

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

OMB No 1545-0047

2017

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the	2017 cale	ndar year, or tax year beginning , 2017, and endi	ng		, 20
В	Check if	applicable	C Name of organization World Hunger Ecumenical Arizona Task Force, Inc		D Employ	er identification number
		change	Doing business as WHEAT, World Hunger Education, Advocacy & Training	1		74-2386488
$\Box$	Name c	~	E Telepho			
$\overline{\Box}$	Initial re		4000 North 7th Street	ite 118		602/955.5076
$\Box$		ırn/termınated	City or town, state or province, country, and ZIP or foreign postal code	<u></u>		002/000.0070
$\overline{\Box}$			Phoenix, AZ, United States, 85014		G Gross re	eceipts \$ 1,168,198.00
$\overline{\Box}$		tion pending		H(a) Is this a n		subordinates? Yes No
	пррисы	non ponding	4000 North 7th Street, Suite 118; Phoenix, AZ 85014			s included? Yes No
	Tayaaya	empt status	✓ 501(c)(3) □ 501(c) ( ) ◀ (insert no ) □ 4947(a)(1) or □ 527	<del></del>		Ist (see instructions)
<u>;</u> -	Website		w.HungerHurts.org	H(c) Group	exemption	number ▶
K			✓ Corporation Trust Association Other ► L Year of forma		<del></del>	of legal domicile AZ
_	art I	Summ		1373	, w Clate	or regar corrience AZ
	1		escribe the organization's mission or most significant activities: The m	ission of WH	FAT is to	educate advocate
ø	' '	-				<del>-</del>
Governance			and empower individuals to action in the fight against hunger and poverty			owerment programs
Ĕ	2		land to Hand, a fair trade initiative; The Clothes Silo, and Management Trains box $ ightharpoonup$ if the organization discontinued its operations or disposed			ite net accete
Š	3				1 _ 1	
	4		of independent voting members of the governing body (Part VI, line 1a)			11
Se				,	5	11
Activities &	5		mber of individuals employed in calendar year 2017 (Part V, line 2a)			2
Ę,	6		mber of volunteers (estimate if necessary)		6	312
•	7a		related business revenue from Part VIII, column (C), line 12		7a	0.00
	b	Net unre	lated business taxable income from Form 990-T, line 34	Prior Y	7b	0.00 Current Year
	1	O	Alone and enough (Dark VIII Bin - 41-)			
ş	8		tions and grants (Part VIII, line 1h)		44,615.00	
Revenue	9	-	service revenue (Part VIII, line 2g)	5	61,198.00	
_ <u>~</u> ~	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)	<del></del>	3,616.00	
,	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.00	
	12		enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,1	09,429.00	
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)		0.00	<del></del>
	14	Benefits	paid to or for members Part X column (A) line 4)		0.00	0.00
es	15	Salaries,	other compensation, employee benefits (Part X, column (A), lines 5–10)	2	<u> 28,433.00</u>	352,783.00
Expenses	16a	Profession	onal fundraisinளees (Part IX, column (A), The 11e)		0.00	
ğ	b	Total fun	idraising expenses (Part IX, column (D), line 25) ► 9,100.00			
ш	17		penses (Part IX, dolumn (A), lines 11a-116 11f-24e)	8	56,211.00	783,825.00
	18		penses. Add lines-13-12-00-15-10-16-10-16-10-16-10-16-16-16-16-16-16-16-16-16-16-16-16-16-	1,0	84,644.00	1,136,608.00
	19	Revenue	e less expenses. Subtract line 18 from line 12		<u>24,785.00</u>	
5 6	3			Beginning of C	urrent Year	End of Year
Net Assets or	20	Total ass	sets (Part X, line 16)	9	03,086.00	934,676.00
A As	21	Total liab	oilities (Part X, line 26)		0.00	0.00
		Net asse	ets or fund balances. Subtract line 21 from line 20	9	03,086.00	934,676.00
P	art II	Signa	ture Block			
			ury, I declare that I have examined this return, including accompanying schedules and stat lete Declaration of preparer (other than officer) is based on all information of which prepar			my knowledge and belief, it is
		7	A A A A A A A A A A A A A A A A A A A		0610	0/2018
Sig	an	8100	Nature of officer	L	ate Off	)× 1 9011
	ere			Passer		
• 100	,i C	TVO	e or print name and this		<u> </u>	
			<u> </u>	Date		PTIN
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	epare	1		<del>-                                    </del>		pioyeu
Us	se On			<del></del>	n's EIN ▶	
<u> </u>	w tha II		address >	Pho	one no	□V <sub>20</sub> □N <sub>2</sub>
	<del>-</del>		s this return with the preparer shown above? (see instructions)	· · · ·	· · ·	Yes No
Fo	r Paper	work Redu	iction Act Notice, see the separate instructions. Cat	No 11282Y		Form <b>990</b> (2017)

