which 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 | | ✓ |
| 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 | | 1 |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | 1 |
| 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 | | 1 |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | • | 1 |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. | | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | 1 |
| 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 | | ✓ |
| | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | ✓ | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | 1 |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | 1 |
| 14 a b | | 14a | | ✓ |
| 15 | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | 14b | | / |
| 16 | organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | 15 | | ✓ |
| 17 | to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | 16 | | 1 |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | 17 | | 1 |
| 18 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | 1 |
| 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 | <u> </u> | 1 |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | - | 1 |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 1200 | 1 | I ✔ |

| Part I | V Checklist of Required Schedules (continued) | | , | |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----|----------|
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | <i>'</i> |
| 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 | | <u>·</u> |
| b c | 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 | | √ |
| 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 | | ✓ |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | 1 |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | 1 |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | 1 |
| 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): | \$ 1840 1840 1840 1840 1840 1840 1840 1840 | | |
| 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 | | 1 |
| 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 | | 1 |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | 1 | 1 |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | - | 1 |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | 1 |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | 1 |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | 1 |
| 35a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | √ |
| 36 | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 | 35b | | ✓ |
| 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, | | | |
| 38 | Part VI | 37 | 1 | ✓ |

| Part | Statements Regarding Other IRS Filings and Tax Compliance | | | |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • | Check if Schedule O contains a response to any question in this Part V | • • | <u> </u> | |
| • | , | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 막 🏋 | , 3-4, | |
| Ь | | 마르닭 | | -) |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | / | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 3 | - 1 2 | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a | 1 | inco i | - ~ |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | ✓_ | |
| 0- | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 200 | Z + 11 | Ϊ, |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | <u> </u> |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | 1 |
| ь | If "Yes," enter the name of the foreign country: ▶ | 10.3 | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | 2.1 | A section | , ,, |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | 1 |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | ✓ |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | 1 |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| b | organization solicit any contributions that were not tax deductible as chantable contributions? | 1 1 | _ | / |
| _ | gifts were not tax deductible? | 6b | 4 34 ~ | ✓ |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | 推图 | \\ \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(|
| 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? | F | | 7 |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7a 7b | | 1 |
| D | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | ┞ ▼ - |
| | required to file Form 8282? | 7c | | 1 |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | NA. | 183 |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | S | 1 |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 7f | | 1 |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | 1 |
| ĥ | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | 1 |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | 1 2 | | |
| | 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 | | , <u>.</u> |
| 9 | Sponsoring organizations maintaining donor advised funds. | | va Laver | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | <u> </u> |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | W 2 . W | <u> </u> |
| 10 | Section 501(c)(7) organizations. Enter: | | 2000 P. | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | _ | | 15 - Y |
| . ь | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | | Maria di Salah | |
| 11 | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders | | | A) }; . |
| a b | Gross income from members or shareholders | | Diner | |
| | against amounts due or received from them.) | | | |
| 12a | 5 5 600 | 12a | 7 | X Y |
| b | | | 197 | * |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | 1 | <u> 1</u> 溪、 |
| а | to the state of th | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | 72 mg (| | 1 |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | 15. | |
| | the organization is licensed to issue qualified health plans | | | |
| С | <u> </u> | 50% | 1 - 1/- | 1 |
| 14a | | 14a | + | 1 |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | 1 | |

| Part \ | (2012) Governance Management and Direlegues For each "Voe" response to lines 2 through 7h below | and f | | age O |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------|--------------|
| r art V | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se | | | |
| | Check if Schedule O contains a response to any question in this Part VI | | | |
| Section | on A. Governing Body and Management | | <u> </u> | _== |
| | | $\neg \neg$ | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 18 | 75.7 | - | - · · · · · |
| | If there are material differences in voting rights among members of the governing body, or | , 1 | | |
| | if the governing body delegated broad authority to an executive committee or similar | · • | ,] | * ′, ~ ′, |
| | committee, explain in Schedule O. | 1 | ·~ . } | |
| _ | Enter the number of voting members included in line 1a, above, who are independent | . 1 | ٠. ا | |
| 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 | | V |
| 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 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | √ |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | <u>√</u> |
| 6 | Did the organization have members or stockholders? | 6 | | <u>✓</u> |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | ✓_ |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | 1 |
| _ | stockholders, or persons other than the governing body? | 7b | 3.7 | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | 7.4 | 7- | |
| | the year by the following: | | | Aª w |
| a | The governing body? | 8a 8b | V | |
| ь 9 | Each committee with authority to act on behalf of the governing body? | 80 | <u> </u> | |
| 9 | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | 1 |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Reven | | ode.) | <u> </u> |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | 1 |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | ✓ | |
| þ | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | 2 |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | V | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | V | |
| C- | Did_the organization_regularly and_consistently_monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 40- | _, | - |
| 40 | | 12c | 1 | |
| 13 14 | Did the organization have a written whistleblower policy? | 14 | 1 | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | 32 | ₹ , * | 3.0 |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 2 m | 1 1 1/4 mg | 350 |
| а | The organization's CEO, Executive Director, or top management official | 15a | 1 | |
| b | Other officers or key employees of the organization | 15b | 1 | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 77 | | , |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | \$2 PM | 77 | 1 e 1 |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | ران المراد ا | | 1 7 7.1 |
| | organization's exempt status with respect to such arrangements? | 16b | <u> </u> | |
| | ion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed Arizona | | 7-3763 | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply. | in 501 | (C)(3): | s only) |
| | ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict and financial statements available to the public during the tax year. | of inte | erest | policy |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records | s of th | е | |
| | organization: ► The Organization, 4000 N 7th St. Ste 118, Phoenix, AZ 85014 602/955.5076 | | | |

| Form | aan | (2012) | |
|------|-----|--------|--|

Page 7

Form **990** (2012)

| 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.

