SCANNED APR 2 3 2021

For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2019

		the Treasury				on this form as it tructions and the		y be made public. Open to Public					
_		ue Service	<u></u>		<i>TOTTISSO</i> 101 11151			Offination.	Inspection				
			dar year, or tax year b C Name of organization			, 2019, and			, 20				
		applicable	D Empi	oyer identification number									
=	Address of	•	Doing business as WH			74-2386488							
\Box	Name cha	ange	Number and street (or	PO box if ma	al is not delivered to	street address)		n/suite	E Teleph	none number			
	Initial retu	ırn	4000 North 7th Stree				S	uite 118		602/955.5076			
	Final retur	m/terminated	City or town, state or p	province, coun	try, and ZIP or foreig	n postal code				_			
	Amended	l return	Phoenix, AZ, United							receipts \$ 996,953.00			
	Application	on pending	F Name and address of p	orincipal officer	Tamera Zivic		1			or subordinates? Yes No			
			4000 N 7th St, Ste 11				9_	1 ' '		es included? 🗌 Yes 🔲 No			
<u></u>	Tax-exem	npt status	✓ 501(c)(3) 50	01(c) () ◀ (insert no)	4947(a)(1) for	527	If "No," a	attach a lis	st (see instructions)			
$\overline{}$		▶ Hungerl				$\overline{}$		H(c) Group e	xemption	number ►			
_			Corporation Trust	Association	n	L Year o	of formation	1979	M State	of legal domicile AZ			
P	art I	Summa	·····										
	1 1	Briefly des	cribe the organizatio	n's missior	or most signific	cant aðtivities: T	he missio	on of WHEA	T is to e	ducate, advocate			
ç		engage and	l empower individuals	s to action in	n the fight agains	t hunger and pov	erty. Wh	IEAT's majo	r empov	verment programs			
Governance		include Har	nd to Hand, a fair trad	e initiative,	The Clothes Silo	; and Managemer	nt Trainin	g and Mento	ring.				
Ver	2	Check this	box $ ightharpoonup$ If the orga	anızatıon dı	scontinued its o	perations or disp	oosed of	more than	25% of	its net assets			
Ĝ	3	Number of	voting members of	the governi	ng body (Part V	l, lıne 1a)			3	11			
	4	Number of	independent voting	members of	of the governing	body (Part VI, li	ne 1b)		4	11			
ties	5	Total numb	oer of individuals em	ployed in c	alendar year 20	19 (Part V, line 2	a) .		5	2			
Activities &	6	Total numb	per of volunteers (est	timate if ned	cessary)				6	415			
ĄĊ	7a	Total unrel	ated business reven	ue from Pa	rt VIII, column (0	C), line 12			7a	0.00			
	b	Net unrelat	ted business taxable	income fro	m Form 990-T,	line 39			7b	0.00			
								Prior Yea	r	Current Year			
•	8	Contributio	ons and grants (Part	VIII, line 1h)			642	,900.00	633,808.00			
Ž	I .		ervice revenue (Part				. 🗀		,675.00	359,995.00			
Revenue		-	t income (Part VIII, ci	_					,910.00	3,150.00			
č			nue (Part VIII, colum		0.00	0.00							
			ue-add lines 8 throi				12)	990	,485.00	996,953.00			
_			i sımılar amounts pa	0.00	0.00								
			aid to or for member				·		0.00				
	l .		her compensation, er				-1n) <u> </u>	202		0.00			
Expenses	l		al fundraising fees (F		-		''''	232	,419.00	214,567.00			
ne.	1		airididraising lees (raising expenses (Pa		~		· -		0.00	0.00			
Ä			enses (Part IX, colum				0.00		551.00	705 200 00			
			nses (Fait IX, coldin				·		,551.00	705,288.00			
	10	Povenue le	ess expenses. Subtra	ot line 184	rom line 12	MINE), III le 25)	. ⊢		,970.00	927,155.00			
_ <u> </u>		nevenue ie	ess expenses. Subma	act line 101	/ W/AL	VEO V	·		,515.00	69,798.00			
Net Assets or Fund Balances	00	Tatal assat	o (Dort V. line 16)	/ /	~ ~ 13	2020 75	Beg	jinning of Curr		End of Year			
Sae Bala	20		ts (Part X, line 16)		000."	<020 151	• ⊢	962	,191.00	1,031,989.00			
할	21	Total IIabili	ties (Part X, line 26) or fund balances. S		SCOR	· `` ·/ŏ/ ·	· ⊢		0 00	0.00			
			re Block	uptract line	21 TROTALING 20			962	,191.00	1,031,989.00			
_	art II					<u>// `>/</u>							
			Declare that I have exame Declaration of preparer							ny knowledge and belief, it is			
			nouter 1	m	elser			. h	rai	18,2020			
Sig	gn	Signati	ire of officer	1001				Date					
He	re		asin-						•	•			
		Type o	r print name and title										
_	• -•	Print/Type	preparer's name	Pr	reparer's signature		Date		Check	ıf PTIN			
Pa			•		•				self-emp	」 "∣			
	eparer	I Furn's same						Firm's	EIN ▶				
Us	e Only	Firm's add						Phone					
Ma	v the IR		this return with the p	reparer sho	own above? (see	: instructions) .				. ☐Yes ☐No			

