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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

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H	Amended		Phoenix, AZ 8							T				109,429.00	
ш	Application	on pending	F Name and addr				ivic, PhD, Exec	Direct	tor/CEO		_		or subordinates? TY	_	
_			4000 N 7th St,							^{H(1}	-		tes included? L. Ye		
<u>_</u>		npt status	✓ 501(c)(3)		501(c) () 	rt no) 🔲 4947(a)	(1) or	<u> 527</u>	⊣			a list (see instruct	ions)	
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K			✓ Corporation _	Trust	Associatio	n Other ▶		L Yea	r of format	ion	1979	M Sta	te of legal domicile	AZ	
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motivate and empower individuals to action in the fight against poverty and hunger. WHEAT's major empowerment programment include Hand to Hand, a fair trade initiative; Clothes Silo/Work Wear for Men and Management Training and Mentoring. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)													ırams		
ě	1		is box ▶ 🗌 ıf t	_			-		sposed o	of mo	re than	1	of its net assets	•	
Ğ			of voting mem		-		•	•				3		11	
Activities &	4		of independen	_		_						4		11	
Ę	5	Total nur	nber of individ	luals em	ployed in o	calendar ye	ear 2016 (Part	V, line	2a) .			5		2	
ξį	6	Total nur	nber of volunt	eers (est	timate if ne	cessary)						6		493	
¥	7a	Total unr	elated busines	ss reven	ue from Pa	art VIII, colu	ımn (C), line 1	2.				7a		0.00	
	b	Net unre	lated business	taxable	income fr	om Form 9	90-T, line 34		<u> </u>		<u></u>	7b		0.00	
							REC	\ <u>\</u> \	/ED		Prior Ye	ar	Current	Year	
0	8	Contribu	tions and gran	nts (Part	VIII, line 1h	1)	, KEC	۷۳۱۹] ب≒/		48	3,367.0	0	544,615.00	
Revenue	9	Program	service reven	ue (Part	VIII, line 2g	g)	.0			٦gl	48	4,535.0	0	561,198.00	
eve	10	Investme	ent income (Pa	art VIII, c	olumn (A),	lines 3, 4,	and 7d) NAV	9 9	2017			1,315.0	0	3,616.00	
Œ	11		venue (Part VII					l fe)	2017	S		0.0		0 00	
	12		enue-add line						ne-1-2)	旦	96	9,217.0		109,429.00	
	13											0.0		0.00	
	14	Grants and similar amounts paid (Part IX, column (A), lines (A), U.T. Benefits paid to or for members (Part IX, column (A), line 4)										0.0		0.00	
ø.	4-2		other compens		-		•	lines	5-10)		20	5,641.0		228,433.00	
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For Paperwork Reduction Act Notice, see the separate instructions.

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Expenses \$	ervices (Describe in Sche 9,100 00 including gra rvice expenses >	1,012,387.00) (Revenue \$	0.00)	Form 990 (2016)
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Form 99			F	age 3
Part	V Checklist of Required Schedules			- N-
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	1	
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	V	- -
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		>
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, VII, VIII, IX, or X as applicable.	5		
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
2"+ 8"4 eller	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
• ;	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	11 <u>c</u>		1.
	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-
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
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	<u> </u>	1
14 a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14a		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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		1
		For	m 99 0	(2016)