| Check this box if neither the organization no | r any relate | d orga | anız | atio | n co | ompe | nsa | ited any curren | t officer, director | , or trustee. |
|-----------------------------------------------|-----------------------------|--------------------------------|-------------------------------|----------|--------------|------------------------------|----------|---------------------------------|---------------------------|--------------------------|
| | | | | (0 | | | | | | |
| (A) | (B) | (-1 | -4 -6 | Position | | | | (D) | (E) | (F) |
| Name and Title | Average | | (do not chec box, unless r | | | | | Reportable | Reportable | Estimated |
| | hours per week (list any | office | r and | _ | rect | or/trust | <u> </u> | compensation from | compensation from related | amount of other |
| | hours for | Individual trustee or director | Inst | Officer | Көу | emgt | Former | the | organizations | compensation |
| | related organizations | ired. | Institutional trustee | er | Key employee | nest | Tet | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
| | below dotted | [호류 | กล | | oloy | e com | | , | | and related |
| | (ine) | ste | trus | | ě | Pen | | | | organizations |
| | | " | 6 | | | Highest compensated employee | | | | |
| | | | | | | | | | | |
| (1) Colleen Boles | | | | | | İ | | | | |
| Chairperson/Director | 11 | / | <u> </u> | ✓ | <u> </u> | | }_ | 0.00 | 0.00 | 0.00 |
| (2) Elaine Groppenbacher | - | | | | 1 | | 1 | | | |
| Vice Chair/Director | 1 | ✓ | }_ | 1 | ├- | | }_ | 0.00 | 0.00 | 0.00 |
| (3) Eugenia Mancuso | | | 1 | ١, | ł | ł | | | | |
| Secretary/Treasurer/Director | 1 | 1 | - | 1 | - | <u> </u> | ┯ | 0.00 | 0.00 | 0.00 |
| (4) Zarinah Awad | | | | | Ì | | | | | |
| Director/Past Chair | 1_1_ | ✓ | ╀ | 1 | ╀ | - | \vdash | 0.00 | 0.00 | 0 00 |
| (5) Caitlin Acker | | | 1 | 1 | 1 | | - | 1 | | |
| Director | 1_1_ | ✓. | ┾ | + | ┼ | | ┿ | 0.00 | 0.00 | 0 00 |
| (6) John Bazuscj | . | | | } | | | } | | | |
| Director | 1 | / | - | ├ | ┼ | | ┿ | 0.00 | 0.00 | 0.00 |
| (7) Teri Conrad | | - , | | | | | Ì | | | |
| Director | 1 | 1 | + | ╀- | ┼- | 1 | ╁ | 0.00 | 0.00 | 0 00 |
| (8) Oliva Gonzalez | | - , | 1 | | | İ | 1 | | | |
| Director | 1 | 1 | + | - | ┼ | | + | 0.00 | 0.00 | 0 00 |
| (9) Tony Herrera | 1 | - | | | | | ł | | | |
| Director (40) | 1 | - | + | ┼ | ┼─ | ┼ | ╁ | 0.00 | 0.00 | 0.00 |
| (10) Gurukirn Kaur Khalsa | | - / | 1 | Ì | 1 | | | | 0.00 | 0.00 |
| Director | 1 | - | +- | ╀ | ┼ | + | ╀ | 0.00 | 0 00 | 0.00 |
| (11) Roberta Lasin | | - , | 1 | | 1 | | | | | |
| Director | 1_1_ | 1 | ╁ | + | ┼ | ┼ | + | 0.00 | 0.00 | 0.00 |
| (12) Vesta Noble | | - , | | 1 | | 1 | | 1 | | |
| Director (40) | 1 | ↓ ✓ | + | +- | +- | +- | + | 0.00 | 0 00 | 0 00 |
| (13) Marjan Nobel | | - , | | | | | | | | |
| Director (4.4) | 11 | ✓ | + | + | +- | +- | +- | 0.0 | 0 00 | 0.00 |
| (14) Cheryl Thompson | | - , | Ì | | | | - | | | |
| Director | 1 | | | Щ. | | Ш., | ┷- | 0.0 | 0 00 | 0.00 |

| Part \ | Section A. Officers, Directors, Trust | ees, Key E | mploy | /ees | | | lighes | it C | ompensated E | mployees (co | ontinued) | |
|-------------|------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------|-----------------------|----------|----------------------------------------|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------|--------------|--------------------------|
| | • | | | | | C) tron | | | | | | |
| | (A) | (B) Position (do not check more than one | | | | | | | (D) | (E) | | (F) ′ |
| | Name and title | Average | | | | | is both | | Reportable compensation | Reportable compensation f | - 1 | Estimated amount of |
| | | hours per week (list any | _ | | | | or/trust | _ | from | related | 10 | other |
| | | hours for | 일 | Insti | Officer | Key employee | emg High | Former | the | organization: | - 1 | compensation |
| | | related organizations | re d | tric | ğ | eg. | loye | ner | organization (W-2/1099-MISC) | (W-2/1099-MIS | | from the organization |
| | | below dotted | or tr | ma | | 탕 | e 0 | | (| | 1 | and related |
| | | line) | Individual trustee or director | Institutional trustee | ŀ | 8 | pen | | | | ' | organizations |
| | | | • | iee | | | Highest compensated employee | | | | | |
| (15) Tri: | sh Thomspon-Winters | | | | | | | | | | | |
| Directo | | 1 | 1 | | | ļ | | | 0.00 | (| 0.00 | 0.00 |
| (16) Ka | ren Willard | | | | | | | | | | | |
| Directo | Г | 1 | 1 | | | | | | 0.00 | (| 0.00 | 0.00 |
| (17) Lel | and Wilson | | | | 1 | 1 | | | | | | |
| Directo | r | 1 | 1 | | | | | | 0.00 | (| 0.00 | 0.00 |
| (18) Ka | ren Zuckerman | ļ | | | | | ŀ | 1 | | | į | |
| Directo | | 1 | / | <u> </u> | ļ | ╄ | <u> </u> | <u> </u> | 0.00 | | 0.00 | 0.00 |
| | mera Zivic, PhD | ļ | | 1 | , | , | 1 | | | | | |
| (20) | ive Director/CEO | 40+ | - | 1 | ✓ | 1 | - | \vdash | 60,000.00 | | 0.00 | 0.00 |
| (20) | | + | - | | | | | | | | | |
| (21) | | | | ╁ | + | +- | 1 | | | | | |
| 35.17 | | - | - | 1 | | | | | | | | |
| (22) | | | İ | - | 1 | 1 | | t | 1 | | | |
| 3 | | | 1 | | | | | <u>.</u> | | <u> </u> | | |
| (23) | | | | | | | | | | | | |
| | | | | | | | | $oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}}}}}}}}}}}}}}}}}$ | | | | |
| (24) | | | _ | ļ | | | | | | 1 | İ | |
| | | ļ | 1 | 1 | \perp | ↓_ | - | ╄ | | | | |
| (25) | | | - | 1 | | | | | | | | |
| 46 | Cub total | | J | | <u> </u> | _ـــــــــــــــــــــــــــــــــــــ | Ь., | Ļ | 00 000 00 | | 0.00 | 0.00 |
| 1b c | Sub-total | · · · · · | | • | • | • | • • | | 60,000.00 | | 0.00 | 0.00 |
| _ | Total (add lines 1b and 1c) | - | | • | • | • | • • | | 60,000.00 | | 0.00 | 0.00 |
| 2 | Total number of individuals (including bu | | | | | | | ٠ (۵ | | | | |
| | reportable compensation from the organ | nization > | | 1103 | C 112 | 3100 | abov | <u></u> | VIIO TOCCIVED II | iojo tijan pre | 30,000 0 | |
| | | | | | | | | | | | | Yes No |
| 3 | Did the organization list any former of | | | | | | | em | ployee, or hig | hest compe | nsated | XAV ALES |
| | employee on line 1a? If "Yes," complete | Schedule . | J for s | suct | n Inc | divic | dual | - | | · · · · | | 3 🗸 |
| 4 | For any individual listed on line 1a, is the | | | | | | | | | | | |
| | organization and related organizations | greater th | han § | 3150 | 0,00 | 0? | If "Ye | es, " | ' complete Sc | hedule J fo | r such | |
| | ındividual | | | ٠ | | ٠. | • • | • | | | | 4 / |
| 5 | Did any person listed on line 1a receive for services rendered to the organization | | | | | | | | | | | |
| Cooti | on B. Independent Contractors | 17 II TES, | COM | JIELE | 300 | Hec | Jule J | 101 | such person | · · · · | • • | 5 ✓ |
| <u>Secu</u> | Complete this table for your five highest | compane | ted it | ndei | nen | den | t conf | rac | tors that receiv | ed more tha | n \$100 0 | IOO of |
| • | compensation from the organization. Re | | | | | | | | | | | |
| | year. | - p | | | | | | | , | | 3** | |
| | (A) | | | | | | | Т | (B) | | | (C) |
| | Name and business ad | ddress | | | | | | | Description of | services | Co | empensation |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | · <u> </u> | | | | | | | _L | | | Marie August | and the second second |
| 2 | Total number of independent contract | | | | | | | to | tnose listed a | oove) who | | |
| | received more than \$100,000 of compe | nsauon troi | n tne | org | ani2 | atic |)(I 🚩 | | | | | 23424 7 7 X |