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The mission of WHEAT is to educate, advocate, motivate and empower individuals to action in the fight against hunger and poverty WHEAT's major empowerment programs include Hand to Hand, a fair trade initiative; The Clothes Silo and Management Training and Mentoring.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: 611430 ) (Expenses \$ 846,686.00 including grants of \$ 0 ) (Revenue \$ 379,406.00 )
	WHEAT's education programs provide awareness, ongoing training and tools for action in the fight against hunger including workshops, presentations, skill building. Programs include the Norma Johansen Hunger Library providing resources of all kinds, free of charge, for book discussions, youth motivation, teaching and more. WHEAT's Training and Mentoring program provides management level training including on-the-job training, workshops, personal and professional development seminars for people who are underemployed or unemployed. This job training gives the participants marketable skill to become gainfully employed. Job Training and Mentoring includes WHEAT's Youth Leadership programs, providing mentors to youth at risk, while they receive job experience and attend workshops on career development and future educational opportunities. Recipients are low income. Arizona residents. WHEAT graduated individuals from Management Training, high school youth in the Youth Leadership. Program; provided SNAP Outreach at locations, statewide, and presented lectures, workshops and key notes in 2017.
4b	(Code: 62411 ) (Expenses \$ 72,010.00 including grants of \$ 0) (Revenue \$ 75,000.00)
	(Code: 62411 ) (Expenses \$ 72,010.00 including grants of \$ 0) (Revenue \$ 75,000.00)  WHEAT's Clothes Silo provides free, professional clothing to people in need who are entering or re-entering the workforce. The program provides clothing, as well as personal shoppers who give the clients special attention to find just the right outfit for the job interview or first day on the job. The programs, started in 1985, also provide special networking opportunities and additional workshops for thiclients throughout the year. The clothing is also available for much-reduced, affordable prices to the public to support the expenses associated with the programs is well as to provide a great source of professional wear for those who have little extra to spend on attire. Recipients of free services are low income Arizona residents; customers come from all walks of life, including those who love to support the program and love a great deal on great clothing, too.
4c	(Code: 62411 ) (Expenses \$ 34,000.00 including grants of \$ 0) (Revenue \$ 85,000.00)  The Hand to Hand Project, a fair trade initiative, is another of WHEAT's major empowerment programs. It includes the Fair Trade store, making fairly traded gifts and goods available to the public through purchase while helping the artisans and farmers, locally and globally, become self-sustaining, able to feed, clothe, shelter and educate themselves and their families. Fair trade is a very successful and positive way to fight hunger and poverty, worldwide.
Aci	Other pregram convers (Describe in Schedule C.)
4d	Other program services (Describe in Schedule O.) (Expenses \$ 9,600.00 including grants of \$ 0) (Revenue \$ 0.00)
4e	Total program service expenses ► 962,296.00

Form 99	0 (2017)	16	<b>∀</b>	Page 3
Part	Checklist of Required Schedules			T
4	le the example ton decombed in section E01/a)(2) or 4047/a)(1) (ather than a private foundation)? If "Vee"		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<b>V</b>	┼
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		1
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		1
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		1
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		1
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, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	$\mathcal{E}$	1
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	. اکبر	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	.i.e.	1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	n n	<b>√</b>
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		1
	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	- · · · · · · · · · · · · · · · · · · ·	14a	<del> </del>	1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV			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	14b		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	+	<b>✓</b>
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		<b>✓</b>
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	<u> </u>	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

Part	V Checklist of Required Schedules (continued)			
			Yes	No
_	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓_
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  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	20b		
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	21		<u>√</u> ✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		✓
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	24-		<b>-</b>
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<del>-</del>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		<u>·</u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		<b>√</b>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	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		<b>√</b>
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		<b>√</b>
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  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	. 3,4	√ ×
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		<u>√</u>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30	✓	<b>✓</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>√</b>
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		<b>✓</b>
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? <i>If "Yes," complete Schedule R, Part I </i>	33		<b>✓</b>
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		<b>✓</b>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		<b>√</b>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	1	
		For	m <b>990</b>	(2017)

c Enter the amount of reserves on hand

14a

Form 99	90 (2017)			Page :
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		•	. [
		15 = 2	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	200	**
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	**************************************	196
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	7	£	
0-	reportable gaming (gambling) winnings to prize winners?	1c	WE 295	<b>/</b>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			g dhai
	Statements, filed for the calendar year ending with or within the year covered by this return  2a	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<b>✓</b>	- gac
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a	المسائلة المتعالم و	1
b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O .	3b		1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	00		+
40	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		<b>  √</b>
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	Dog William		
	(FBAR).		أكسينا	4.
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	ļ	<b> </b>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		,	1
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.L.	÷	1
7	gifts were not tax deductible?	6b	\$ 0 1 2	- ✓
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		<b>1</b>	1.
u	and services provided to the payor?	7a	120	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<del> </del>	1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		+
	required to file Form 8282?	7c /	ē	
d	If "Yes," indicate the number of Forms 8282 filed during the year		=	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	5.	1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
ň	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		&	· 1
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	ئىز ئ		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a		-	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		* * *	
11	Section 501(c)(12) organizations. Enter:		1	
a	Gross income from members or shareholders	<b>-15</b>	, ×,	1
b	Gross income from other sources (Do not net amounts due or paid to other sources			2 60
	against amounts due or received from them.)		ĮŽJ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	( 2 3%	- Mary
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	42	ASP.	1:
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	***		·   ×4
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	₩. •	9.50
4	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b	and the state of t			<b>*</b> .
	the organization is licensed to issue qualified health plans	F27 ( 22	Olivari ya	· 1

