

Form **990-EZ**

Short Form

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. 1545-1150

2017Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information**Open to Public Inspection**

A For the 2017 calendar year, or tax year beginning , 2017, and ending											
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C</td> </tr> <tr> <td colspan="2"> HUMANITARIAN AID RESPONSE TEAMS FOUNDATION 7340 E MAIN ST #200 SCOTTSDALE, AZ 85251 </td> </tr> <tr> <td style="width:15%;">D Employer identification number</td> <td>86-0908190</td> </tr> <tr> <td>E Telephone number</td> <td>480-941-2260</td> </tr> <tr> <td>F Group Exemption Number</td> <td></td> </tr> </table>	C		HUMANITARIAN AID RESPONSE TEAMS FOUNDATION 7340 E MAIN ST #200 SCOTTSDALE, AZ 85251		D Employer identification number	86-0908190	E Telephone number	480-941-2260	F Group Exemption Number	
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G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶											
I Website: ▶ WWW.HART.CA											
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527											
H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).											
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other											
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 101,138.											

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)																																																				
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>																																																				
REVENUE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">1 Contributions, gifts, grants, and similar amounts received</td> <td style="width:5%; text-align: center;">1</td> <td style="width:25%; text-align: right;">101,138.</td> </tr> <tr> <td>2 Program service revenue including government fees and contracts</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>3 Membership dues and assessments</td> <td style="text-align: center;">3</td> <td></td> </tr> <tr> <td>4 Investment income</td> <td style="text-align: center;">4</td> <td></td> </tr> <tr> <td>5a Gross amount from sale of assets other than inventory</td> <td style="text-align: center;">5a</td> <td></td> </tr> <tr> <td>b Less: cost or other basis and sales expenses</td> <td style="text-align: center;">5b</td> <td></td> </tr> <tr> <td>c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td> <td style="text-align: center;">5c</td> <td></td> </tr> <tr> <td>6 Gaming and fundraising events</td> <td></td> <td></td> </tr> <tr> <td>a Gross income from gaming (attach Schedule G if greater than \$15,000)</td> <td style="text-align: center;">6a</td> <td></td> </tr> <tr> <td>b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)</td> <td style="text-align: center;">6b</td> <td></td> </tr> <tr> <td>c Less: direct expenses from gaming and fundraising events</td> <td style="text-align: center;">6c</td> <td></td> </tr> <tr> <td>d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td> <td style="text-align: center;">6d</td> <td></td> </tr> <tr> <td>7a Gross sales of inventory, less returns and allowances</td> <td style="text-align: center;">7a</td> <td></td> </tr> <tr> <td>b Less: cost of goods sold</td> <td style="text-align: center;">7b</td> <td></td> </tr> <tr> <td>c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td> <td style="text-align: center;">7c</td> <td></td> </tr> <tr> <td>8 Other revenue (describe in Schedule O)</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td> <td style="text-align: center;">9</td> <td style="text-align: right;">101,138.</td> </tr> </table>	1 Contributions, gifts, grants, and similar amounts received	1	101,138.	2 Program service revenue including government fees and contracts	2		3 Membership dues and assessments	3		4 Investment income	4		5a Gross amount from sale of assets other than inventory	5a		b Less: cost or other basis and sales expenses	5b		c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		6 Gaming and fundraising events			a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		c Less: direct expenses from gaming and fundraising events	6c		d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		7a Gross sales of inventory, less returns and allowances	7a		b Less: cost of goods sold	7b		c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		8 Other revenue (describe in Schedule O)	8		9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	101,138.
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BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2017)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments.....	293,834.	22 316,829.
23 Land and buildings.....		23
24 Other assets (describe in Schedule O).....		24
25 Total assets.....	293,834.	25 316,829.
26 Total liabilities (describe in Schedule O).....	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).....	293,834.	27 316,829.