Part VIII **Statement of Revenue** Check if Schedule O contains a response to any question in this Part VIII. (D) Reve exempt function revenue business excluded from tax under sections 512, 513, or 514 Grants Similar Amounts Federated campaigns 1a 0.00 Membership dues 1b 0.00 C Fundraising events . Gifts, 1c 0.00 d Related organizations . . . 1d 0.00 Government grants (contributions) Contributions, and Other Simi 1e 0.00 All other contributions, gifts, grants, and similar amounts not included above 1f 437,660.00 Noncash contributions included in lines 1a-1f: \$ 112,960.00 Total. Add lines 1a-1f. 437.660.00 Program Service Revenue 2a Education 611430 285,500.00 436,219.00 0.00 0.00 Workwear for Men and Women þ 62411 77,219.00 77,219.00 0.00 0.00 Hand to Hand Project C 62411 73,500.00 73,500.00 0.00 0.00 d f All other program service revenue. 0.00 g Total. Add lines 2a-2f . 436,219.00 Investment income (including dividends, interest, and other similar amounts) 693.00 0.00 0.00 0.00 Income from investment of tax-exempt bond proceeds 0.00 0.00 0.00 0.00 5 Royalties 0.00 0.00 0.00 0.00 (i) Real (ii) Personal 6a Gross rents . 0.00 0.00 ь Less: rental expenses 0.00 0.00 C Rental income or (loss) 0.00 0.00 Net rental income or (loss) 0.00 0.00 7a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 0.00 0.00 h Less: cost or other basis and sales expenses . 0.00 0.00 Gain or (loss) . C 0.00 0.00 d Net gain or (loss) Other Revenue Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 0.00 Less: direct expenses . . 0.00 Net income or (loss) from fundraising events C Gross income from gaming activities. 9a See Part IV, line 19 0.00 Less: direct expenses b 0.00 Net income or (loss) from gaming activities Gross sales of inventory, less 10a returns and allowances 0.00 Less: cost of goods sold . . . b 0.00 Net income or (loss) from sales of inventory . Miscellaneous Revenue **Business Code** 11a b C d All other revenue 0.00 0.00 Total. Add lines 11a-11d . 0.00

874.572.00

874.572.00

Total revenue. See instructions.

0 00

0.00

Part IX Statement of Functional Expenses

| | Check if Schedule O contains a respons | | | | |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| b, 9b, | include amounts reported on lines 6b, 7b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | 0.00 | 0.00 | | |
| | Grants and other assistance to individuals in the United States. See Part IV, line 22 | 0.00 | 0.00 | | |
| | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | 0.00 | 0.00 | | |
| | Benefits paid to or for members | 0.00 | 0.00 | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 60,000.00 | 55,800.00 | 4,200.00 | 0.00 |
| | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 30,000.00 | 30,000.00 | 7/200.00 | |
| 7 | Other salanes and wages | 92,817.00 | 84,934.00 | 7,312.00 | 571.0 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 0.00 | 0.00 | 0.00 | 0.00 |
| 9 | Other employee benefits | 0.00 | 0.00 | 0.00 | 0.00 |
| 10 11 | Payroll taxes | 4,798.00 | 4,415.00 | 335.00 | 48.0 |
| а | Management | 0.00 | 0.00 | 0.00 | 0.0 |
| b | Legal [| 0.00 | 0.00 | 0.00 | 0.0 |
| C | Accounting [| 500.00 | 452.00 | 48.00 | 0.0 |
| d | Lobbying | 0.00 | 0.00 | 0.00 | 0.0 |
| е | Professional fundraising services. See Part IV, line 17 | 0.00 | ALLEY WEST | | 0.0 |
| f g | Investment management fees Other (If line 11g amount exceeds 10% of line 25, column | 0.00 | 0.00 | | |
| | (A) amount, list line 11g expenses on Schedule O.) | 0.00 | 0.00 | | · |
| 12 13 | Advertising and promotion | 15,000.00 | 15,000.00 | | |
| 13 | Office expenses | 49,500.00 35,515.00 | 44,505.00 29,164.00 | | · · · · · · · · · · · · · · · · · · · |
| 15 | Royalties | 0.00 | 0.00 | | |
| 16 _ | _Occupancy | 57,600.00 | 57,000.00 | | |
| 17 | Travel | 9,000.00 | 9,000.00 | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0.00 | 0.00 | 0.00 | 0.0 |
| 19 | Conferences, conventions, and meetings . | 4,500.00 | 4,500.00 | | |
| 20 | Interest | 912.00 | 912.00 | | |
| 21 | Payments to affiliates | 0.00 | 0.00 | 0.00 | 0.0 |
| 22 | Depreciation, depletion, and amortization . | 0.00 | 0.00 | 0.00 | 0.0 |
| 23 | Insurance | 3,294.000 | 2,064.0 | | |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses in line 24e. If | | | The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s | |
| | line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | PROGRAM MATERIALS | 365,850.00 | 365,850.0 | 0.0 | 0 0. |
| b | EDUCATIONAL TOOLS & EQUIPMENT | 30,713.00 | 21,950.0 | 0 8,763.0 | 0.0 |
| C | STORE EQUIPMENT | 11,500.00 | | | |
| d | VOLUNTEER APPRECIATION | 4,917.00 | | | |
| e | All other expenses | 0.00 | | | |
| 25 26 | Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if | 746,416.00 | 711,463.0 | 0 30,853.0 | 4,100. |
| | following SOP 98-2 (ASC 958-720) | 0.00 | 0.0 | 0.0 | o o |