Part I	Checklist of Required Schedules (continued)	-1	Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	168	No ✓
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
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 25a	24a		✓
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
a b	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
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)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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
	19? Note. All Form 990 filers are required to complete Schedule O.	38 For	m 99 €	0 (2016)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u>;</u>	
_			Yes	No
18	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	1	1	
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable garming (gambling) winnings to prize winners?	1c		✓
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			_
	(FBAR).			
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		1
1 C		5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
, ,	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
· b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).	,	· "= >,	1 2
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	. 4	, s.	
	and services provided to the payor?	7a	4.2.2.	1
· b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		7
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			- *-
•	required to file Form 8282?	7c		/
d	If "Yes," indicate the number of Forms 8282 filed during the year	\$ 55.00	- 369	20.00
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	2 2 2 2 .	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		7
h	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. Did a donor advised fund maintained by the		- / 32/	, ,
	sponsoring organization have excess business holdings at any time during the year?	8	-	
9	Sponsoring organizations maintaining donor advised funds.		-	· ·
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	 	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	\vdash
10	Section 501(c)(7) organizations. Enter:		-	-
а	Initiation fees and capital contributions included on Part VIII, line 12]
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		1	1
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders		l	
ь	Gross income from other sources (Do not net amounts due or paid to other sources		1	ļ
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		ļ	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ł	1	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	
a	Note. See the instructions for additional information the organization must report on Schedule O.	134	 	├
ь	Enter the amount of reserves the organization is required to maintain by the states in which			
~	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
		14a	 	├
14a	Did the organization receive any payments for indoor tanning services during the tax year?	148		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	or a tructi	ons.								
Coodi	Check if Schedule O contains a response or note to any line in this Part VI		···	7								
Section	on A. Governing Body and Management	- 1	Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	25,7-32	165	. I what								
	If there are material differences in voting rights among members of the governing body, or											
	if the governing body delegated broad authority to an executive committee or similar											
	committee, explain in Schedule O.											
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 11											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		→								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?											
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓_								
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		√								
6 7a	Did the organization have members or stockholders?	6		✓								
, a	one or more members of the governing body?	7a		1								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	/a		<u> </u>								
_	stockholders, or persons other than the governing body?	7b		1								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:											
а	The governing body?	8a	✓									
þ	Each committee with authority to act on behalf of the governing body?	8b	✓									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		,								
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		nde)	<u> </u>								
3.5.5.5	the state of the s		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 filling the form?	11a	✓									
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		ΧŌ.	E								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	ļ								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓_	<u> </u>								
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓									
13	Did the organization have a written whistleblower policy?	13	√									
14 15	Did the organization have a written document retention and destruction policy?	14	<u>√</u>	a 2/4.51								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1										
а	The organization's CEO, Executive Director, or top management official	15a	<u>√</u>	<u> </u>								
b	Other officers or key employees of the organization	15b	√ Delta	i satal								
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	23.73		83.4								
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b										
Secti	on C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed ▶ Arizona											
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 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 of infinancial statements available to the public during the tax year.			y, and								
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	.									
	The Organization, 4000 N 7th St, Ste 118, Phoenix, AZ 85014 Tel: 602/955.5076											

Pana	- 7

Form	agn	(201	R

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 nor	any related	d orga	aniza	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.	
				(0	C)						
(A)	(B)			Pos				(D)	(E)	(F)	
Name and Title	Average					than o		Reportable	Reportable	Estimated	
	hours per					or/trust		compensation	compensation from related	amount of	
,	week (list any hours for	or .	Ins	Ю	8	ᆲ	F	from the	organizations	other compensation	
	related	direc	t i	Officer	g	P and	Former	organization	(W-2/1099-MISC)	from the	
	organizations below dotted	Individual trustee or director	iona		Key employee	8 6	`	(W-2/1099-MISC)		organization and related	
	line)		tru		yee	gr				organizations	
		8	Institutional trustee			Highest compensated employee				-	
						8	<u> </u>				
(4)											
(1) Elaine Groppenbacher	11	1		1			İ			:	_
Chairperson/Director		<u> </u>		V	-	ļ	-	0	0		0
(2) Colleen Boles	1	1		,				_			_
Immediate Past Chair/Director				✓		<u> </u>	 	0	0		0
(3) Heather Brown	11	1		,							
Vice Chair/Director	 			✓	<u> </u>		ļ	0	0		0
(4) Eugenia Mancuso	1	/		,							
Secretary/Treasurer				✓	┡		<u> </u>	0	0		0
(5) Olivia Gonzalez	1							ļ	ļ		
Director	 	✓				ļ	<u> </u>	0	0		0
(6) Gurukirn Kaur Khalsa	11	,									
Director	ļ	1	Ш		 		<u> </u>	0	0		0
(7) Roberta Lasin	11	,									
Director	 	/	_		L.		ļ	0	0		0
(8) Jennifer May	11				1	1	ì	1	1		
Director	<u> </u>	/			ļ		ļ	. 0	. 0		0
(9) Marjan Noble	11				İ		ĺ				
Director		1			<u> </u>	<u> </u>	_	0	0		0
(10) Karen Willard	11					ŀ					
Director		1			<u> </u>		<u> </u>	. 0	0		0
(11) Leland Wilson	11				Ì	Ì	1	1		Ì	
Director	<u> </u>	1		<u> </u>		ļ	ļ	0	0		0
(12)	ļ		,						ļ		
(13)			-		_		<u> </u>				
(14)		-		├	-		┼-				
S.:7	<u> </u>]						