Did the organization receive any payments for indoor tanning services during the tax year? . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

13c

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	and See in:	for a	"No" ions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	٠	. 🗸
Secti	on A. Governing Body and Management		T	<del></del>
1a	Enter the number of voting members of the governing body at the end of the tax year.  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.		Yes	No
р 2	Enter the number of voting members included in line 1a, above, who are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  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?	5 6		√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7a 7b		<b>✓</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	*	. 3. ,	, v.,
a b 9	The governing body?	8a 8b	<b>√</b>	
<del></del>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Ĺ <u>.</u> ,	<b>✓</b>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C		
10a	Did the organization have local chanters, branches, or affiliates?	100	Yes	No
b	Did the organization have local chapters, branches, or affiliates?  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?	10a		<b>/</b>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	<del>                                     </del>
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	<ul><li>✓</li><li>✓</li></ul>	B) (1)
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13 14 15	Did the organization have a written whistleblower policy?	13	<b>✓</b>	, , , , , , , , , , , , , , , , , , ,
a b	The organization's CEO, Executive Director, or top management official	15a 15b	√ √	5 % 4
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	<u>i</u>	\(\frac{1}{\sqrt{1}}\)
b 	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Arizona  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501(	(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O)  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.	erest	polic	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 119: Phoenix A7 95014: Tol. 602/055 5076			

		<u> </u>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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 related	d orga	aniz	atio	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.	
	_			(0	C)						
(A)	(B)				ition			(D)	(E)	(F)	
Name and Title	Average					than o		Reportable	Reportable	Estimated	
	hours per					or/trust		compensation	compensation from	amount of	
	week (list any hours for	의 중	ä	Q	<u>چ</u>	9 ∓	77	from the	related organizations	other compensation	
	related	d M	Ě	Officer	y e	ghe	Former	organization	(W-2/1099-MISC)	from the	
	organizations	Individual trustee or director	Institutional trustee	~	Key employee	st co	۽ ا	(W-2/1099-MISC)		organızatıon and related	
	below dotted line)	tru	<u>a</u>		νě	ğ				organizations	
	,	stee	List.			ens				1 h	
			ä			Highest compensated employee	i	}			
*											
(1) Elaine Groppenbacher	1									.*31.	
Chairperson/Director		<b>\</b>		1				C	0	,+?-	0
(2) Colleen Boles	1									- JT	
Immediate Past Chairperson/Director		✓		✓	ļ	ļ	<u> </u>	0	0	1	0
(3) Heather Brown	11				ŀ		ł			\$ .	
Vice Chair/Director		✓		✓	_				0		0
(4) Jennifer May	11								]		
Secretary/Treasurer		✓		✓			L_	0	0		0
(5) Olivia Gonzalez	11										
Director		<b>✓</b>		ļ				c	0		0
(6) Gurukırn Kaur Khalsa	11					ļ					
Director		✓.			_	<u> </u>	_	·	0	·	0
(7) Carolyn Murray	1				•						
Director		✓	<u> </u>	<u>L.</u>				c	0		0
(8) Roberta Lasin	11		ŀ	ļ							
Director		✓		<u> </u>			<u> </u>	C	0		0
(9) Marjan Noble	1										
Director		✓	<u> </u>	ļ					0		0
(10) Teri Conrad	1								i		
Director		1				<u> </u>	<u> </u>		0		0
(11) Karen Willard	1	]	-							-	
Director		✓				<u> </u>			, 0		0
(12)											
			L.	<u> </u> .	<u> </u>	<u> </u>					
(13)	ļ										
			$oxed{oxed}$	<u>L</u>	<u> </u>		_				
(14)	1						1				
	1					1	1				

	(A) Name and title	(B) Average hours per week (list any	box,	unles er and	Pos eck s pe	rson	than o	an (ee)	(D) Reportable compensation from	<b>(E)</b> Reportable compensation frelated	rom	Estir	(F) mated ount of	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		compe fron organ and r	ensation in the nization related izations	
	amera Zivic, PhD	40+	,											
(16)	tive Director/CEO		<b>✓</b>		<b>✓</b>	<b>V</b>	<b>√</b>		81,000.00	 	0			0
(17)														
(18)								-						
(10)						_		_						
(19)														
(20)														
(21)						-								
								<u> </u>						
(22)														
(23)												<del></del>		
(24)				$\vdash$		H								
(25)														
1b	Sub-total			il		لــــا		<b>&gt;</b>	81,000.00		0			0
C	Total from continuation sheets to Part	•						<b>•</b>	0		0			0
<u>d</u> 2	Total (add lines 1b and 1c)							<b>▶</b> e) w	81,000.00 ho received m		<b>0</b> 0,000	of	<del></del>	0
	reportable compensation from the organ								0					
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	loyee, or high	est compens	sated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual													
5	Did any person listed on line 1a receive of for services rendered to the organization						-		•	ation or indiv	vidual	5	7.7.2	**************************************
	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.													ıx
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) Compens	ation	
none														
		<del></del>	<u> </u>					<del> </del>						
			_		-									
	Total number of independent contractor	_												