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) End of year Beginning of year 1 Cash-non-interest-bearing 1 31,715.00 29,450.00 2 2 Savings and temporary cash investments 405,490.00 422,951.00 3 3 Pledges and grants receivable, net 0.00 0.00 4 0.00 0 00 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L. 0.00 Assets 0.00 7 Notes and loans receivable, net 0.00 0.00 8 Inventories for sale or use 8 182,619.00 295,938.00 9 Prepaid expenses and deferred charges 0.00 0.00 Mary of 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1 10b 10c b Less: accumulated depreciation 0.00 0.00 0.00 11 Investments—publicly traded securities 11 0.00 0.00 12 Investments—other securities. See Part IV, line 11 . 12 0.00 0.00 13 Investments -- program-related. See Part IV, line 11. 13 0.00 0.00 14 14 Intangible assets 0.00 0.00 15 15 Other assets. See Part IV, line 11 0.00 0.00 16 Total assets. Add lines 1 through 15 (must equal line 34) . 16 619,824.00 748,339.00 17 17 Accounts payable and accrued expenses 0.00 0.00 18 18 0.00 0.00 19 19 Deferred revenue 0.00 0.00 20 20 Tax-exempt bond liabilities . . . 0.00 0.00 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0.00 21 0.00 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and . -) . -> - disqualified persons. Complete Part II of Schedule L 22 0.00 0.00 23 23 Secured mortgages and notes payable to unrelated third parties . . . 0.00 0 00 24 Unsecured notes and loans payable to unrelated third parties 0.00 0.00 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 341.00 25 359.00 26 Total liabilities. Add lines 17 through 25 . 341.00 26 359.00 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 619,483.00 747,980.00 0.00 28 0.00 28 29 Permanently restricted net assets . . . 0.00 29 0.00 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and ئ ئىچۇنىيە ئايۇرىي complete lines 30 through 34. 30 0.00 30 Capital stock or trust principal, or current funds 0.00 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 0.00 0.00 32 32 Retained earnings, endowment, accumulated income, or other funds . 0.00 0.00 33 33 619,483.00 747,980.00 34 Total liabilities and net assets/fund balances . . 619,824.00 748,339.00 34 Form **990** (2012)

| | Pa | ge 12 |
|-----------|---------------------------------------|--------------------------------------------|
| | • | _ |
| <u>··</u> | <u></u> | |
| | 874,5 | |
| | | 16.00 |
| | | <u>56.00</u> 24.00 |
| | <u>. 0 19,8</u> | 24.00 |
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| | 747,9 | 80.00 |
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| | Yes | No |
| 7 | . 33 | |
| 15 75 | , , , , , , , , , , , , , , , , , , , | i i i f w india |
| | | |
| 2a | ✓ | |
| | 120 S. | (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 |
| ×* 5 | | |
| uritum a | | See See S |
| 2b | √ | 201,245 |
| 187.8 | 1. 1 | 18 18 P. T. |

| Part | | | | • | _ |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|-----------------|---------------|
| | Check if Schedule O contains a response to any question in this Part XI | | <u></u> | <u></u> | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 874,57 | 72.00 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 746,41 | 16.00 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 128,15 | <u>56.00</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 619,82 | <u> 24.00</u> |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | | 747,98 | 80.00 |
| Part | XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | <u></u> | , | . ; | V |
| | | | F1-28-1 | Yes | No |
| 1 | Accounting method used to prepare the Form 990: 🗸 Cash 🔲 Accrual 🔲 Other | | 17 7 | _* | ، از در |
| | If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O. | olain in | | | - sq. |
| | | | <u> </u> | المنزيا | e de |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | V | 25 |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: | ollea or | | | |
| | • | | × 5 | · | 数点 |
| | Separate basis Consolidated basis Both consolidated and separate basis | | w15 | المتشرشية | تستحضت |
| Ь | The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s | | 2b | √ | 2010/050 |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both: | o on a | 3 (2.5) | | Sec. No. |
| | | | 1.33 | | 発がた |
| _ | Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or | omiabt | (44.84 | | كدرت شقيعة |
| C | of the audit, review, or compilation of its financial statements and selection of an independent account | | اما | | |
| | If the organization changed either its oversight process or selection process during the tax year, ex | | 2c | × 39.22 | <u> ভূজু</u> |
| | Schedule O. | piairi iii | ¢o | 7 2 | |
| 3а | As a result of a federal award, was the organization required to undergo an audit or audits as set | forth in | | | ž ~ |
| Sa | the Single Audit Act and OMB Circular A-133? | IOTUT III | 0- | | |
| | If "Yes," did the organization undergo the required audit or audits? If the organization did not under | rao tha | 3a | $\vdash \vdash$ | / |
| b | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | | 3b | | |
| | required addit or addits, explain why in Schedule O and describe any steps taken to undergo such a | uulta | 30 | | |