Cat No 11282Y

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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, engage and empower individuals to action in the fight against hunger and poverty.
	engage 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
	Did the experience undertake any apprisont program convince during the year which were not listed on the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	If "Yes," describe these changes on Schedule O.
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 \$ 711,019.00 including grants of \$ 0.00) (Revenue \$ 139,530.00)
	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 2018
41-	(O-d- 02444) (Evenes 6 70 777 00 red des events of 6 000) (Devenes 6 07 777 00)
4b	(Code 62411) (Expenses \$ 76,777 00 including grants of \$ 0.00) (Revenue \$ 97,350.00)
	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 th clients throughout the year. The clothing is also available for much-reduced, affordable prices to the public to
	support the expenses associated with the programs s 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 \$ 50,750.00 including grants of \$ 0.00) (Revenue \$ 123,115.00)
70	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
	Other program con (Decembe on Schodule C.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ 2,814.00 including grants of \$ 0.00) (Revenue \$ 0.00)
4e	(Expenses \$ 2,814.00 including grants of \$ 0.00) (Revenue \$ 0.00) Total program service expenses ▶ 841,360 00

orm 9	90 (2019)	/ .	3 ×	Page 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	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 donor-restricted endowments or in 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, 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		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		1
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	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	104		,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	_	1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	7
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		✓
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		✓
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		,
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>,</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1

Part	Checklist of Required Schedules (continued)							
			Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1				
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		1				
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	_	1				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1				
c	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		1				
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	24d	-	1				
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1				
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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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)							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		✓				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		V				
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		1				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	1					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M </i>	30		1				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1				
b	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.	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							
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							
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	1					
Part								
		•	Yes	No				
1a b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?							
	TOPPER SECOND (MATTER DESCRIPTION OF THE PROPERTY OF THE PROPE	1 7 7						

Form 99	n <i>(2</i> 019)		ı	Page 5
Part		_	•	-3
, rart	Statements riegarding other mornings and rax compilation (continuos)		Yes	No
_	5 to 11 and a state of the stat	(4)(1)	EN SHIP	1400 E
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 2a 2	L. L. Delle	#3.75°	The state of
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	* 15- 22-17 12 12 12 12 12 12 12 12 12 12 12 12 12	ว่ากลังให
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		を作るでは	
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 on Schedule O .	3b		✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<u> </u>	✓
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		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓
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		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			<u>-</u> -
	gifts were not tax deductible?	6b		/
7	Organizations that may receive deductible contributions under section 170(c).	V274	244	77 V
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			77.0
a	and services provided to the payor?	7a	2.	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	1
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
С	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	- 4	3	وا يرة، حو
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	#5T.	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
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	. # > . .L	5 # 5	北海軍
J	sponsoring organization have excess business holdings at any time during the year?	8	3 - 513 -	A 257 E
9	Sponsoring organizations maintaining donor advised funds.	**		W. William
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	200.	5.4.1755
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	_	
10	Section 501(c)(7) organizations. Enter:	33	Mrs. A. V.	
a	Initiation fees and capital contributions included on Part VIII, line 12		紫土	41,50
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:	1 0 cc	N 1	200
	Gross income from members or shareholders	22 46	* 30 de -1	7. 64
a		477		
b	Gross income from other sources (Do not net amounts due or paid to other sources	7		
40	against amounts due or received from them)		ستش	200
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	S#5#2.40	1127128614
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	THAT	940E/A	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	1.04 L d	114 192
	Note: See the instructions for additional information the organization must report on Schedule O.	1	T I	: 1
b	Enter the amount of reserves the organization is required to maintain by the states in which		1 A	
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	TE		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	L!	
	If "Yes," see instructions and file Form 4720, Schedule N.	* ************************************	rija y gr mi Bodin 's	(14 me) (14 (14 me) (15
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.	1.57	2.53	34

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 to response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change.	hroug s on S	ih 7b below Schedule O.	r, and See in	for a struc	"No" tıons.
	Check if Schedule O contains a response or note to any line in this Part VI				<u></u>	✓
Secti	on A. Governing Body and Management	_				
			ı		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.	1a	1	1 [34.4]		
	If there are material differences in voting rights among members of the governing body, or) I	300
	if the governing body delegated broad authority to an executive committee or similar			77 74		
	committee, explain on Schedule O.					40,000
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	1	1	450	
2	Did any officer, director, trustee, or key employee have a family relationship or a business in any other officer, director, trustee, or key employee?	elatic	nship with	2	38/2	✓
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, trustees, or key employees to a management company or or			3		1
4	Did the organization make any significant changes to its governing documents since the prior For			4		1
5	Did the organization become aware during the year of a significant diversion of the organization			5		1
6	Did the organization have members or stockholders?			6		1
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	elect	or appoint	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approva	bv)	members.			
	stockholders, or persons other than the governing body?			7b	5-2 "575gg 1156,35-65	✓
8	the year by the following:	uerta	ken during	***		
а	The governing body?			8a	100000	3000
b	Each committee with authority to act on behalf of the governing body?		•	8b	-	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	t he	reached at			
·	the organization's mailing address? If "Yes," provide the names and addresses on Schedule		. ,	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the	e Inte	ernal Rever	nue C	ode.)	
			•		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemption.			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		•	11a	7	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		•	*********		\$7.4.5 \$1.4.5
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	√	.i.deiWiii.2
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv	e rise	to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the process describe in Schedule O how this was done			12c	_	
13	Did the organization have a written whistleblower policy?			13	7	
14	Did the organization have a written document retention and destruction policy?			14	7	
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation					
а	The organization's CEO, Executive Director, or top management official			152		
b	Other officers or key employees of the organization			15a 15b	<u>v</u>	
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	•		100000 11 10 11 (2) 21/2	東空間	209010-1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simi		rangement	A CO		
	with a taxable entity during the year?			16a	4/14/50.	√
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to the control of the contro	o saf	eguard the			
Ca ski	organization's exempt status with respect to such arrangements?		<u> </u>	16b		
	on C. Disclosure					
17						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable (3)s only) available for public inspection. Indicate how you made these available. Check all that Own website Another's website Upon request Other (explain on Science)	appl	y.	T (Sec	tion 5	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing docu and financial statements available to the public during the tax year		•	of inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization	n's h	ooks and re	cords	•	
	The Organization; 4000 N 7th St, Ste 118; Phoenix, AZ 85014; Tel: 602/955 5076					

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Page	•

Part VII	Compensation of Officers	Directors, 1	Trustees,	Key Employees,	Highest (Compensated I	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. See instructions for the order in which to list the persons above.