Form **990** (2017)

Par	t VIII	Statement of Revenue												
		Check if Schedule O contains a response or note to any line in this Part VIII												
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514						
Contributions, Gifts, Grants and Other Similar Amounts	1a b	•	1b	0										
i, Gifts, nilar Ar	d e	Fundraising events Related organizations Government grants (contributions)	1c 1d utions) 1e	0										
butions ther Sir	f	All other contributions, gifts, and similar amounts not include	grants,	187,000.00 710,543.00										
ĒŽ	q	Noncash contributions included in		198,048.00	1 110 100 100 100 100 100 100 100 100 1									
aŭ C	h	Total. Add lines 1a-1f			897,543.00									
9		· · · · · · · · · · · · · · · · · · ·		Business Code		2.0								
le]	2a	Education		611430	106,515.00	106,515.00	0	Seculation & publication of the con-						
Æ	b	Workwear		62411	75,000.00									
<u>.8</u>	С	Fair Trade Initiative		62411	85,000.00									
ēΣ	d			02411	85,000.00	85,000.00	<u> </u>							
E	e							<del></del>						
Program Service Revenue	f	All other program service	revenue											
윤	g	Total. Add lines 2a–2f		•	266 515 00									
	3	Investment income (inc	ludina divide	ends, interest.	200,315.00	(2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	200.47	****						
	1	and other similar amount			4 140 00	4 1 40 00								
	4	Income from investment of	•	nd proceeds	4,140.00	4,140.00	0							
	5	Royalties	tax exempt be	na proceeds	0	0	0							
		rioyanics	(ı) Real	(II) Personal	U	0	<u>U</u>							
	6a	Gross rents .	(,)	(ii) / ordorius										
	b	Less. rental expenses		<u></u>										
		· • • • • • • • • • • • • • • • • • • •	0	0										
	C	Rental income or (loss)	<u>0</u>	0										
	d	Net rental income or (loss Gross amount from sales of	S) (i) Securities	<b>&gt;</b>	0	0	0							
	/a	assets other than inventory	(i) Securities	(ii) Other										
		- <u>L</u>	0	0										
	b	Less cost or other basis												
		and sales expenses	0	0				**						
	C	Gain or (loss)	0	0										
	d	Net gain or (loss)		<u> ▶</u>	0	0	0							
Other Revenue	8a	Gross income from fundrevents (not including \$	0	÷										
er Re		of contributions reported o See Part IV, line 18	n line 1c).	0										
₹	b	Less: direct expenses .	b	0										
_		Net income or (loss) from		events . ►	0		0	(						
	9a	Gross income from gamin	g activities.				38.5							
		See Part IV, line 19 .	· · · a	0										
ı	ь	Less: direct expenses .	ь	0										
		Net income or (loss) from		rities	0	0	U							
	10a	Gross sales of inven	tory, less			* 12 h 1/2 h								
		returns and allowances	a	0										
	b	Less: cost of goods sold		0										
	C	Net income or (loss) from		nton/	vorestill and									
ŀ		Miscellaneous Reven		Business Code	<b>0</b>	0	- 0	C						
-	44-		iue :	Busilless Code										
	_	none						<del></del>						
	b													
	С													
	d	All other revenue	· · · L		0	0	0	0						
	е	Total. Add lines 11a-11d			0									
	12	Total revenue. See instru	uctions	🕨	1.168.198.00									

Form 990 (2017)

#### 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 Do not include amounts reported on lines 6b, 7b, (A) Total expenses (D) Program service expenses Management and Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . Grants and other assistance to domestic 2 individuals. See Part IV, line 22 . . . . . . Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members . . . Compensation of current officers, directors, trustees, and key employees 81,000.00 36,950.00 43,645.00 405.00 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 0 Other salaries and wages 7 247,088.00 213,582.00 32,271.00 1,235.00 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0 9 Other employee benefits . . . . . . 5,500.00 5,500.00 0 10 Payroll taxes . . . . . . . . 18,695 00 17,760.00 935.00 0 Fees for services (non-employees): 11 Management . . . . . 0 Legal . . . . . . . . . 0 Accounting . . . . . . . 500.00 48 00 452.00 0 Lobbying . . . 0 Professional fundraising services. See Part IV, line 17 17317 0 Investment management fees . . . . ol 0 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 0 12 Advertising and promotion . . . . 32,212.00 32,212.00 0 13 Office expenses . . . . . Information technology . 14 69,900.00 28,945 00 33,495.00 7,460.00 Royalties . . . . . . . . . 15 0 16 84,750.00 40,512.00 44,238.00 0 17 20,100.00 10,100.00 10,000.00 0 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings 6,300.00 6,300.00 0 20 Interest . . . . . . . . . . . . 0 21 Payments to affiliates . . . . 0 22 Depreciation, depletion, and amortization . 23 <u>5,22</u>0.00 5,800.00 580.00 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Volunteer support 9,600.00 9,600.00 0 Specific assistance to individuals 316,052.00 316,052.00 0 Education tools and equipment 143,700.00 0 143,700.00 **Education supplies** 95,411.00 95,411.00 0 All other expenses Total functional expenses. Add lines 1 through 24e 25 1,136,608.00 962,296.00 165,212.00 9,100.00 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 following SOP 98-2 (ASC 958-720)