Form 990 (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number Name of the organization 74-2386488 World Hunger Ecumenical Arizona Task Force 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 11, check only one box.) 1 \(\subseteq \text{A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% 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.) 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **c** Type III-Functionally integrated **d** Type III–Non-functionally integrated a 🗌 Type I **b** Type II e 🗌 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, or Type III supporting organization, check this box . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? . . . 11g(ı) (ii) A family member of a person described in (i) above? 11g(II) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s) (iii) Type of organization (iv) is the organization (i) Name of supported (n) EIN (v) Did you notify (vi) Is the (vii) Amount of monetary in col (i) listed in your the organization in organization in col organization (described on lines 1-9 support col (i) of your (i) organized in the US? above or IRC section governing document? support' (see instructions)) Yes Nο Yes No Yes No (A) (B) (C) (D) (E) Total

| Part | (Complete only if you checked the | | | | | | | lify under | |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------|------------------|-----------------------|------------|----------------------------------------------|--------------|--------------|
| | Part III. If the organization fails to | qualify under | r the tests list | ted below, ple | ease complet | e Par | t III.) | | _ |
| | on A. Public Support | | | | | | | | _ |
| Calen | dar year (or fiscal year beginning in) ▶ 🏻 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) | 2012 | (f) Total | _ |
| 1 | Gifts, grants, contributions, and | | | | | | | | |
| | membership fees received. (Do not | | | | | | ŀ | | |
| _ | include any "unusual grants.") | 199,697.00 | 325,110.00 | 362,300.00 | 508,223 00 | 43 | 8,353 00 | 1,833,683 | 00 |
| 2 | Tax revenues levied for the organization's benefit and either paid | | 1 | | | | | | |
| | to or expended on its behalf | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 | | 00 |
| 3 | The value of services or facilities | 0.00 | 0 00 | 0 00 | 0.00 | | 0.00 | | .00 |
| 3 | furnished by a governmental unit to the | | | | | | İ | | |
| | organization without charge | 0 00 | 0 00 | 0 00 | 0 00 | | 0.00 | 0 | .00 |
| 4 | Total. Add lines 1 through 3. | 199,697.00 | 325,110.00 | 362,300 00 | 508,223.00 | 43 | 8,353.00 | 1,833,683 | _ |
| | | 199,097.00 | 323,110.00 | 302,300 00 | 308,223.00 | 43 | 3,333.00 | 1,000,000 | .00 |
| 5 | The portion of total contributions by each person (other than a | | | , | , | | | | |
| | governmental unit or publicly | | • | | | | 1 | | |
| | supported organization) included on | | . '/ | į į | | | | | |
| | line 1 that exceeds 2% of the amount | , | · , | | | | | | |
| | shown on line 11, column (f) | ` <u> </u> | | * * 2 \ | · , · | | | | .00 |
| 6 | Public support. Subtract line 5 from line 4. | | * 4 | , | | | | 1,833,683 | 00 |
| | on B. Total Support | | | | | | | | _ |
| Caler | idar year (or fiscal year beginning in) 🕨 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | <u>(e)</u> | 2012 | (f) Total | |
| 7 | Amounts from line 4 | 199,697.00 | 325,110.00 | 362,300.00 | 508,223.00 | 43 | 8,353.00 | 1,833,683 | .00 |
| 8 | Gross income from interest, dividends, | | | | | | | | |
| | payments received on securities loans, | ı l | | | | | | | |
| | rents, royalties and income from similar | | | | | | | | |
| _ | sources | 612.00 | 617.00 | 619.00 | 723.00 | | 693 00 | 3,26 | 1 00 |
| 9 | Net income from unrelated business activities, whether or not the business | | ! | | | | | | |
| | is regularly carried on | ا م م | | 0.00 | 0.00 | | 0.00 | | |
| 40 | • • | 0.00 | 0.00 | 0.00 | 0.00 | - | 0.00 | | 0.00 |
| 10 | Other income. Do not include gain or loss from the sale of capital assets | | | | | | | | |
| | (Explain in Part IV.) | 252,818.00 | 231,018.00 | 233,130.00 | 198,540.00 | A: | 36,219.00 | 1,351.72 | 5 00 |
| 11 | Total support. Add lines 7 through 10 | 232,010.00 | 231,010,00 | 233,130.00 | 130,340.00 | · · | 10,E 13.00 | 3,188,67 | |
| 12 | Gross receipts from related activities, etc | . (see instruction | ons) | | | 12 | | | 0.00 |
| 13 | First five years. If the Form 990 is for the | ne organization | n's first, secon | d, third, fourth | , or fifth tax ye | ear as | a sectio | n 501(c)(3) | |
| | organization, check this box and stop he | re . | | | · <u>·</u> · <u> </u> | | <u>. </u> | ▶ | |
| Sect | ion C. Computation of Public Suppor | rt Percentag | e | | | | | | |
| 14 | Public support percentage for 2012 (line | 6, column (f) di | ivided by line 1 | 11, column (f)) | | 14 | | | <u>%</u> |
| 15 | Public support percentage from 2011 Sci | | | • | | 15 | L, | | <u>%</u> |
| 16a | 331/3% support test—2012. If the organi | | | | d line 14 is 33¹ | /3% O | r more, c | heck this | _ |
| | box and stop here . The organization qua | | | | 40 | | | | \checkmark |
| b | 331/3% support test—2011. If the organ check this box and stop here. The organ | | | | | . 15 18 | 331/3% | or more, | |
| 17a | 10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "organization | eets the "facts- | and-circumsta | ances" test, ch | eck this box ar | nd sto | p here. E | Explain in | |
| b | 10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization in supported organization | ition meets the | e "facts-and-c | ircumstances" | test, check the | nis bo | ox and st | op here. | _ |
| 18 | Private foundation. If the organization d | lid not check a | box on line 13 | 3, 16a, 16b, 17a | a, or 17b, chec | k this | box and | see | _ |

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

| (Complete only i | f you checked the box o | on line 9 of Part I or if t | he organization failed to | qualify under Part II |
|---------------------|-----------------------------|-----------------------------|---------------------------|-----------------------|
| If the organization | on fails to qualify under t | he tests listed below, | please complete Part II | .) |