Check this box if neither the organization noi	r any relate	d org	anız	atic	n c	ompe	ensa	ted any current	officer, director,	or trustee.
				(6	C)					
(A)	(B)	/do n			ition			(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated amount
	hours per week	-	_		_	or/trus		compensation from the	compensation from related	of other compensation
	(list any	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	organizations	from the
	hours for related	rec	<u> </u>	er	eg .		ner	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	organizations	학	nal		탕	l e c				Telated organizations
	below dotted line)	l ste	캾		8	pen				
	dotted iiile,	•	tee			sated				
(1) Elaine Grppenbacher	1						-			
Chairperson/Director		✓	✓					0	o	L (
(2) Colleen Boles	1]								
Immediate Past Chairperson/Dirctor		✓	✓					0	0	
(3) Heather Brown	1			}						•
Vice Chair/Director		✓	✓				ļ_	0	0	
(4) Jennifer Nelson	1									41
Secretary/Treasurer		✓	✓				ļ	0	0	
(5) Olivia Gonzalez	11									•
Director		✓			_			0	0	
(6) Gurukırn Kaur Khlasa	11									
Director		✓					_	0	0	
(7) Kaitlyn Laney	11	,				ľ				
Director		✓			<u> </u>	<u> </u>	_	0	. 0	
(8) Roberta Lasin	11	,								
Director (0)		✓			-			0	0	
(9) Carolyn Murray	11	,								
Director (10)		✓			-			0	0	C
(10) Marjan Noble	1	/								_
Director (11) Karen Willard	1	-						0	0	
(11) Karen Willard Director		/								_
(12)		_						0	0	0
\12/										
(13)								-		
(14)										

(15) Tamera Zivic 40 - V V V V Sa., 250.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Part	VII Section A. Officers, Directors,	Γrustees,	Key I	Emp	plog	yee	s, an	d H	lighest Compe	nsated Emplo	yees (continued)
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Name and late Average Average		(A)	(B)					(D)	(E)	(F)		
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3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 √ Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (B) Description of services (C) Compensation Compensation Compensation Compensation	2			d to th	ose	e list	ted	above	e) w	ho received mor	e than \$100,000	of ,
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employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who												
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3										st compensated	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual		• •										Managara Calaba Visa torra Transportation
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4											
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		•	greater th	an \$	150,	,000)? [f "Ye	·s, "	complete Sched	dule J for such	
for services rendered to the organization? If "Yes," complete Schedule J for such person	•					•	•					
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who	5											
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who			'? If "Yes," (comp	ete	Sci	ned	ule J	tor s	such person .	· · · ·	5 🗸
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who												
(A) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who	1											
Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who			ort comper	nsatio	n toi	rtne	e ca	uenda	ır ye		within the organ	
2 Total number of independent contractors (including but not limited to those listed above) who			trace								ures	
		Harrie and business add		-					+	2000.puon or ser		
	_								\vdash		-	
									+			
		-71							+		-	
									+		+	·
		Tatal number of independent accession	aro /molecule	ng b	.+ -		lie-	tod 4		noo listed =b==	a) wha	nagramia katabili ka
	2								υtr		e) WIIO	(d. Skip da