	990 (20				Page <b>11</b>
Pá	art X	Balance Sheet	<del></del>		
		Check if Schedule O contains a response or note to any line in this Pa			
			(A) Beginning of year		( <b>B)</b> . End of year
	1	Cash—non-interest-bearing	42,315.00	1	73,861:00
	2	Savings and temporary cash investments	794,455.00	2	815,500.00
	3	Pledges and grants receivable, net	O	3	0
	4	Accounts receivable, net		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	0	5	0
ts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	_	. 0
۲	8	Inventories for sale or use	66,316.00		45,315.00
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0		0
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0	-	0
	15	Other assets. See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	903,086.00		934,676.00
	17	Accounts payable and accrued expenses	0	<del></del>	0
	18	Grants payable	0	<del></del>	·#1 0
	19	Deferred revenue	0		0
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	. 0	21	. 0
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22.2	2
Ľ	23	Secured mortgages and notes payable to unrelated third parties	0	<b>+</b>	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D			0
	26	Total liabilities. Add lines 17 through 25	O	26	0
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	903,086.00	27	934,676 00
3al	28	Temporarily restricted net assets	0	28	0
ē	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here $\blacktriangleright$ and complete lines 30 through 34.			
şţs	30	Capital stock or trust principal, or current funds	C		0
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		_	0
¥	32	Retained earnings, endowment, accumulated income, or other funds.		<del>1</del>	0
Š	33	Total net assets or fund balances	903,086.00		934,676.00
	34	Total liabilities and net assets/fund balances	903,086.00	34	934,676.00 Form <b>990</b> (2017)

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Page		4

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI .	<u>.</u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,168,1	98.00
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,136,6	08.00
3	Revenue less expenses. Subtract line 2 from line 1	3		31,5	90.00
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		903,0	86 00
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6	···		0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		934,6	76.00
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		· · ·	<del></del> ;	
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other  If the organization changed its method of accounting from a prior year or checked "Other," ex	olain in		Yes	No
	Schedule O.	<b>P</b> 100111 111			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were com- reviewed on a separate basis, consolidated basis, or both:	oiled or	*> }	(%) }	ng M
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		100	1.2	
b			2b	/	~ ', ~~
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	ed on a		*-	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		á.,		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account		2c	1	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plaın ın	1 : 1		, £
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in		<i>y</i>	.3/
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao the			
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b	1	
			Forr	n <b>990</b>	(2017)
					-

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

## **Public Charity Status and Public Support**

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

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public

Name	ame of the organization Employer identification number									
World	d Hunger Ecumenical Arizona Task F					74-2386488				
Par		<del></del>					ns.			
The C	organization is not a private founda		,	•	,	,	$\bigcap$			
1	A church, convention of churc									
2	2 ☐ A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ).)									
3 4										
5										
6 7	=									
8	A community trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)						
9	An agricultural research organ or university or a non-land-grauniversity:	ization described	d in section 170(b)(1)	(A)(ix) op	erated in er the nan	conjunction with a l ne, city, and state of	and-grant college the college or			
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt full tuncome and unit	nctions—subject to c related business taxal	ertain exc ble incon	ceptions, ne (less s	and (2) no more that ection 511 tax) from	n 33½% of its			
11	☐ An organization organized and						,r •			
12	☐ An organization organized and		· ·	•			ry out the purposes			
	of one or more publicly support	orted organizatio	ns described in secti	on 509(a	)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).			
	Check the box in lines 12a thro	ough 12d that des	scribes the type of sup	porting o	organizatı	on and complete line	s 12e, 12f, and 12g.			
a	Type I. A supporting organ the supported organization—supporting organization—Y	n(s) the power to	regularly appoint or e	lect a ma	jority of t					
b		nization supervis	sed or controlled in co	nnection	with its s					
	organization(s) You must		•				** 74			
С	its supported organization	(s) (see instructio	ns). You must comp	lete Part	IV, Secti	ions A, D, and E.				
d	Type III non-functionally that is not functionally interequirement (see instructional properties).	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an				
e	Check this box if the organ functionally integrated, or						e II, Type III			
f	Enter the number of supported of									
g			,	r —		<del></del>				
	(i) Name of supported organization	(ii) E!N	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No	-				
(A)							-			
(B)			. ,							
(C)					:		•			
(D)										
(E)										
Total	1			5	THE SAME OF					

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) ^Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts. grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 651,605 00 650,194 00 483,367 00 544,615.00 897,543.00 3,227,324.00 Tax revenues levied the organization's benefit and either paid to or expended on its behalf . . . 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 651,605.00 650,194.00 544,615.00 897,543.00 3,227,324 00 5 The portion of total contributions by person (other governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4 3,227,324.00 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 . . . . . . . . 651,605.00 650,194.00 483,367.00 544,615.00 897,543.00 3,227,324.00 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from sımılar sources . . . . . . . . . 917.00 1,234.00 1,315.00 3.616.00 4,140.00 11,222.00 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . 244,271.00 232,990.00 484,535 00 548,231.00 266,515.00 1,776,542 00 Total support. Add lines 7 through 10 11 5,015,088.00 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) . . . 64 % 15 59 % 331/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this  $\overline{\mathbf{V}}$ 331/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . . . . . . . . 10%-facts-and-circumstances test - 2017, If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