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees			ighes	t C	ompensated E	mployees (co	ntinue	ed)
					Pos	C)						
	(A) Name and title	(B) Average			neck	more	than c		(D)	(E) Reportable		(F) Estimated
	Name and the	hours per					is both or/trust		Reportable compensation	compensation fr	om	amount of
		week (list any hours for	욕중	교	₽	중	왕	Fo	from the	related organizations	,	other compensation
		related	dred	\$	Officer	y en	hes	Former	organization	(W-2/1099-MIS		from the
		organizations below dotted	or to	nstrtutional		Key emplayee	ee con		(W-2/1099-MISC)			organization and related
		line)	Individual trustee or director	trustee		99	pen					organizations
			•	tee			Highest compensated employee					
	mera Zivic, PhD	40+										
	ive Director/CEO	ļ	✓		✓	✓	✓		81,000.00		0	
(16)		 										
(17)		<u> </u>		-		<u> </u>			-		_	
				L	_							- <u>-</u>
(18)	-4	 	1									
(19)	·	1		-			-	- -	 		+	
				L				_				
(20)			-									
(21)		-	-	┢	H	-				<u> </u>	-	
·					L							
(22)												
(23)		ļ		 	┼	 						
3232		†	`							İ		
(24)												
(25)		 -	 		-				ļ	ļ		
(25)		+	-									
1b	Sub-total			•	•	•		>	81,000.00		0	
C	Total from continuation sheets to Part				٠	•			0		0	
d	Total (add lines 1b and 1c)	t not limiter			_		ahovi	2) W	81,000.00		0 000	of
	reportable compensation from the organ		<u> </u>						0			···
•	Did the community list and former	6 61		4.								Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete	Micer, airea Schedule J	tor, of	or ti uch	rust ina	ee, Iivid	key o ual	em;	oloyee, or fligi	nest compen	sateo	3 1
4	For any individual listed on line 1a, is the							on a	and other comp	pensation fro	m the	The state of the state of the state of
	organization and related organizations											
_	Individual										باماریما	4 🗸
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indi		5 1
Section	on B. Independent Contractors	· · · · · · · · · · · · · · · · · · ·	<u>.</u>									
1	Complete this table for your five highest											
	compensation from the organization. Re year.	port compe	ensati	on f	or t	he c	alenc	lar :	year ending wi	th or within th	ne org	anization's tax
	(A)							Т	(B)			(C)
	Name and business ad	dress						L	Description of	services		Compensation
n/a								┼				
								╁		.		
											500m/51490	a processor as a constant
2	Total number of independent contract		-					o tl	nose listed ab	ove) who		

Part	VIII	Statement of Reve		_					
		Check if Schedule O	contains	a res	oonse or note to			<u> </u>	<u> </u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	3	1a	0 00				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b	0.00	00	:		
Ar (C	Fundraising events .		1c	0.00				
ia i	d	Related organizations		1d	0.00				
ns,	е	Government grants (con		<u>1e</u>	0.00				
er S	f	All other contributions, gi							
년 원		and similar amounts not inc		1f	544,615 00				
털	g	Noncash contributions includ			88,000.00				
	h	Total. Add lines 1a-1	<u>†</u>	• • •	Business Code	544,615.00			
Program Service Revenue	0-	F.4							* * * · · · · · · · · · · · · · · · · ·
leve	2a	Education			611430	387,425.00	387,425.00	0	
8	b	Workwear for Men and	women		62411	84,100.00	84,100 00	0	
Ž	C	Hand to Hand Project			62411	89,673.00	89,673.00	0	
Š	u a						<u> </u>		
ᇤ	•	All other program sen				0	0		
Jog Jog	g	Total. Add lines 2a-2				- · · · · · · · · · · · · · · · · · · ·	<u> </u>		
	3	Investment income				561,198.00	ļ	ľ	F
		and other similar amo				3,616.00	3,616.00	o	
	4	Income from investmen	•	mnt h	and proceeds	3,616.00	3,818.00	0	
	5	D . W		mpt D	▶		0	0	· · · · · · · · · · · · · · · · · · ·
		,	(i) Rea		(ii) Personal		·	F	
	6a	Gross rents		0	0		31 8 - 12		
	Ь	Less. rental expenses		0	0		2 12 1 4 1		The same of the same of
	C	Rental income or (loss)		0	 	13/2 13/2			
	d	Net rental income or	(loss) .	· ·	<u>' ▶</u>	0	0	0	_ (
	7a	Gross amount from sales of	(ı) Securi	ties	(ii) Other	9.4% VAKOAN	174.20 1830.	1104	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		assets other than inventory		0	0			BOOK ALCOHOLIS	
	b	Less: cost or other basis							
		and sales expenses .		0	o			1. S. S. S. S. S. S. S. S. S. S. S. S. S.	1000 · 1200 · 15 ·
	С	Gain or (loss)		0	0	Mary to the		1	
	d	Net gain or (loss) .			▶	0	0	0	
•	1								
venue	8a	Gross income from fu	undraising			.′	1	1' -	
		events (not including \$		0				,	-:
Other Re		of contributions reporte				İ	,	, ,	
Ē		See Part IV, line 18 .		_	<u></u>		1		, i
₹		Less: direct expenses							
		Net income or (loss) f			events . ►	0		0	(
	9a	Gross income from ga							
	_	See Part IV, line 19 .					1		
		Less: direct expenses							
		Net income or (loss) f			ivities	0	0	0	
	Tua	Gross sales of in returns and allowance						1	1
					<u>_</u>				
		Less: cost of goods s				_	<u> </u>	ļ	
	c	Net income or (loss) f		01 1110	Business Code	0	· 0	0	
	440				Business Code		 	 	
	11a b				-		 	 	
	C							 	
	d	All other revenue .			·		 	 	
	e	Total. Add lines 11a-				0	 	 • • • • • • • • • • • • • • • • • • •	
	12	Total revenue. See				1,109,429.00	 	 	
	,			• •		1,103,423.00	1	1	1