Part	VIII	Statement of Revenue Check if Schedule O contains a resp	onse or no	te to an	v line in this Pa	rt VIII		
		Check is concedure of contents a resp	01100 01 110	10 10 4	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
th th	1a	Federated campaigns 1	ภ	0 ນບ				
Grants mounts	b	Membership dues 1	b	0.00				
ons, Gifts, Grants Similar Amounts	С		c	0.00		record delicati		
ifts ır A	d	Related organizations <u>1</u>	d	0.00				
nila G	e	Government grants (contributions) 1	le 194	4,000.00				
Sir	f	All other contributions, gifts, grants,						
uti			lf 439	9,808.00				
tributic Other	g	Noncash contributions included in						
Contributions, Gifts, and Other Similar A	١.		g \$ 112	2,300.00				
<u>0 e</u>	h	Total. Add lines 1a=1f	Busines	, ▶	633,808.00	THE WAS TO SEED AND THE PARTY OF THE PARTY O	Allega Brown States of Tariba Markets	ing Cap Cap Carries
ø	0-	Education			120 520 00	117.045.00		
Z Z	2a b	Education Workwear	6114 624		139,530.00 97,350 00			0.00
Ser	C	Fair Trade Initiative	624		123,115 00			0.00
gram Ser Revenue	d			•	123,113 00	140,000.00	. 0.00	0.00
Program Service Revenue	e	•						
Pro	f	All other program service revenue	-		0.00	0.00	0.00	0.00
_	g	Total. Add lines 2a-2f		. ▶	359,995.00	Chillian to the remind.	AND PARK	FACE WAR
	3	Investment income (including divider	nds, interes	st, and				1
		other similar amounts)		. ▶	3,150.00	3,150.00	0.00	0.00
	4	Income from investment of tax-exempt	bond proce	eds 🟲	0.00	0.00	0.00	0.00
	5	Royalties		. ▶	0.00	0.00	0.00	0.00
	_	(i) Real	(ii) Pen	sonal	mostrii de külimaka dara andile aha			
	6a	Gross rents 6a	1		13.78	di aktionimi minimaki, pidanimi minimaki ngapatang apparanci (tanimanbot), k		
	b	Less, rental expenses 6b						
	l d	Rental income or (loss) 6c			A. C. Land de Collection Collecti	ーーファーザキックマッカイバの情報	ar managan r kanada kara ar	
	-	(I) Committee	(11) (12)	ther	0.00 2	0.00	0.00	
	7a	Gross amount from (i) securities						
	١.	other than inventory 7a	, ,	-		1, 10011 1/19/14 19/15/19/19/		
ø	ь	Less cost or other basis	·					
Revenue		and sales expenses 7h	'	-	and district conservation of the contraction of the	over temponomic a simple of distriction of the significant of the sign		
9	Ç	Gain or (loss) 7c						
	d	Net gain or (loss)		. ▶	0.00	0.00	0.00	0.00
Othe	8a	Gross income from fundraising			To also the Book to the significant			
ο	İ	ovents (not including \$	-	-	min the late of the state of th	ru na rururung nahimi nahi		
	[of contributions reported on line	,				TOTAL TOTAL CONTRACTOR OF THE PARTY OF THE P	
		, <u> </u>	Ba					
,	i i	Less direct expenses <u>8</u> Net income or (loss) from fundraising e	b			allendrike den sentre den 1911 illege		The Distriction of the party of
,	C	` '	events .		0.00		0.00	0.00
	9a	Gross income from gaming activities. See Part IV, line 19 . 9)a				7.0	
	Ь		b			47 Jahren 1883 340 Jahren 1883	i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	
	C	Net income or (loss) from gaming activ		. •	0.00	0.00	0.00	0.00
	10a	Gross sales of inventory, less		-			- Calling March (1984)	
-		returns and allowances 10a					nim minimum and	ara i a Chamanandan da kana
	b		0b	, ,				and the second second second
	С	Net income or (loss) from sales of inve	ntory		0.00	0.00	0.00	0.00
ST		•	Business	s Code			awi katané	recision to the
eor	11a	,						
scellaned Revenue	b					_		
cel ev	C							
Miscellaneous Revenue	d	All other revenue	<u> </u>		0.00	0.00	upi pali an panantan	MICHILIPORENTACIONETTA
-	12	Total. Add lines 11a-11d	· · ·	. P	996.953.00	996.953.00		
	1.4				. 995 953 ()()		0.00	0.00

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	e or note to any line	e in this Part IX .	<u> </u>	
	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 .	0.00	0.00		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.00	0.00		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.00	0.00		
4	Benefits paid to or for members	0.00	0.00		
5	Compensation of current officers, directors; trustees, and key employees	83,750.00	65,744.00	17,504.00	502.00
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	. 0.00	0.00	0.00	0.00
7	Other salaries and wages	130,817.00	117,916.00	12,378.00	523.00
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0 00	0.00	0.00	0.00
9	Other employee benefits	5,500.00	5,500.00	0.00	0.00
10	Payroll taxes	35,650.00			0.00
11	Fees for services (nonemployees):				
а	Management	0.00	0.00	0.00	0.00
b	Legal	0.00	0.00	0.00	0.00
-C	Accounting	500.00	452.00	. 48.00	0.00
d	Lobbying	0.00		0.00	0.00
е	Professional fundraising services. See Part IV, line 17	0.00			0.00
, f	Investment management fees	0.00	0.00	0.00	0 00
, g ,	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) .	0.00	0.00	0.00	0.00
12	Advertising and promotion	12,550.00	12,550.00	0.00	0.00
13	Office expenses	21,345.00	5,970.00	9,100.00	6,275.00
14	Information technology	46,123.00	33,591.00	12,532.00	0.00
15	Royalties	0.00	0.00	0 00	0.00
16	Occupancy	78,495.00	55,732.00	22,763.00	0.00
17	Travel	33,716.00	30,616.00	3,100.00	0.00
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0 00	0 00	0.00	0 00
19	Conferences, conventions, and meetings .	12,300.00	12,300 00	0.00	0.00
20	Interest	0.00	0.00	0.00	0.00
21	Payments to affiliates	0.00	0.00	0 00	0.00
22	Depreciation, depletion, and amortization	0.00	0.00	0 00	0.00
23	Insurance	6,300.00	5,700.00	600.00	0.00
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column	The state of the s		Augustic source of spinors and section of spinors and spinors are spinors as a spinor of spinors and spinors are spinors as a spinor of spinors and spinors are spinors as a spinor of spinors and spinors are spinors as a spinor of spinors and spinors are spinors and spinors are spinors as a spinor of spinors and spinors are spinors as a spinor of spinors and spinors are spinors and spinors are spinors as a spinor of spinors are spinors as a spinor of spinors and spinors are spinors as a spinor of spinors and spinors are spinors as a spinor of spinors and spinors are spinors as a spinor of spinors and spinors are spinors as a spinor of spinors and spinors are spinors as a spin	Land Park
	(A) amount, list line 24e expenses on Schedule O.)	19 10 10 10 10 10 10 10 10 10 10 10 10 10		Parker (Control of the Control of th	AT SECURITY OF STREET
а	Volunteer support	2,814.00	2,814.00	0.00	0.00
b	Specific assistance to individuals	289,500.00		0 00	0.00
, C	Education tools and equipment	94,395.00		0.00	0.00
d	Education supplies	73,400.00	73,400.00	0.00	0.00
е 25	All other expenses	0.00	0.00	0.00	0.00
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	927,155.00	841,047.00	78,808.00	7,300.00
	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)				_
	10110WING 001 30-2 (A00 330-120)	0.00	0.00	0.00	0.00