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

Part III	<b>-</b>						
	(Complete only if you checked the						nder Part II.
<u> </u>	If the organization fails to qualify	under the te	ests listed belo	ow, please co	omplete Part	H.)	
	n A. Public Support	(-) 0040	41.0044	( ) 0045	T ( 1) 2010		1/27
	ar year (or fiscal year beginning in)   Gifts, grants, contributions, and membership fees	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
	eceived. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise		· · · ·	-			
S	cold or services performed, or facilities urnished in any activity that is related to the						
	organization's tax-exempt purpose				/		
	Gross receipts from activities that are not an			_			
u	inrelated trade or business under section 513						
	Tax revenues levied for the						
	organization's benefit and either paid to					İ	
	or expended on its behalf				1		ļ
	The value of services or facilities urnished by a governmental unit to the						
	organization without charge						
	<b>Fotal.</b> Add lines 1 through 5						-
	Amounts included on lines 1, 2, and 3	<del></del>		/			
	eceived from disqualified persons .						
<b>b</b> A	Amounts included on lines 2 and 3						
	eceived from other than disqualified						Ì
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						=======================================
	Add lines 7a and 7b	33.63.			\$ 7.8 s	188 8	-
	Public support. (Subtract line 7c from ine 6.)						4.0
	n B. Total Support		S 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>ástiki kulon</u>	Emigra A.	Washington Commencer	<u> </u>
	ar year (or fiscal year beginning in)	/(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
	Amounts from line 6	/ (2, 23.3	(5) 2011	(0) 2010	(4) 2010	(6) 2011	. (1) 1014
10a (	Gross income from interest, dividends,				7.00	7. 70	
	payments received on securities loans, rents,				1		
r	oyalties, and income from similar sources.		110				
	Inrelated business taxable income (less					-	र जोड़ र
	section 511 taxes) from businesses						
	acquired after June 30, 1975					ļ	
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in/line 10b, whether						
	or not the business is regularly carried on						
	Other income. Do not include gain or		<del> </del>				<del>                                     </del>
	oss from the sale of capital assets			_			
(1	Explain in PartyVI.)		1		Ì		}
13 7	Total support. (Add lines 9, 10c, 11,						
	and 12.) ./						
	First five years. If the Form 990 is for the			•	•		on 501(c)(3)
	organization, check this box and stop he		• • • • •		<del></del>	· · ·	· · · <u>P</u>
	n C. Computation of Public Suppor			2 column (fl)		15	
	Public support percentage from 2016 Sch					16	<u>%</u> . %
	n'D. Computation of Investment In			<u> </u>	<u> </u>	1.0	
	nvestment income percentage for 2017 (			y line 13, colu	mn (f))	17	%
_ <b>18</b>	nvestment income percentage from 2016	Schedule A,	Part III, line 17			18	%
19a′ 3	31/3% support tests-2017. If the organ						
			The everence		محبيه بالمناطبيم م	artad araaniza	*:on
/ 1	7 is not more than 331/3%, check this box						
/b 3	7 is not more than 331/3%, check this box is support tests—2016. If the organiz ne 18 is not more than 331/3%, check this b	ation did not d	check a box on	line 14 or line	19a, and line 1	6 is more than	33 <sup>1</sup> /3%, and

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## 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
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- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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")? In "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 79 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.)

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	10b		

Part l	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	4 18-3		, ă
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			نائنا
	below, the governing body of a supported organization?	11a		L
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
Section	on B. Type I Supporting Organizations			,
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		7,72	£ 800
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		, of .	
	tax year? If "No," describe in <b>Part VI</b> 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		2	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	i atti		
_		1_		3/2° 40
2	Did the organization operate for the benefit of any supported organization other than the supported	15-6	4	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	2000	100	
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	, %		
01:	,,			<u> </u>
Secu	on C. Type II Supporting Organizations			
4		(Xiv. ad) 18.	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).		J.C "	-
Cooti		1. 1	l	<u> </u>
Secu	on D. All Type III Supporting Organizations	7.2	1.7.	
		\$ <u>\$</u> .	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		;, 5 2; k	:
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		15 \$ C	1 12
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		ه سدلانش	با سا
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 <b>Part VI</b> how a			1 10
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		E ca.	4 8
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	S. 1.		1.36.56
	supported organizations played in this regard.	3	a. 3/36	1,484
Section	on E. Type III Functionally Integrated Supporting Organizations		<u> </u>	
1				
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	mstru	CHON	5).
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>	,		
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity	see in	struct	ions,
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		<b>33. *</b>	17.3
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			***
	how the organization was responsive to those supported organizations, and how the organization determined			\$ 'A
	that these activities constituted substantially all of its activities.	2a		Services
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	3 28 V 20 0		· A i
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1787
	reasons for the organization's position that its supported organization(s) would have engaged in these		, -	1436.
	activities but for the organization's involvement.	2b	'	
3	Parent of Supported Organizations. Answer (a) and (b) below.	3	1.70	* 2,
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	was our	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	an	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			n in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organ	izat	ions must complete Section	ns A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI).	, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		
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	10.38 17 1.38 18 18 18	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	4 km - 1 km - 1	
4 Enter greater of line 2 or line 3.	4	-X: \$ 1.2 / YS. v. se. v.	
5 Income tax imposed in prior year	5	14	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	y in	tegrated Type III supporting	organization (see