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).	_
Check if Schedule O contains a response or note to any line in this Part IX	_

Check if Schedule O contains a response or note to any line in this Part IX									
Do no 8b, 9b	t 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				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	ól	o						
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0						
3	Grants and other assistance to foreign			14 A 1 12 12 12 12 12 12 12 12 12 12 12 12 1					
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16								
4		0	- 0						
5	Compensation of current officers, directors,	0	0	r resident	G. 3: 10 35 Av. 3: 10				
J									
•		81,000.00	69,961.00	11,039.00	0				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$.	0	0	0	0				
7	Other salaries and wages	141,500 00	113,506.00	21,663.00	6,331.00				
8	Pension plan accruals and contributions (include			ı					
	section 401(k) and 403(b) employer contributions)	0							
9	Other employee benefits								
10	Payroll taxes	5,933.00	4,729.00	861.00	. 343.00				
11	Fees for services (non-employees):	5,000.00	7,720.00	001.00	3.000				
а	Management	o	o	•	,				
b	Legal	0	0	0	0				
c	Accounting	500.00	452.00	48.00	· 0				
d	Lobbying	300.00	452.00	48.00	0				
e	Professional fundraising services. See Part IV, line 17	0	U	Vertical Control of the Control of t					
f	Investment management fees	0	•		0				
g	Other. (If line 11g amount exceeds 10% of line 25, column	<u> </u>	0	0	, , 0				
9	(A) amount, list line 11g expenses on Schedule O.)								
12	Advertising and promotion	0	0	0	0				
13	Office expenses	34,612.00			214.00				
14	Information technology	44,990.00		4,185.00	314.00				
15	Royalties	75,400.00	62,588.00	8,500.00	4,312.00				
16	Occupancy	0 07.550.00	0	7.050.00	0				
17	Travel	67,550.00	60,200.00	7,350.00	0				
18	Payments of travel or entertainment expenses	6,396.00	6,396.00	0	0				
.0	for any federal, state, or local public officials		_	_					
40	•	0	0	0	0				
19	Conferences, conventions, and meetings .	2,750.00	2,750.00	0	0				
20	Interest		0	0	0				
21	Payments to affiliates	0	0		0				
22	Depreciation, depletion, and amortization .		0	0	0				
23	Insurance	5,770.00	4,370.00	1,400.00	0				
24	Other expenses. Itemize expenses not covered		STATE LANGE						
	above (List miscellaneous expenses in line 24e. If		Season City	***					
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				W				
_				A TAMES AND ASS.	-24 Mary 124 3 2 2 2				
a	Program materials	488,610.00	488,610.00	0	0				
b	Education tools and equipment	72,618.00		0	0				
C	Store equipment	47,915.00			0				
d	Volunteer appreciation	9,100.00	8,846.00	254.00	0				
е	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	1,084,644.00	1,018,044 00	55,300.00	11,300.00				
26	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 following SOP 98-2 (ASC 958-720)								
		1657 in	'		Form 990 (2016)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 36,419.00 42.315.00 762,532.00 2 Savings and temporary cash investments 2 794,455.00 3 3 ol 4 4 0 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . 5 n 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 6 0 Assets Notes and loans receivable, net . . 7 0 0 Inventories for sale or use 79,350.00 8 66,316.00 او Prepaid expenses and deferred charges . 9 10a Land, buildings, and equipment: cost or , other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b o 10c 0 0 0 11 11 Investments—publicly traded securities 0 0 12 12 Investments—other securities. See Part IV, line 11 0 0 13 13 Investments—program-related. See Part IV, line 11 0 14 ol 14 0 15 15 0 0 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 878,301.00 903,086 00 17 Accounts payable and accrued expenses 0 17 0 18 Grants pavable. 0 18 0 Deferred revenue 19 10 0 0 0 20 20 Tax-exempt bond liabilities 0 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 0 Loans and other payables to current and former officers, directors. 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 0 O 23 23 Secured mortgages and notes payable to unrelated third parties . . . 0 0 24 Unsecured notes and Ioans payable to unrelated third parties . . . 0 24 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 0 25 O Total liabilities. Add lines 17 through 25 . 26 26 O Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 878,301.00 27 903,086.00 28 28 0 29 0 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 0 0 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 0 31 0 32 Retained earnings, endowment, accumulated income, or other funds. ol 32 0 33 878,301.00 33 903,086.00 Total liabilities and net assets/fund balances 878,301.00 **34** 903,086.00

Form **990** (2016)

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Form **990** (2016)

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a

☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2016)

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Schedule O.