Part X Balance Sheet

ئای	art X	Check if Schedule O contains a response or	note to any line in this Pa	art X		
				(A) Beginning of year		(B) End of year
•	1	Cash-non-interest-bearing		67,500.00	1	70,000.00
	2	Savings and temporary cash investments		846,772.00	2	850,755.00
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		. 0	4	0
	5	Loans and other receivables from any current of trustee, key employee, creator or founder, subst	antial contributor, or 35%			minute in a spranger and the spranger an
		controlled entity or family member of any of thes		- 0	5	0
	6	Loans and other receivables from other disqua under section 4958(f)(1)), and persons described		0	_	0
ts	7	Notes and loans receivable, net		o	7	0
Assets	8	Inventories for sale or use		47,919.00	8	111,234.00
Ä	9	Prepaid expenses and deferred charges		C	9	0
	10a	Land, buildings, and equipment: cost or other			建 合介	
		basis. Complete Part VI of Schedule D		Halland Walter of Francis	Park live	And Tolking of the Contract of
	b	Less: accumulated depreciation	10b 0	0	1	0
	11	,		0		0
	12	Investments—other securities. See Part IV, line		0	-	0
	13	Investments—program-related. See Part IV, line		0		0
	14	Intangible assets		0	_	0
	15	•		0	-	
	16	Total assets. Add lines 1 through 15 (must equa		962,191.00		1,031,989.00
	17	Accounts payable and accrued expenses		0	 	0
	18	Grants payable		0	_	0
	19	Deferred revenue		0		0
	20	Tax-exempt bond liabilities		0		0
	21	Escrow or custodial account liability. Complete I		9144	21	0
Liabilities	22	Loans and other payables to any current or trustee, key employee, creator or founder, subst controlled entity or family member of any of thes	antial contributor, or 35%		22	and manufacturing and a superior contract of the superior contract of t
Lia	23	Secured mortgages and notes payable to unrela		. 0		. 0
	24	Unsecured notes and loans payable to unrelated	-			0
	25	Other liabilities (including federal income tax,	·		~~	
	25	parties, and other liabilities not included on lines of Schedule D		0	25	
	26	Total liabilities. Add lines 17 through 25		0		0
seou		Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33.	ck here ► 🗸			
lar	27	Net assets without donor restrictions		962,191.00	27	1,031,989.00
Ba	28	Net assets with donor restrictions		0	28	0
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 98 and complete lines 29 through 33.	58, check here ► □			
ō	29	Capital stock or trust principal, or current funds			29	100 100 100 100 100 100 100 100 100 100
ets	30	Paid-in or capital surplus, or land, building, or ed			30	
SS	31	Retained earnings, endowment, accumulated inc	- •		31	
¥ A	32			962,191.00	_	1,031,989.00
Ž	33	Total liabilities and net assets/fund balances .		962,191.00		1,031,989.00
—						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Page	

• • • • • •					
Part					_
	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		996,95	
2	Total expenses (must equal Part IX, column (A), line 25)	2		927,15	
3	Revenue less expenses. Subtract line 2 from line 1	3		69,79	98.00
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		962,19	<u> 31.00</u>
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7	<u>.</u>		0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1	,031,98	<u> 39.00</u>
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	· · ·	· · ·	 .	
_			ESSOT	Yes	No
1	Accounting method used to prepare the Form 990: 🗸 Cash 🔲 Accrual 🔲 Other	_	- 1		7.17
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in			
_	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	√	₹16 %
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled or			
	reviewed on a separate basis, consolidated basis, or both:		200	C. 1882	
	Separate basis Consolidated basis Both consolidated and separate basis		40ge-177-	1 1000	1.165
þ	Were the organization's financial statements audited by an independent accountant?		2b	2 beleest 2	au y W Be
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on a		1 1	in light
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		27.10		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accounta-		2c	,	
	·			√	+ + 100 12 M
	If the organization changed either its oversight process or selection process during the tax year, ex- Schedule O.	kpiain on	188	Party Co.	
_			1444	- AMEA	اتكنة
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in the		,	
	Single Audit Act and OMB Circular A-133?		3a	✓	
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a		' зь	,	
	required addit of addits, explain why on schedule of and describe any steps taken to undergo such a	udits .		V	
			Forn	9 90 (2019)

SCHEDULE A · (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

World Hunger Ecumenical Arizona Task Force, Inc. Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An 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 10 An organization that normally receives: (1) more than 337,3% 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.) 11 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 control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, 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). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2015 Calendar year (or fiscal year beginning in) ▶ (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 483,367.00 544,615.00 897,543.00 642,900.00 633,808.00 3,202,233,00 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0.00 0.00 0.00 0.00 The value of services or facilities furnished by a governmental unit to the organization without charge 0.00 0.00 0.00 0.00 0.00 0.00 Total. Add lines 1 through 3. . . . 4 483,367.00 544,615.00 897,543.00 642,900.00 633,808.00 3,202,233.00 The portion of total contributions by 5 each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . 0 00 Public support. Subtract line 5 from line 4 3,202,233.00 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 483,367.00 544,615.00 897,543.00 642,900.00 633,808.00 3,202,233.00 8 Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources 1,315.00 4,140.00 3,616.00 3,910.00 3,150.00 116,131.00 Net income from unrelated business activities, whether or not the business is regularly carried on 0 00 0.00 0.00 0 00 0 00 0.00 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . 484,535.00 548,231.00 266,515.00 343,675.00 359,995.00 2,002,951.00 经金融额点收益 医多类型头征 植名的植物的 整体的影響的 医神经神经炎 11 **Total support.** Add lines 7 through 10 5,321,315 00 12 0.00 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 2019 (line 6, column (f) divided by line 11, column (f) 14 60 % 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 63 % 16a 331/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test-2018. 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 - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . ······· **▶** □ 10%-facts-and-circumstances test - 2018. 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