Part	1 ype III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (contınued)	
Sect	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	- "
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.		<del></del>	
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice	th the organization is re-	soonsive	
	(provide details in Part VI). See instructions.		5000000	
9	Distributable amount for 2017 from Section C, line 6	<del></del>		
10	Line 8 amount divided by line 9 amount			
<u> </u>			(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			Amount for 2011
2				Primary Land
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required—explain in <b>Part VI</b> ). See instructions			
3	Excess distributions carryover, if any, to 2017			
a	Excess distributions carryover, if any, to 2017			
<u>a</u>				
	From 2014			
C	From 2014			
d	From 2015			
e	From 2016	25 8 4 - 1 - 2 5 8 3 x . · ·		
f	Total of lines 3a through e		1-1289000000000000000000000000000000000000	
<u>g</u>	Applied to underdistributions of prior years	18.5 T = 1.6 A   18.5 T   18.6		
<u>h</u>	Applied to 2017 distributable amount			*
i_	Carryover from 2012 not applied (see instructions)			Soft in the second
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			,
С	Remainder Subtract lines 4a and 4b from 4.			\$48.20 L. S.
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			-
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3 <sub>j</sub> and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
<u>a</u>	Excess from 2014			
C	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

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Page	O

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.)
	······································

### SCHEDULE D (Form 990)

**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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

74-2386488 World Hunger Ecumenical Arizona Task Force Inc Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . Aggregate value at end of year . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements . . . 2a Total acreage restricted by conservation easements . . . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

Part	III Organizations Maintaining	Collections of	Art, Hist	orical T	reasures	, or Ot	her Similar A	Asset	s (cont	inued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her record	ds, chec	k any of th	e follov	ving that are a	signi	ficant u	se of its
а	☐ Public exhibition		<b>d</b> · [	Loan	or exchang	e prog	rams			
b	☐ Scholarly research									
C	☐ Preservation for future generations									
4	Provide a description of the organizati XIII.	ion's collections a	ınd explai	n how th	ney further	the org	ganızatıon's ex	empt	purpose	e in Part
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive than to be mainta	donations ined as p	of art, lart of the	historical ti e organizati	reasure: ion's co	s, or other sim illection? .	ular . [	ີ Yes	☐ No
Part										<u></u>
	Complete if the organization 990, Part X, line 21.								nt on F	orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?					tions or		_	Yes	☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fol	lowing ta	abie:					
						<u> </u>		Amou	ınt	
C	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f o-	Ending balance					<u>1f</u>		. O [	7 7	[7 ha.
2a b	Did the organization include an amount ff "Yes," explain the arrangement in Pa							-		□ NO
Par		art Alli. Check Here	en the ex	pianatioi	i nas been	provide	eu on Fart Alli	<u>· · · · </u>	<del>-</del>	<u> </u>
	Complete if the organization	answered "Yes"	' on Forr	n 990 F	Part IV line	e 10				
	Geniplate ii tila Giganization	(a) Current year	(b) Prio		(c) Two year		(d) Three years ba	ack (e	e) Four ye	ars back
1a	Beginning of year balance									
b	Contributions									<del></del>
С	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 (line 1g	, column (a	ı)) held a	as:			
a	Board designated or quasi-endowmen	nt ▶	%							
	Permanent endowment	%								
С	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2	%	2007							
За	Are there endowment funds not in the			ation the	at are held	and ad	ministered for	the		
	organization by:	, pedecedien et in	o o garnz	allon the	ar are more	und dd			Y	es No
	(i) unrelated organizations							. [	3a(i)	
	(ii) related organizations								3a(ii)	_
b	If "Yes" on line 3a(ii), are the related or							. [	3b	
4	Describe in Part XIII the intended uses	of the organization	n's endo	wment fu	ınds.					
Part										
	Complete if the organization	answered "Yes"	' on Forr	n 990, F	Part IV, line	e 11a.	See Form 99	0, Pa	rt X, lin	<u>e 10.</u>
<del></del>	Description of property	(a) Cost or ot			r other basis ther)	de	Accumulated epreciation	(4	i) Book v	alue 
1a	Land					(湾)。				
b	Buildings									
C	Leasehold improvements	·								
d	Equipment	·				ļ				
e Total	Other	event agreed Forms Of	00 Part V	' ool:	(D) line 1/	30.1		<u> </u>		
ı Uldi.	againes la monon le (Column (a) m	iusi eduai roim 99	JU. PATI X	. cournn	101.11118 /	JU. /		i		