Separate basis

separate basis, consolidated basis, or both:

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2016

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number 74-2386488 World Hunger Ecumenical Arizona Task Force, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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.) 6 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported organization 60 FIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10) listed in your governing support (see other support (see above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D)

(E) Total

Part	Support Schedule for Organiza	ations Descr	ibed in Secti	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support	,	T				
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")]		Ì	
		437,660.00	651,605.00	650,194.00	483,367.00	544,615 00	2,767,441.00
2	Tax revenues levied for the			Ì			
	organization's benefit and either paid to or expended on its behalf	_	_	ĺ _	_	_ [_
3	The value of services or facilities	0	0	0	0	0	0
J	furnished by a governmental unit to the	ļ					
	organization without charge	۱ .					
4	Total. Add lines 1 through 3	437,600 00	651,605.00	650,194.00	483,367.00	544,615.00	2,767,441.00
-	· ·	437,600 00	051,605.00	650,194.00	463,367.00	344,613.00	2,767,441.00
5	The portion of total contributions by each person (other than a	NEW TO					
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						0
6	Public support. Subtract line 5 from line 4	MARKA		30.44.52.4		(F2.)计数23.3	2,767,441.00
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	437,600.00	651,605.00	650,194 00	483,367.00	544,615.00	2,767,441.00
8	Gross income from interest, dividends,						
	payments received on securities loans,					1	
	rents, royalties and income from similar		1			}	
•	sources	693.00	917.00	1,234.00	1,315.00	3,616 00	7,775.00
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on	1					
10	Other income. Do not include gain or	0	· 0	<u> </u>	0	0	0
10	loss from the sale of capital assets						
	(Explain in Part VI.)	436,219.00	244,271.00	232,990.00	484,535.00	548,231.00	1,946,246 00
11	Total support. Add lines 7 through 10	430,219.00	244,271.00	232,330.00	484,333.00	340,231.00	4.721.462.00
12	Gross receipts from related activities, etc		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4 - 11 - 12 - 13	12	0
13	First five years. If the Form 990 is for t	-		nd, third, fourth	n, or fifth tax y	ear as a section	
	organization, check this box and stop he	ere					🕨 🗆
Sect	ion C. Computation of Public Suppo	rt Percentag	je				
14	Public support percentage for 2016 (line					14	59 %
15	Public support percentage from 2015 Sc	hedule A, Part	II, line 14 .			15	63 %
16a	331/3% support test-2016. If the organ						
	box and stop here. The organization qua			-			
b	• • • • • • • • • • • • • • • • • • • •						
	this box and stop here. The organization	•		•			
17a					· · · · · · · · · · · · · · · · · · ·		
	10% or more, and if the organization m						
	Part VI how the organization meets the			_	-	s as a publicly	
_	organization						
b							
	15 is 10% or more, and if the organiz Explain in Part VI how the organization						
	supported organization				_		
18	Private foundation. If the organization of					ck this box and	
10	instructions						. ▶ □

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Part III	Support S	ichedule f	or Organia	zations	Described in	Section	509(a)(2)

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

Socti	on A. Public Support	under the te	3t3 listed ben	ow, piease co	Jinpiete i art		
	dar year (or fiscal year beginning in)	(a) 2012	(h) 2012	(a) 2014	(d) 004 E	(=) 2010	(A Total
		(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						· · · · · · · · · · · · · · · · · · ·
2	sold or services performed, or facilities				1		
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the					<u> </u>	
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge				1		
	-		ļ		 	 	
6	Total. Add lines 1 through 5		 	 	 		
/a	Amounts included on lines 1, 2, and 3		1				
	received from disqualified persons .		 	ļ		ļ	
b	Amounts included on lines 2 and 3			ŀ			
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year			<u> </u>		<u> </u>	
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	Activities of	NO AND STATE	7.75	对于张·奥	建筑 子宫衣	
	line 6.)	17 105 (E. 17 20) A					
Secti	on B. Total Support	<u></u>				<u> </u>	
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	, ,		1	1	1	,
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	j				ŀ	:
	royalties and income from similar sources .			ļ		[1
h	Unrelated business taxable income (less				 		
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	·		ļ	 	 		
_	Add lines 10a and 10b		<u> </u>		 		
11	Net income from unrelated business						
	activities not included in line 10b, whether	1] 1	
	or not the business is regularly carried on		<u> </u>	ļ			
12	Other income. Do not include gain or	1				1	
	loss from the sale of capital assets	1					
	(Explain in Part VI.)			L			
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	L	<u> </u>	<u></u>	1	<u> </u>	
14	First five years. If the Form 990 is for the	•	•				` ' '
	organization, check this box and stop he			<u> </u>			<u> ▶ □</u>
Secti	on C. Computation of Public Support						
15	Public support percentage for 2016 (line		-			15	%
16	Public support percentage from 2015 Sc			<u></u>	<u> </u>	16	%
Secti	on D. Computation of Investment In	come Perce	entage				
17	Investment income percentage for 2016	(line 10c, colui	mn (f) divided b	y line 13, colu	ımn (f))	17	%
18	Investment income percentage from 201	5 Schedule A,	Part III, line 17	·		18	%
19a	331/3% support tests-2016. If the organ						6, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2015. If the organic		_			~	_
-	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d						_