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

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

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

Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 2 and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000	1) Totál
received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . b Amounts included on lines 2 and 3 received from other than disqualified	
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons. b Amounts included on lines 2 and 3 received from other than disqualified	
sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	
organization's tax-exempt purpose	
unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge . 6 Total. Add lines 1 through 5 . 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . b Amounts included on lines 2 and 3 received from other than disqualified	
organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . Total. Add lines 1 through 5 . Amounts included on lines 1, 2, and 3 received from disqualified persons . b Amounts included on lines 2 and 3 received from other than disqualified	
or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . Total. Add lines 1 through 5 . Amounts included on lines 1, 2, and 3 received from disqualified persons h Amounts included on lines 2 and 3 received from other than disqualified	
furnished by a governmental unit to the organization without charge	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . b Amounts included on lines 2 and 3 received from other than disqualified	
received from disqualified persons . b Amounts included on lines 2 and 3 received from other than disqualified	
received from other than disqualified	
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persons that exceed the greater of \$5,000	
or 1% of the amount on line 13 for the year	
c Add lines 7a and 7b	
8 Public support. (Subtract line 7c from	
line 6)	
Section B. Total Support	
	f) Total
9 Amounts from line 6	
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .	•
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	
c 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 loss from the sale of capital assets (Explain in Part VI.)	
13. Total support. (Add lines 9, 10c, 11, and 12.)	
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 50 organization, check this box and stop here	
Section C. Computation/of Public Support Percentage	
15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	%
Section D. Computation of Investment Income Percentage	
17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	%
19a 331/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 331/3%, a	. ▶ 🗆
19a 331/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 331/3%, a 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization	
	%, and

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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.**
- 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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	N. Commandian Commission (contract)	
Part	Supporting Organizations (continued)	
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
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
b	A family member of a person described in (a) above?	11b
С	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
Secti	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	
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	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
_	Did the second of the bounds of any supported against on other than the supported	ADADAPAN ADADAPAN ADADAPA
2	Did the organization operate for the benefit of any supported organization other than the supported 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	1
		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	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	7
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	100.0
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
	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	
-	significant voice in the organization's investment policies and in directing the use of the organization's	Mathematical property against
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
	supported organizations played in this regard.	3
Secti	on E. Type III Functionally Integrated Supporting Organizations	131
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	instructions)
a	The organization satisfied the Activities Test. Complete line 2 below	nstructions ₎
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	
C	The organization is the parent of each of its supported organizations. Complete inte 5 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity ((
2	Activities Test <i>Answer (a) and (b) below.</i>	
		Yes No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
-	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	
	that these activities constituted substantially all of its activities.	2a
, p	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	
	reasons for the organization's position that its supported organization(s) would have engaged in these	
	activities but for the organization's involvement	2b
3	Parent of Supported Organizations Answer (a) and (b) below.	72 2 M 2 T
a	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? <i>Provide details in Part VI</i> .	3a
h		7779 0779 0774
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	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying 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 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):	- 1 2 3 1 2 1		Riverson &
a Average monthly value of securities	1a		
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):			
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			
emergency temporary reduction (see instructions).	<u> 6</u>		<u> </u>
7 Check here if the current year is the organization's first as a non-functionall	y in	tegrated Type III supporting	organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	izations (continued)	
Secti	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish		,	
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	inizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)		инании	1
6	Other distributions (describe in Part VI). See instructions.	-	•	
7	Total annual distributions. Add lines 1 through 6	t		
8 ′	(provide details in Part VI). See instructions.	h the organization is res	sponsive ,	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	r		
Secti	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI) See instructions.	A CONTROL OF THE PROPERTY OF T	-	
3	Excess distributions carryover, if any, to 2019	ALL THE PARTY OF T		
a	From 2014	or experience and new medical and he personal	with the second region at the second	
b	From 2015	The same of the sa		TO THE WAR STATE OF
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f	Total of lines 3a through e		STATE STATES	CONTRACTION
g	Applied to underdistributions of prior years	The second has been against a single street		
h	Applied to 2019 distributable amount			-
i_	Carryover from 2014 not applied (see instructions)		White the state of	
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f	1. 1 × 1 × . 4 × ./ 0, .av 1 × 1 /2		
4	Distributions for 2019 from			
	Section D, line 7.	and the complete of the comple	and when the same parties of the way the same to the same and the same	
a	Applied to underdistributions of prior years	a morting of the control of the cont	· And the state of	The second secon
b	Applied to 2019 distributable amount	المنافعة والمنافقة المنافقة المنافعة المنافعة المنافعة المنافقة ال		
	Remainder. Subtract lines 4a and 4b from 4.		ACLES SECTIONS OF SECTIONS	
, 5 .	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.	on and the addition to the principal time and the addition to the additional to the ad		
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	meden Delton under State in British under State in British under State in British und der State		\$278_C44667,
7	Excess distributions carryover to 2020. Add lines 3j and 4c.	C CONTROL OF THE PARTY OF THE P	CONTRACTOR OF THE STATE OF THE	
8	Breakdown of line 7:	rand menggeresian sa angga sangga managang at managang sangga sangga sangga sangga sangga sangga sangga sangga		
а	Excess from 2015 .	nersalentalet		
b	Excess from 2016 ·			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

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.