| | Title organization talle to qualify | | 0.0 | , p | | | |
|--------|---------------------------------------------------|-----------------|---------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|
| | on A. Public Support | | , | | | ······································ | |
| Calend | dar year (or fiscal year beginning in) 🕨 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | ! | | | | |
| | received. (Do not include any "unusual grants.") | | ł | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | ł | | 1 | l | |
| _ | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | 1 |
| | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | | | | | ļ | |
| | to or expended on its behalf \(\). | | | | Î | [| |
| - | The value of services or facilities | | | | | | |
| 5 | | | ļ | | , | } | |
| | furnished by a governmental unit to the | | | | 1 | | |
| | organization without charge \ | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | <u> </u> | _ |
| | received from disqualified persons .\ | | | | | | |
| - L | · · · · / | | | | | 1 | |
| , b | Amounts included on lines 2 and 3 | \ | | | | 1 | |
| | received from other than disqualified | 1\ | | | | | |
| | persons that exceed the greater of \$5,000 | \ | ł | | | } | |
| | or 1% of the amount on line 13 for the year | | <u> </u> | | ļ | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from | | | | | | |
| | line 6.) | · \ . | | 11.0 | 1 | | |
| Secti | on B. Total Support | | <u> </u> | <u></u> | | | |
| | dar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 9 | Amounts from line 6 | (2) 2000 | (3) 2003 | (0, 2010 | (0) 2011 | (0) 2012 | (1) 10.0. |
| - | | | | | | | |
| 10a | Gross income from interest, dividends, | \ | | | \ | | İ |
| | payments received on securities loans, rents, | | V | | | ļ | |
| | royalties and income from similar sources . | L | Λ | | <u> </u> | <u> </u> | |
| b | Unrelated business taxable income (less | | | | 1 | } | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | ĺ | | 1 | | 1 | <u> </u> |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| • • | | [| | • | | | |
| | activities not included in line 10b, whether | | | ļ. | | | İ |
| | or not the business is regularly carried on | | | | | ļ | |
| 12 | Other income. Do not include gain or | | \ | J | | | |
| | loss from the sale of capital assets | 1 | | λ | | | |
| | (Explain in Part IV.) | | 1 | 1 | | 1 | |
| 13 | Total support. (Add lines 9, 10c, 11, | | 1 | | <u>† </u> | | |
| | and 12.) | 1 | 1 | \ | | | |
| 14 | First five years. If the Form 990 is for t | he organization | on's first secon | nd third fourt | h or fifth tay s | lear as a section | on 501(c)(3) |
| . • | organization, check this box and stop he | • | | 10, thing, 10art | ii, Oi iiitii tax y | | |
| C = -1 | | | | / | | · · · | |
| | ion C. Computation of Public Suppo | | | <u> </u> | | | |
| 15 | Public support percentage for 2012 (line | , - | - | 13, column (f)) | | 15 | % |
| 16 | Public support percentage from 2011 Sc | | | | <u> </u> | . 16 | % |
| Sect | ion D. Computation of Investment In | ncome Perc | entage | | | | |
| 17 | Investment income percentage for 2012 | | | y line 13, coli | umn (f)) | . 17 | % |
| 18 | Investment income percentage from 201 | | | | ` | . 18 | % |
| 19a | 331/3% support tests—2012. If the orga | | | | | | |
| .00 | 17 is not more than 331/3%, check this box | | | | | | |
| L- | | | | | | _ | _ |
| Ь | 331/3% support tests — 2011. If the organ | | | | | | |
| | line 18 is not more than 331/3%, check this | - | _ | | | | |
| 20 | Private foundation If the organization | tid not check | a nox on line 14 | 1 142 or 14b | check this him | y and see instr | uctions 🕨 🖂 |

| Schedule A | (Form 990 or 990-EZ) 2012 | Page 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, Se | ection B, Line 10. Income described is from program service revenue through Clothes Silo, Workwear for men, Hand to Hand | |
| Project ar | nd and educational programs. | |
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 2012

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

| Norld I | lunger Ecumenical Arizona Task Force, Inc dba WHEAT | | | 74-2386488 |
|---------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------|----------------------------------|
| Part | Organizations Maintaining Donor Advised | | nds or Ac | counts. Complete if the |
| | organization answered "Yes" to Form 990, Pa | | | |
| | | a) Donor advised funds | (b) (| funds and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate contributions to (during year) . | | | |
| 3 | Aggregate grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advis | | | |
| | funds are the organization's property, subject to the organization | | | · · · · Yes · No |
| 6 | Did the organization inform all grantees, donors, and do | | | |
| | only for charitable purposes and not for the benefit of t | | | |
| | | | | |
| Part | | | " to Form | 990, Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organ | | | |
| | Preservation of land for public use (e.g., recreation of | | | |
| | Protection of natural habita | ☐ Preservation | of a certifie | d historic structure |
| _ | Preservation of open space \ | | | |
| 2 | Complete lines 2a through 2d if the organization held a c | lualified conservation contribu | tion in the f | orm of a conservation |
| | easement on the last day of the tax year | | | |
| | | | <u> </u> | Held at the End of the Tax Year |
| а | \ | | 2 | |
| b | Total acreage restricted by conservation easements | | | |
| C | Number of conservation easements on a certified histori | | | c |
| d | Number of conservation easements included in (c) ac | · · | l | |
| _ | historic structure listed in the National Register | | | d |
| 3 | Number of conservation easements modified, transferre | d, released, extinguished, or te | erminated b | y the organization during the |
| | tax year ► | | | |
| 4 | Number of states where property subject to conservation | | | handlag of |
| 5 | Does the organization have a written policy regarder violations, and enforcement of the conservation easement | - | | _ |
| ^ | · · · · · · · · · · · · · · · · · · · | | | · · |
| 6 | Staff and volunteer hours devoted to monitoring, inspec | ing, and enforcing conservation | on easemer | its during the year |
| _ | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, | and inforcing conservation ea | isements di | iring the year |
| | December 201 | shows attack the requirement | - oft | 170/h)//h)/D) |
| 8 | Does each conservation easement reported on line 2(d) (i) and section 170(h)(4)(B)(ii)? | above satisfy the requirement | | |
| _ | | 1 | | · · Yes No |
| 9 | In Part XIII, describe how the organization reports conse balance sheet, and include, if applicable, the text of the | | | |
| | organization's accounting for conservation easements. | Toothole to the organization's | ili lai lulai Sia | atements that describes the |
| Par | | Art Historical Transuras | or Other S | Similar Accets |
| r ai | Complete if the organization answered "Yes | | | Assets. |
| 10 | If the organization elected, as permitted under SFAS 1: | | | statement and balance sheet |
| Ia | works of art, historical treasures, or other similar asse | | | |
| | public service, provide, in Part XIII, the text of the footnot | | | |
| b | If the organization elected, as permitted under SFAS | | \ | |
| | works of art, historical treasures, or other similar asse | | | |
| | public service, provide the following amounts relating to | | - automori, | J. 133341311 III Iditionalise Of |
| | | | | ▶ \$ |
| | (ii) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X | | | • |
| 2 | If the organization received or held works of art, hist | orical treasures, or other sim | Ilar assets : | for financial dain, provide the |
| - | following amounts required to be reported under SFAS | | | manolal gam, provide the |
| 9 | Revenues included in Form 990, Part VIII, line 1 | | | ▶ \$ |
| a h | Assets included in Form 990. Part X | | | . • \$ |