Part VII	Investments – Other Securities.  Complete if the organization answered "Yes" of	on Form 000 Part IV Jun	on 11h Son Form 000 Part V June 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)	(b) Book Value	Cost or end-of-year market value
(1) Financial	derivatives		
	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)	·		
(H)	)		1 (7) (March 78) (1 ) (1 ) (1 ) (1 ) (2 ) (3 ) (4 ) (4 ) (4 ) (4 ) (4 ) (4 ) (4
	n) must equal Form 990, Part X, col (B) line 12)	l	· · · · · · · · · · · · · · · · · · ·
Part VIII	Investments – Program Related.  Complete if the organization answered "Yes" of	on Form 000 Dort IV lim	e 11a Cas Form 000 Dort V line 12
	· · · · · · · · · · · · · · · · · · ·		T
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)		<del></del>	
(4)			
(5)			
(6)			2.
(7)			is.
(8)			91
	o) must equal Form 990, Part X, col. (B) line 13 ) ▶		MARKET LANGE AND LANGE
Part IX	Other Assets.		1.
	Complete if the organization answered "Yes" of	on-Form-990, Part-IV, Iir	ne 11d. See Form 990, Part X, line 15.
	(a) Description	· · · · · · · · · · · · · · · · · · ·	(b) Book value
(1)			·
(2)			- 1
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)		<del>-</del>	
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		•
Part X	Other Liabilities.  Complete if the organization answered "Yes" of	on Form 990, Part IV, lir	ne 11e or 11f. See Form 990, Part X,
1.	line 25.  (a) Description of liability (b) Book	Tarana Markana and Amerikana a	A ARE SENSON SENSON SERVICES AND SERVICES AN
(1) Federal in		value	
	come taxes		
(2)			
(3)			
(4)			
(6)			
(8)			
(9)			
	o) must equal Form 990, Part X, col. (B) line 25 )		
	uncertain tax positions. In Part XIII, provide the text of the	footnote to the organization	n'e financial statements that reports the
organization's	s liability for uncertain tax positions under FIN 48 (ASC 74)	0). Check here if the text of	the footnote has been provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990,		nue per Return.	
1	Total revenue, gains, and other support per audited financial statements		74	1 169 109 00
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		2.25;	1,168,198.00
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	0	
c	Recoveries of prior year grants	2c	0	
ď	Other (Describe in Part XIII.)	2d	0 .	
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	1,168,198.00
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		\$ 1 m	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	O	
b	Other (Describe in Part XIII.)	4b	0	
C	Add lines <b>4a</b> and <b>4b</b>		4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	1,168,198.00
Part			nses per Return.	,
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	1,136,608 00
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a	<u> </u>	
b	Prior year adjustments	2b	0	
С	Other losses	2c	0	
d	Other (Describe in Part XIII.)	2d	0 🖫	
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	1,136,608.00
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	
b	Other (Describe in Part XIII.)	4b	0	
c	Add lines 4a and 4b		4c	0
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.	e 18.) .	. 5	1,136,608.00
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			ne 4; Part X, line
		•		
·				••••••••••••••••••••••••••••••••••••••

Schedule D (For	orm 990) 2017	Page <b>5</b>
Part XIII	Supplemental Information (continued)	
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### SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No 1545-0047

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

Name of	f the organization		-		Employer id	entification nu	mber	
World	Hunger Ecumenical Arızona Task For	rce Inc				74-23864	188	
Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part \	rted on	Method o	(d) of determin tribution a	
1	Art—Works of art							
2	Art—Historical treasures	ļ						
3	Art—Fractional Interests	ļ	70.00					
4	Books and publications							
5	Clothing and household							
	goods	✓			37,503.00	50% of retail	price 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							
15	Real estate - Residential						-	
16	Real estate - Commercial .						·	
17-	Real estate - Other							
18	Collectibles				*******			
19	Food inventory							_
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens				<del></del>			
24	Archeological artifacts							
25	Other ► ( childcare )	✓	15,290 hours		160,545.00	\$10.50 per h	our	
26	Other ► ()							
27	Other ► (							
28	Other ► (	<u> </u>				ļ		
29	Number of Forms 8283 received				itions for			
	which the organization completed	rom 8280	o, rari iv, Donee Acknowled	agement		29	0	- N-
00	Dismon Alexander del de la company						Ye	s No
30a	During the year, did the organizat 28, that it must hold for at least the to be used for exempt purposes f	hree years	from the date of the initial		d which isr		30a	
b	If "Yes," describe the arrangemen	t in Part II.					7.5	110
31	Does the organization have a		otance policy that require	es the review	of any no	onstandard		
	contributions?						31 ✓	talian dan da
32a	Does the organization hire or use	third part	ies or related organizations	s to solicit, pro-	cess, or se	ell noncash		$\top$
	contributions?						32a	1
b	If "Yes," describe in Part II.						- Wasan	31. 23
33	If the organization didn't report an describe in Part II	amount in	column (c) for a type of pro	perty for which o	column (a)	is checked,		

Part II	<b>Supplemental Information.</b> 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.				
	······································				

### 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
2017
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
 ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer Identification number

World Hunger Ecumenical Arizona Task Force, Inc	74-2386488
Part III Program Service Accomplishments, Other program services: Expenses related to Volunteer S	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 NO	OT 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	f 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 ot	her staff based on research and
profiles done of other similar organizations and trends by the Human Resource Committee.	*77#
Line 19: The Organization's governing documents, conflict of interest policy and financial statement	nts 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
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