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

OMB No 1545-0047

2019

Open to Public Inspection

· · · · · ·	1 010 0190111200011		
	Hunger Ecumenical Arizona Task Force, Inc		74-2386488
Pai			s or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year	. [
5	Did the organization inform all donors and dono	r advisors in writing that the assets hel	ld in donor advised
	funds are the organization's property, subject to t	he organization's exclusive legal control?	? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors,		
	only for charitable purposes and not for the bene	efit of the donor or donor advisor, or for	any other purpose
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	· · · · · Yes 🗌 No
Par	Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (for example, rec	reation or education) 🔲 Preservation of	a historically important land area
	☐ Protection of natural habitat	☐ Preservation of	a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easemen	its	. 2b
C	Number of conservation easements on a certified	historic structure included in (a)	. 2c
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not or	n a
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, train	nsforred, released, extinguished, or term	inated by the organization during the
	tax year ▶		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re-	egarding the periodic monitoring, inspe	ection, handling of
_	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	ecting, handling of violations, and enforcing	conservation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecti ▶\$	ing, handling of violations, and enforcing c	onservation easements during the yea
_			
8	Does each conservation easement reported on line		
	, ,, ,, ,, ,		∐ Yes ∐ No
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text organization's accounting for conservation easem		ncial statements that describes the
Part			Ahan Cimilan Assats
r all	Complete if the organization answered		other Similar Assets.
та	If the organization elected, as permitted under FA	SB ASC 958, not to report in its revenue	statement and balance sheet works
	of art, historical treasures, or other similar asset service, provide in Part XIII the text of the footnote		
	• •		
b	If the organization elected, as permitted under FA art, historical treasures, or other similar assets held	d for public exhibition, education, or read	atement and balance sheet works of
	provide the following amounts relating to these ite		earch in furtherance of public service
	(i) Revenue included on Form 990, Part VIII, line 1		▶ ♠
	· ·		. •
_	(ii) Assets included in Form 990, Part X		> > >
2	If the organization received or held works of art		assets for financial gain, provide the
_	following amounts required to be reported under F Revenue included on Form 990, Part VIII, line 1	-	L ¢
a b	Assets included in Form 990, Part X		
	riccolo iniciados in i ciril coo, i aitra		· · • •

Part	III Organizations Maintaining	Collections of	Art, His	torical T	reasures	, or Ot	her Similar As	sets (continue	<u>d)</u>
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot	her recor	ds, chec	k any of th	e follov	ving that make s	ignificant use of	ıts
а	☐ Public exhibition		d	☐ Loan (or exchang	e progr	am		
b	☐ Scholarly research		е	Other					
C	☐ Preservation for future generations								
4	Provide a description of the organization XIII.	tion's collections a	and expla	un how th	ney further	the org	janization's exen	npt purpose in F	'art
5	During the year, did the organization	solicit or receive	donation	s of art, i	historical ti	reasure	s, or other simila	ar	
	assets to be sold to raise funds rather							☐ Yes ☐ I	No
Part	IV Escrow and Custodial Arra	ingements.							_
	Complete if the organization 990, Part X, line 21.								
1a	is the organization an agent, trustee included on Form 990, Part X?							ot 🗌 Yes 🔲 I	No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing ta	able:				
						<u> </u>	A	mount	
С	Beginning balance					10			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance			=		1f			
2a b	Did the organization include an amount if "Yes," explain the arrangement in P						•		No
Par	V Endowment Funds.								
	Complete if the organization	answered "Yes	<u>" o</u> n For	m 990, F	Part IV, line	e 10.			
		(a) Current year	(b) Pro	or year	(c) Two year	rs back	(d) Three years back	(e) Four years ba	ck
1a	Beginning of year balance								_
b	Contributions								
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 t			e (line 1g	, column (a)) held :	as:		_
а	Board designated or quasi-endowmer	nt 🕨	%						
b	Permanent endowment ▶	%	-						
С	Term endowment ▶ %								
	The percentages on lines 2a, 2b, and	2c should equal 1	00%						
3a	Are there endowment funds not in the	e possession of th	ne organi:	zation tha	at are held	and ad	ministered for th	е	
	organization by:	•							lo
	(i) Unrelated organizations							3a(i)	_
	(ii) Related organizations							3a(ii)	_
b	If "Yes" on line 3a(ii), are the related o	rganizations listed	as requi	red on Sc	hedule R?			3b	_
4	Describe in Part XIII the intended uses	of the organization	on's endo	wment fu	ınds.				
Part									_
	Complete if the organization	answered "Yes	" on For	m 990, F	Part IV, line	e 11a. :	See Form 990,	Part X, line 10.	
	Description of property	(a) Cost or ot			r other basis		Accumulated	(d) Book value	_
	Total	(mvesum		(0)	ther)	4	epreciation		
1a	Land	·				<i>*::::</i> ; ,			
b	Buildings		 -						
C	Leasehold improvements	ļ							_
d	Equipment	·							
e	Other	<u>. </u>	00.6.		(2)				
ı otal.	Add lines 1a through 1e. (Column (d) n	iusi egudi FOMA 93	su. raπ λ	v. column	16). IINE 10	IC.1	. .		