| _ | |
|------|---|
| Page | 2 |

| Part | | Collections of A | rt, Historical T | reasures, or O | ther Similar Ass | ets (continued) |
|--------|----------------------------------------------------------------------------------|----------------------|---------------------|-------------------------|--------------------------------|---------------------------------------------------|
| 3 | Using the organization's acquisition, a collection items (check all that apply). | ccession, and other | | | | gnificant use of its' |
| а | Public exhibition | | | or exchange pro | | |
| | Scholarly research | | e 🗌 Other | | | |
| _ | Preservation for future generations | | | | | |
| 4 | Provide a description of the organizati XIII. | on's collections ar | nd explain how th | ney further the o | rganization's exem | pt purpose in Part |
| 5 | During the year, did the organization assets to be sold to raise funds rather | | | | | ☐ Yes ☐ No |
| Part | | | | | | |
| | line 9, or reported an amount | | | anazanon anow | 0,04 105 1010 | 000, 1 0,11, |
| 1a | Is the organization an agent, trustee, | custodian or othe | r intermediary fo | or contributions | or other assets not | t |
| | included on Form 990, Part X? | \ | | | | ☐ Yes ☐ No |
| b | If "Yes," explain the arrangement in Pa | art XIII and complet | te the following ta | able: | | |
| | | \ | _ | | An | nount |
| С | Beginning balance | . \ | | 🗇 | lc | |
| d | Additions during the year | .\ | | [1 | ld | |
| е | Distributions during the year | \ | | [1 | le | |
| f | Ending balance | | | | 1f | |
| 2a | Did the organization include an amour | | | | | ☐ Yes ☐ No |
| | If "Yes," explain the arrangement in Pa | | | | | |
| Par | V Endowment Funds. Comple | (a) Current year | (b) Prior year | | (d) Three years back | |
| 4 | Decrease of wear belones | (a) Current year | (b) Prior year | (c) Two years back | (u) Three years back | (e) I our years back |
| 1a | Beginning of year balance . | \ | | | - | |
| b | Contributions | \ | | | | |
| C | Net investment earnings, gains, and losses | | \ | | | |
| | 1 | | \ | | - | |
| d e | Grants or scholarships Other expenditures for facilities and | | \ | | | |
| | programs | | 1 | | | |
| f | Administrative expenses | | | | · | |
| g | End of year balance | | <u> </u> | | | |
| 2 | Provide the estimated percentage of t | he current year end | d balance (line 1c | column (a)) hel | _ t | |
| - а | Board designated or quasi-endowmer | | | ,, | | |
| —-b- | | | | | | |
| C | Temporarily restricted endowment ▶ | % | | | | |
| | The percentages in lines 2a, 2b, and 2 | c should equal 100 | 0%. | | | |
| 3a | Are there endowment funds not in th | e possession of the | e organization th | at are held and | administered for th | e |
| | organization by· | | | | | Yes No |
| | (i) unrelated organizations | | | | | 3a(i) |
| | (ii) related organizations | | | | | 3a(ii) |
| b | If "Yes" to 3a(ii), are the related organ | | | | | 3b |
| 4 | Describe in Part XIII the intended use | | | | | |
| Par | t VI Land, Buildings, and Equip | | | | | |
| | Description of property | (a) Cost or oth | 1 ' ' | or other basis (rother) | c) Accumulated depreciation | (d) Book value |
| 1a | Land | | | | | |
| b | Buildings | • | | | \ | |
| C | Leasehold improvements . | | | | \ | **** |
| d | Equipment | . | | | | |
| e | Other | 1 | 00.8-4% | 7 (0) (7 10(1) | \ | |
| lotal | . Add lines 1a through 1e. (Column (d) i | nust equal Form 99 | 9υ, Part X, colum | n (B), IINE 1U(C).) | .\ ► | edule D (Form 990) 2011 |

| Part VII Investments—Other Securit | ies. See Form 990, Part X, lin | 0 (2. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
| Financial derivatives | | |
| Closely-held equity interests | | |
| Other | | |
| (A) | | |
| (B) f | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | · · · · · · · · · · · · · · · · · · · |
| (1) | | , ; |
| tal. (Column (b) must equal Form 990, Part X, col \B) line 12 | ated. See Form 990, Part X, li | , - (A) - |
| art VIII Investments—Program Relation (a) Description of investment type | (b) Book value | (c) Method of valuation |
| (a) Description of investment type | (b) Book value | Cost or end-of-year market value |
| 1) | | |
| 2) | | |
| 3) | | |
| 4) | \ | |
| 5) | \ | |
| 6) | | |
| 7\ | N ! | |
| | | |
| 8) | | |
| (8) (9) | | |
| (7) (8) (9) 10) stal (Column (h) must equal Form 990, Part Y, col. (R) line 13 | | |
| (8) (9) O) otal. (Column (b) must equal Form 990, Part X, col (B) line 13 | | , 6 |
| 8) 9) 0) | | (b) Book value |
| 8) 9) 0) otal. (Column (b) must equal Form 990, Part X, col (B) line 13 Part IX Other Assets. See Form 990 |), Part X,∖line 15. | |
| 8) 9) 0) otal. (Column (b) must equal Form 990, Part X, col (B) line 13 Part IX Other Assets. See Form 990 |), Part X,∖line 15. | |
| 8) 9) 0) stal. (Column (b) must equal Form 990, Part X, col (B) line 13 Part IX Other Assets. See Form 990 1) |), Part X,∖line 15. | |
| 8) 9) 0) tal. (Column (b) must equal Form 990, Part X, col. (B) line 13 Part IX Other Assets. See Form 990 1) 2) 3) |), Part X,∖line 15. | |
| 8) 9) 0) stal. (Column (b) must equal Form 990, Part X, col (B) line 13 Part IX Other Assets. See Form 990 1) 2) 3) 4) |), Part X,∖line 15. | |
| 8) 9) 10) 11al. (Column (b) must equal Form 990, Part X, col (B) line 13 11 12) 13 14) 15 |), Part X,∖line 15. | |
| 8) 9) 0) ptal. (Column (b) must equal Form 990, Part X, col (B) line 13 Part IX Other Assets. See Form 990 1) 2) 3) 4) 55) |), Part X,∖line 15. | |
| 8) 9) 10) 11. 12) 13) 14) 15) 16) 17) |), Part X,∖line 15. | |
| 3) 3) 3) 3) 5) tal. (Column (b) must equal Form 990, Part X, col. (B) line 13 Part IX Other Assets. See Form 990 1) 2) 3) 4) 5) 6) 77 |), Part X,∖line 15. | |
| 8) 9) 0) ptal. (Column (b) must equal Form 990, Part X, col (B) line 13 Part IX Other Assets. See Form 990 1) 2) 3) 4) 5) 6) (7) 8) 99 | D, Part X, line 15. (a) Description | |
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| 8) 9) 10) 10tal. (Column (b) must equal Form 990, Part X, col (B) line 13 Part IX Other Assets. See Form 990 1) 2) 3) 4) 5) 6) 77 (8) (9) 0) 10tal. (Column (b) must equal Form 990, Part Part X Other Liabilities. See Form | 2. X, col. (B) line 15.) 990, Part X, line 25. | |
| 8) 9) 10) 10tal. (Column (b) must equal Form 990, Part X, col (B) line 13 Part IX Other Assets. See Form 990 1) 2) 3) 4) 5) 6) 77 (8) (9) 0) otal. (Column (b) must equal Form 990, Part Part X Other Liabilities. See Form (a) Description of liability | D, Part X, line 15. (a) Description 2 X, col. (B) line 15.) | |
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| 8) 9) 10) 11al. (Column (b) must equal Form 990, Part X, col (B) line 13 Part IX Other Assets. See Form 990 1) 1) 2) 3) 4) 5) 6) 77 8) 99 0) 10 11 | 2. X, col. (B) line 15.) 990, Part X, line 25. | |
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| 8) 9) 0) total. (Column (b) must equal Form 990, Part X, col (B) line 13 Part IX Other Assets. See Form 990 1) 2) 3) 4) 5) 6) (7) (8) (9) 0) otal. (Column (b) must equal Form 990, Part Part X Other Liabilities. See Form (a) Description of liability (1) Federal Income taxes (2) (3) (4) (5) (6) | 2. X, col. (B) line 15.) 990, Part X, line 25. | |
| 8) 9) 0) total. (Column (b) must equal Form 990, Part X, col (B) line 13 Part IX Other Assets. See Form 990 1) 2) 3) 4) 5) 6) (7) (8) (9) 0) otal. (Column (b) must equal Form 990, Part Part X Other Liabilities. See Form (a) Description of liability (1) Federal Income taxes (2) (3) (4) (5) (6) (7) | 2. X, col. (B) line 15.) 990, Part X, line 25. | |
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| 8) 9) 0) otal. (Column (b) must equal Form 990, Part X, col (B) line 13 Part IX Other Assets. See Form 990 (1) (2) (3) (4) (5) (6) (7) (8) (9) (0) otal. (Column (b) must equal Form 990, Part Part X Other Liabilities. See Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) | 2. X, col. (B) line 15.) 990, Part X, line 25. | |