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			- 1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
<u> </u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	l l	
Secti	on B. Type I Supporting Organizations		Vas	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		ĺ	İ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	Ť		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			.
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
-		•	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	· · ·	. 3	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	11/93		163
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	2	<u> </u>	السفا
_		8,2	. 3. 263	03 29
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		LIT	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	1213.	12 11
2	By reason of the relationship described in (2), did the organization's supported organizations have a	7 3	9.25	1.00.00
3	significant voice in the organization's investment policies and in directing the use of the organization's	135	100	3 4 12
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1,2], , "	
	supported organizations played in this regard.	3	 	!
Sect	ion E. Type III Functionally Integrated Supporting Organizations		<u> </u>	
		inata		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	mstru	CHON	S).
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	laan le		tional
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(200 11		ionsj.
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	z.,		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	Eck L	- 1	1
	those supported organizations and explain how these activities directly furthered their exempt purposes,	4.00	Í	
	how the organization was responsive to those supported organizations, and how the organization determined	*	<u> </u>	
	that these activities constituted substantially all of its activities.	2a	ļ	
b		\$.
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	7	f ·	7-
	reasons for the organization's position that its supported organization(s) would have engaged in these	1-	1	↓
	activities but for the organization's involvement.	2b	-	
3	Parent of Supported Organizations. Answer (a) and (b) below.		1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-	┼—	
_	trustees of each of the supported organizations? Provide details in Part VI.	3a	 	
b		2	 	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	1.	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1			n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of pnor-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	32		
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		A Commence of the Commence of	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III supporting	g organization (see
instructions)			

Total Control

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Part '	Type III Non-Functionally Integrated 509(a)(3)) Supporting Organia	zations (continued)	
Section	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	rted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	nizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.	<u></u>		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			a
3	Excess distributions carryover, if any, to 2016:			
а				
b	* * * * * * * * * * * * * * * * * * * *			
С	From 2013	, , , , , , , , , , , , , , , , , , , ,		1
d	From 2014	, § , , , , , , , , , , , , , , , , , ,	<u></u>	
е	From 2015			
f	Total of lines 3a through e		, , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,
g	Applied to underdistributions of prior years	* 1. (% / 2 2 2	, , , , , , , , , , , , , , , , , , , ,	
<u>h</u>	Applied to 2016 distributable amount	.684		- , <u> , </u>
i	Carryover from 2011 not applied (see instructions)	25 (XXXXX 1702 20)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7:	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
a	Applied to underdistributions of prior years	4.24 (C. A.)		
b	Applied to 2016 distributable amount	7 7 7		
С	Remainder. Subtract lines 4a and 4b from 4.		* *, * .	
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.	r		. (
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016		<u> </u>	<u> </u>

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	······································
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2016