_	Complete if the organization answered "Yes" on Fo	ının 990. Parı iv. iint	e i ib. See Foili	330. Fall A. III6 14.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Met	hod of valuation -of-year market value
(1) Financial	derivatives			·
• •	eld equity interests			
(3) Other				
(A)				
(B)			<u>. </u>	
(C)				
(D)		-		·
(E)				
(F)		·- 		
(G)		-		
(H)	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line	e 11c. See Form	990. Part X. line 13.
_	(a) Description of investment	(b) Book value	(c) Met	hod of valuation -of-year market value
<u>(1)</u>				
(2)			-	
(3)				
_(4)				
_(5)				
<u>(6)</u>		 		
<u>(7)</u>				
_ (8) (9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13)	 		
Part IX	Other Assets.			
	Other Assets.			
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line	e 11d. See Form	990, Part X, line 15.
		rm 990, Part IV, line	e 11d. See Form	990, Part X, line 15. (b) Book value
(1)	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line	e 11d. See Form	
(2)	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line	e 11d. See Form	
(2)	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line	e 11d. See Form	
(2) (3) (4)	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line	e 11d. See Form	
(2) (3) (4) (5)	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	e 11d. See Form	
(2) (3) (4) (5) (6)	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	e 11d. See Form	
(2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line	e 11d. See Form	
(2) (3) (4) (5) (6)	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line	e 11d. See Form	
(2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" on Fo	erm 990, Part IV, line	e 11d. See Form	
(2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 15.		•	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colument X	Complete if the organization answered "Yes" on Form (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities.		•	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colument X	Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 25. (a) Description of liability		•	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 25. (a) Description of liability		•	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columer X	Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 25. (a) Description of liability		•	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 25. (a) Description of liability		•	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3) (4) (5)	Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 25. (a) Description of liability		•	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 25. (a) Description of liability		•	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 25. (a) Description of liability		•	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 25. (a) Description of liability		•	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 1990, Description of liability income taxes		•	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 25. (a) Description of liability	rm 990, Part IV, line		(b) Book value Form 990, Part X, (b) Book value

		Dart II	V line 12a		
	Complete if the organization answered "Yes" on Form 990, Total revenue, gains, and other support per audited financial statements			1	000 053 00
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				996,953.00
a	Net unrealized gains (losses) on investments	2a	0.00		
b	Donated services and use of facilities	2b	0.00		
C	Recoveries of prior year grants	2c	0.00		
d	Other (Describe in Part XIII.)	2d	0.00	1	
e	Add lines 2a through 2d			2e	0.00
3	Subtract line 2e from line 1			3	996,953.00
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0.00		
b	Other (Describe in Part XIII.)	4b	0.00		
С	Add lines 4a and 4b	$\overline{}$		4c	0.00
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	996,953.00
Part				er Ret	urn.
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		· · · · · · · · · · · · · · · · · · ·
1	Total expenses and losses per audited financial statements			1	927,155.00
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1		
а	Donated services and use of facilities	2a	0.00		
b	Prior year adjustments	2b	0.00		
С	Other losses	2c	0.00		
d	Other (Describe in Part XIII.)	2d	0.00		
е	Add lines 2a through 2d			2e	0.00
3	Subtract line 2e from line 1	· ·		3	927,155.00
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	0.00	12000	
b	Other (Describe in Part XIII.)	4b	0.00	1	
5				1 4c	
	Total expenses Add lines 3 and Ac. (This must equal Form 990, Part I. lin	181		-	0.00
Part				5 ; Part \	927,155.00
Part Provid	Supplemental Information. 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	d 4; Pa	art IV, lines 1b and 2b	o; Part \ format	927,155.00 V, line 4; Part X, line ion.
Part Provid	Supplemental Information. 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	d 4; Pa	art IV, lines 1b and 2b	o; Part \ format	927,155.00 V, line 4; Part X, line ion.
Part Provid	Supplemental Information. 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	d 4; Pa	art IV, lines 1b and 2b	o; Part \ format	927,155.00 V, line 4; Part X, line ion.
Part Provid	Supplemental Information. 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	d 4; Pa	art IV, lines 1b and 2b	o; Part \ format	927,155.00 V, line 4; Part X, line ion.
Part Provid	Supplemental Information. 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	d 4; Pa	art IV, lines 1b and 2b	o; Part \ format	927,155.00 V, line 4; Part X, line ion.
Part Provid	Supplemental Information. 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	d 4; Pa	art IV, lines 1b and 2b	o; Part \ format	927,155.00 V, line 4; Part X, line ion.
Part Provid	Supplemental Information. 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	d 4; Pa	art IV, lines 1b and 2b	o; Part \ format	927,155.00 V, line 4; Part X, line ion.

SCHEDULE M (Form-990)

Noncash Contributions

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

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

Inspection

Employer identification number

World Hunger Ecumenical Arizona Task Force, Inc							88	
Part I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contril amounts report Form 990, Part VII	ed on		(d) of determinin atribution am	-
1	Art – Works of art							
2	Art - Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods	√		1	12,300.00	50% of retail	price we se	ll 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						. <u> </u>	
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens						<u> </u>	
24	Archeological artifacts .							
25 00	Other ► (
26	Other ► (-		<u> </u>				
27 28	Other ► ()					-		
29								
29	Number of Forms 8283 received which the organization completed					29	_	
	Which the organization completed	1 01111 0200	, Fait IV, Donee Acknowled	igement	[29	0 Yes	No
30a	During the year, did the organizat 28, that it must hold for at least the	ree years	from the date of the initial o	contribution, and	which isn	1 through		110
	to be used for exempt purposes for		e holding period?				30a	✓
b	If "Yes," describe the arrangement							2 t
31	Does the organization have a contributions?	• .	• •		any no	nstandard	31 ✓	* 1 1 1 3 * 1 1 1 3
32a	Does the organization hire or use contributions?	third part	ies or related organizations	s to solicit, proce		II noncash	32a	 ✓
b	If "Yes," describe in Part II.							
33	If the organization didn't report an describe in Part II	amount in	column (c) for a type of prop	perty for which col	umn (a) is	s checked,		

Part II	Form 990) 2019 Supplemental Information. 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.
	ı

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.

20**19**

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 Form 990 Part III Program Service Accomplishments, 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 website Guidestar.org