| Part | XI Reconciliation of Revenue per Audited Financial Stateme | ents V | Vith Revenue per | Retu | irn |
|------|-----------------------------------------------------------------------------------|------------|-----------------------------------------|-------------|-----------------------------------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 874,572 00 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| ą | Net unrealized gains on investments | 2a | 0.00 | | |
| b | Donated services and use of facilities | 2b | 0 00 | 7 | |
| С | Recoveries of prior year grants | 2c | 0.00 | 1 | |
| d | Other (Describe in Part XIII.) | 2d | 0.00 | 1 | İ |
| е | Add lines 2a through 2d | | | 2e | 0 00 |
| 3 | Subtract line 2e from line 1 | | | 3 | 874,572.00 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | { | | | 1 |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 0.00 | | |
| b | Other (Describe in Part XIII.) | 4b | 0.00 | 1 | |
| С | And have de and de | | | 4c | 0.00 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | | 5 | 874,572 00 |
| Part | XII Reconciliation of Expenses per Audited Financial Statem | | | _ | eturn |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 746,416.00 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | 740,410.00 |
| а | Donated services and use of facilities | 2a | 0.00 | | |
| b | Prior year adjustments | 2b | 0.00 | -{ | |
| С | Other losses | 2c | 0.00 | ٦ . | |
| d | Other (Describe in Part XIII.) | 2d | 0.00 | ۳ | |
| е | Add lines 2a through 2d | | | 2e | 0 00 |
| 3 | Subtract line 2e from line 1 | • | | 3 | 746,416.00 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | <i>i</i> । | | <u> </u> | 740,410.00 |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 0.00 | | |
| b | Other (Describe in Part XIII.) | 4b | 0.00 | 7 | |
| c | Add lines 4a and 4b | | 0.00 | 4c | 0 00 |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin | e 18.) | | 5 | 746,416.00 |
| Part | | | | | 740,410.00 |
| | lete this part to provide the descriptions required for Part II, lines 3, 5, and | 9. Par | t III. lines 1a and 4: 8 | Part IV | / lines 1h and 2h |
| | , line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b | | | | |
| | nation. | | , , , , , , , , , , , , , , , , , , , , | - | , , , , , , , , , , , , , , , , , , , |
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| Schedule D (Fo | rm 990) 2012 | Page 5 |
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| Part XIII | Supplemental Information (continued) | |
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SCHEDULE M (Form 990)

Noncash Contributions

2012

Employer identification number

Open To Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organizations answered "Yes" on Form 990 Part IV lines 29 or 30.

► Attach to Form 990.

World Hunger Ecumenical Arizona Task Force Inc. 74-2386488 Types of Property (c) (a) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art-Works of art 2 Art—Historical treasures 3 Art - Fractional interests Books and publications . . 4 5 Clothing and household goods 112,960 00 Cost Sold in WHEAT Prgrm 6 Cars and other vehicles Boats and planes . 7 8 Intellectual property . . Securities-Publicly traded . . 9 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 15 Real estate - Residential 16 Real estate-Commercial . . 17 Real estate -- Other 18 Collectibles . . Food inventory . . . 19 Drugs and medical supplies . 20 21 Taxidermy . . . 22 Historical artifacts 23 Scientific specimens . . . 24 Archeological artifacts 25 Other ► (_____) Other ► (_____) 26 27 Other ► (_____) 28 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 . 29 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 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 33 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.

| Part II | Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 20**12**

Department of the Treasury

Open to Public Inspection

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. Internal Revenue Service Name of the organization Employer identification number

World Hunger Ecumenical Arizona Task Force, Inc dba WHEAT 74-2386488 Part III. Statement of Program Service Accomplishments 4d Other Program Services: Expenses related to Volunteer Support Services Part VI. Governance, Management, and Disclosure: Section B Policies: Line 11b: 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 Line 15a/b: The Organization's board determines the compensations of its executive director and other staff based on research and profiles done of other similar organizations and trends by it Human Resource Committee. Line 19: The Organization's governing documents, conflict of interest policy and financial statements are available to the public through written and verbal request; by email and on the internet on the Organization's website and through Guidestar org