Open to Public Inspection

	the organization		Employ		icauon number
	lunger Ecumenical Arizona Task Force, Inc.	Lind Endon Other Circles En	<u> </u>		74-2386488
Par				ACCOU	nts.
	Complete if the organization answered	(a) Donor advised funds	·	(h) Euro	ds and other accounts
		(a) Donor advised funds		(D) Full	us and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				·····
3	Aggregate value of grants from (during year)			•	
4	Aggregate value at end of year				
5	Did the organization inform all donors and dono				
_	funds are the organization's property, subject to t	_			
6	Did the organization inform all grantees, donors,				
	only for charitable purposes and not for the bene conferring impermissible private benefit?		-		
		 	• •	· · ·	Yes No
Part		1 "Voo" on Form 000 Port IV line 7	,		
	Complete if the organization answered		•		
1	Purpose(s) of conservation easements held by the		-6 - h!-4		lunu nukanak lanah anna
	Preservation of land for public use (e.g., recre				
	Protection of natural habitat	☐ Preservation	or a cen	litiea nis	storic structure
_	Preservation of open space				-6
2	Complete lines 2a through 2d if the organization I	neid a qualified conservation contribut	ion in tr	e torm	eld at the End of the Tax Year
	easement on the last day of the tax year.				eig at the Eng of the Tax Tear
а				2a	<u> </u>
Ь	Total acreage restricted by conservation easeme			2b	
C	Number of conservation easements on a certified			2c	
d	Number of conservation easements included in historic structure listed in the National Register				
•				2d	organization during the
3	Number of conservation easements modified, tra	insterred, released, extinguished, or te	rminate	a by the	e organization during the
	tax year ▶				्रण
4	Number of states where property subject to cons			 	dung of
5	Does the organization have a written policy r violations, and enforcement of the conservation of	regarding the periodic monitoring, in	ispectio	n, nanc	
_					□ .00 □ .10
6	Staff and volunteer hours devoted to monitoring, inspe-	ecting, nandling of violations, and enforcing	g conser	vation ea	isements during the year
-	A	bdb of worldstane, and and			annemento di menteto voca
7	Amount of expenses incurred in monitoring, inspect ►\$	ting, nandling of violations, and enforcing	g conse	rvation e	asements during the year
	Does each conservation easement reported on lir	as 2/d) shows satisfy the requirements	of coatie	n 170/h	\/4\/D\/i\
8	•		or secur) 170(1	·····
_	In Part XIII, describe how the organization reports				· · L Yes L No
9	balance sheet, and include, if applicable, the text				
	organization's accounting for conservation easer	· ·	II Iai ICiai	Statem	ents that describes the
Dor			vr Otho	r Simi	ar Accote
Par	Complete if the organization answered	-		: 311111	di Assets.
	If the organization elected, as permitted under S				amont and balance above
1a	works of art, historical treasures, or other simil				
	public service, provide, in Part XIII, the text of the				
	•				
b	If the organization elected, as permitted under works of art, historical treasures, or other simil				
	public service, provide the following amounts rela	•	cuucan	J.1, Of 1	esearch in fulfilerance o
	•	_			. ¢
	(i) Revenue included on Form 990, Part VIII, line	1		🟲	. ф
_	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of a			(2 101 II	nanciai gain, provide the
	following amounts required to be reported under				¢
a	Revenue included on Form 990, Part VIII, line 1				
<u></u>	Assets included in Form 990, Part X			<u> -</u>	
For Pa	perwork Reduction Act Notice, see the Instructions	for Form 990. Cat No 5228	33D		Schedule D (Form 990) 2016

_				
Schedule	D (F	orm	990)	2016

Page 2

Part	Organizations Maintaining C	ollections of A	art, Histo	orical T	reasures,	, or Oth	ner Similar Ass	sets (continued)
3	Using the organization's acquisition, accollection items (check all that apply):							
а	☐ Public exhibition		d [Loan	or exchang	je progra	ams	
b	☐ Scholarly research		e [Other				
C	Preservation for future generations							
4	Provide a description of the organizatio XIII.	n's collections ar	nd explai	n how th	ney further	the orga	anization's exem	pt purpose in Part
5	During the year, did the organization se	olicit or receive d	donations	of art, I	historical tr	easures	, or other simila	r
	assets to be sold to raise funds rather the	han to be maintair	ned as pa	art of the	organizati	on's col	lection?	☐ Yes ☐ No
Part	IV Escrow and Custodial Arran	gements.						
	Complete if the organization a 990, Part X, line 21.							
1a	Is the organization an agent, trustee, or included on Form 990, Part X?							t
b	If "Yes," explain the arrangement in Par	t XIII and complet	te the fol	lowing ta	ıble:	Γ	Ar	nount
С	Beginning balance					1c	 	
ď						1d	 	
e	Distributions during the year					1e		<u> </u>
f	Ending balance					1f	 	
2a	Did the organization include an amount	on Form 990, Pa	rt X, line	21. for e	scrow or co		account liability	? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Par						-	
	V Endowment Funds.							
	Complete if the organization a	answered "Yes"	on Forr	n 990, F	Part IV, line			
		(a) Current year	(b) Prio	r year	(c) Two year	rs back	(d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
C	Net investment earnings, gains, and losses						-	
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	e current year end	d balance	e (line 1g	, column (a	a)) held a	is:	-
а	Board designated or quasi-endowment	. •	%					
b	Permanent endowment ▶	%						
C	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2	· ·						
3a	Are there endowment funds not in the organization by:	possession of the	e organiz	ation tha	at are held	and adı	ministered for the	Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related org					' - · ·		3b
4	Describe in Part XIII the intended uses		n's endo	wment f	unds.			
Par	Land, Buildings, and Equipm Complete if the organization a		' on Fori	n 990, I	Part IV, lin	e 11a. :	See Form 990,	Part X, line 10.
	Description of property	(a) Cost or oth	$\overline{}$		or other basis		Accumulated	(d) Book value
		(investme	ent)	(0	other)	L	epreciation	
1a	Land					ATT S	(
b	Buildings							
C	Leasehold improvements							
d	Equipment					<u> </u>		
<u>e</u>	Other					<u></u>		
Total	Add lines 1a through 1e (Column (d) mi	ust equal Form 90	O Part	Columi	n (R) line 1	00)	•	

Part VII	Investments — Other Securities Complete if the organization ans		m 990 Part IV line	e 11h See Form 9	990 Part X line 12
	(a) Description of security or category (including name of security)		(b) Book value	(c) Metho	od of valuation of-year market value
(1) Financial	denvatives		_		
	neld equity interests	}	·		
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G) (H)			-,		
	h) must agual Form 000 Part V and (P) kno 12) N			13 SAN TEMPORAL	2-1-5-1-6-2002-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Part VIII	b) must equal Form 990, Part X, col. (B) line 12.) ► Investments — Program Relate	d		हिर्देश क्षेत्रका व अक्रानि ३ अस	Charles and Mark Shift of the control
Tart Vill	Complete if the organization ans		m 990. Part IV. lin	e 11c. See Form	990. Part X. line 13.
	(a) Description of investment		(b) Book value		od of valuation
	(-,		(,		of-year market value
(1)					·
(2)	4-				
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)				1207m.nagin 2/42_4	
	(b) must equal Form 990, Part X, col (B) line 13)				
Part IX	Other Assets.		000 David N/ Iim	a 11d Con Form	000 Dad V line 15
	Complete if the organization ans	(a) Description	m 990, Part IV, III	ie 11a. See Form	(b) Book value
(4)		(a) Description			(b) book value
(1)		.,			
(3)					
(4)					<u>-</u> .
(5)					
(6)		·-			
(7)					
(8)					
(9)					
Total. (Colu	ımn (b) mu st equal Form 990, Part X, o	col. (B) line 15.)		▶	
Part X	Other Liabilities.				
	Complete if the organization ans	swered "Yes" on Fo	rm 990, Part IV, Iir	ne 11e or 11f. See	Form 990, Part X,
	line 25.	T	Industry Management & Completion		· · · · · · · · · · · · · · · · · · ·
1.	(a) Description of liability	(b) Book value			
	ncome taxes				
(2)					
(3)		 			
(4)					
(5) (6)		 			
(7)		 			
(8)		+			
(9)					
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶				
	or uncertain tax positions. In Part XIII, pro		ote to the organization	n's financial stateme	nts that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	· · · · · · · · · · · · · · · · · · ·	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,109,429.00
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
8	Net unrealized gains (losses) on investments	から 第4章	
þ	Donated services and use of facilities	2	
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
_	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,109,429.00
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
þ	Other (Describe in Part XIII.)	102	
C	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,109,429.00
Part	· · · · · · · · · · · · · · · · · · ·	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,084,644.00
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Pnor year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,084,644.00
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С 5	Add lines 4a and 4b	4c 5	
	XIII Supplemental Information.	3	1,084,644.00
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in		e 4, Part X, IIIIe

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

World Hunger Ecumenical Arizona Task Force, Inc.

Employer identification number

74-2386488_

Part	Types of Property					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	
1	Art-Works of art					
2	Art—Historical treasures					
3	Art - Fractional interests					
4	Books and publications		+-			
5	Clothing and household					
	goods	✓	v +, ² ",	41,437.00	50% of retail price	e we sell for
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities-Publicly traded					
10	Securities—Closely held stock .					
11	Securities-Partnership, LLC,					
	or trust interests					
12	Securities-Miscellaneous					
13	Qualified conservation				,	
	contribution—Historic					
	structures	_				
14	Qualified conservation					
	contribution—Other					<u>.</u>
15	Real estate - Residential					
16	Real estate—Commercial					
17	Real estate—Other					
18	Collectibles		<u></u>	ļ		
19	Food inventory		<u> </u>			
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ► (childcare)	/	5,644 hours	46,563.00	\$8.25 per hour	
26	Other ► ()			 		
27	Other ► ()		ļ		 	
<u>28</u> 29	Other ► () Number of Forms 8283 received	d by the e	rapization during the tay	year for contributions for	 	
29	which the organization completed				29 88.	
	Which the organization completes	2 1 01111 020	o, raitiv, bonce Acknowle	sagomoni	29 88,	000.00 Yes No
20-	During the year, did the organiza	tion rossiu	a by contribution any prop	orty reported in Bort L line	a 1 through	A KEA AL
30a	28, that it must hold for at least					
	to be used for exempt purposes					
L						CI LINE
 b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstanda 				onstandard		
31	contributions?	-				1 /
300	Does the organization hire or us					'
32a	3	•	~		II	
L	If "Yes," describe in Part II.				32	
b	ii res, describe in Part II.				530	6 元 [6] 第 2 元 [6] 1
33	If the organization didn't report as	n amount in	column (c) for a type of pr	operty for which column (a)	is checked	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

World Hunger Ecumenical Arizona Task Force, Inc

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 review 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 int 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 a conflict of interest statement, annually, through
the Organization's written Conflict of Interest policy.
Line 15a/b: The Organization's board determines the compensation of its executive director and other staff based on research and
profiles done of other similar organizations and trends by the 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 requests; by email and on the internet on the Organization's website and through Guidestar.org