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)
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Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	PROVIDE FINANCIAL SUPPORT TO CHRISTIAN CHURCHES AND LEADERS IN EASTERN EUROPE FOCUSING ON UKRAINE.		
	(Grants \$ 26,518.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28 a	26,518.
29	PROVIDE FINANCIAL SUPPORT TO CHRISTIAN MISSIONS AGENCIES IN EASTERN EUROPE FOCUSING ON UKRAINE WITH THE GOAL OF SPREADING THE GOSPEL.		
	(Grants \$ 24,391.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	29 a	24,391.
30	TO PROVIDE MEDICAL, EDUCATIONAL, RELIEF AID TO CHILDREN AND POOR IN EASTERN EUROPE FOCUSING ON UKRAINE.		
	(Grants \$ 19,468.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	30 a	19,468.
31	Other program services (describe in Schedule O). SEE SCHEDULE O		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	3,007.
32	Total program service expenses (add lines 28a through 31a)	32	73,384.

Part IV: List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in SEE SCHEDULE O the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="text"/> 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved <input type="text"/> N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9.		N/A
b Gross receipts, included on line 9, for public use of club facilities.		N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> 0.; section 4912 <input type="text"/> 0.; section 4955 <input type="text"/> 0.		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.		X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. <input type="text"/> 0.		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. <input type="text"/> 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		X
41 List the states with which a copy of this return is filed <input type="text"/> AZ		
42a The organization's books are in care of <input type="text"/> LLOYD CENAIKO Telephone no. <input type="text"/> 403-230-8263		
Located at <input type="text"/> 90 FREEPORT BLVD STE 106 ALBERTA CA ZIP + 4 <input type="text"/> T3J 5J9		
b 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)?	X	
If 'Yes,' enter the name of the foreign country: <input type="text"/> POLAND, UKRAINE		
See the instructions for exceptions and filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States?	X	
If 'Yes,' enter the name of the foreign country: <input type="text"/> CANADA, UKRAINE		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here. <input type="checkbox"/> N/A and enter the amount of tax-exempt interest received or accrued during the tax year. <input type="text"/> 43 <input type="checkbox"/> N/A		
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.

48		X
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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b If 'Yes,' was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000.

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A.

☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	LLOYD A CENAIKO Type or print name and title	PRESIDENT			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DAVID R BALDWIN				P00184135
	Firm's name	BALDWIN & BALDWIN PLLC			
	Firm's address	701 N 44TH ST PHOENIX, AZ 85008			
				Firm's EIN	46-4370753
				Phone no.	480-736-9200

May the IRS discuss this return with the preparer shown above? See instructions.

☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2017

Open to Public Inspection

Name of the organization **HUMANITARIAN AID RESPONSE TEAMS
FOUNDATION**

Employer identification number

86-0908190

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)**.
- 4 ☐ 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33-1/3% 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 33-1/3% 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.
- a ☐ **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**.
- 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**.
- 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**.
- d ☐ **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**.
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	65,190.	87,399.	169,163.	130,883.	101,138.	553,773.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	65,190.	87,399.	169,163.	130,883.	101,138.	553,773.
5 The portion of total contributions by 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).						173,606.
6 Public support. Subtract line 5 from line 4.						380,167.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	65,190.	87,399.	169,163.	130,883.	101,138.	553,773.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		3.	17.		3.	23.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10.						553,796.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 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) organization, check this box and stop here.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	68.65 %
15 Public support percentage from 2016 Schedule A, Part II, line 14.	15	66.58 %
16a 33-1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33-1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified 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

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 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) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

- 19a **33-1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☐
- b **33-1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☐
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐

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

	Yes	No
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?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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		
c 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		

Section 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		
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		

Section 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		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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 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 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 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		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

a 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.

b 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.

3 Parent of Supported Organizations. Answer (a) and (b) below.

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? Provide details in **Part VI**.

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.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income

		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	

Section B – Minimum Asset Amount

		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	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).	6	

- 7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

BAA

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

BAA

Schedule A (Form 990 or 990-EZ) 2017

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization **HUMANITARIAN AID RESPONSE TEAMS
FOUNDATION**

Employer identification number
86-0908190

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- ☒ 501(c)(3) (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (i) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ► \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

HUMANITARIAN AID RESPONSE TEAMS

Employer identification number

86-0908190

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SOUTHERN BAPTIST FOUNDATION 901 COMMERCE ST NASHVILLE, TN 37203	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	EGYPT BAPTIST CHURCH 4464 RALEIGH-MILLINGTON ROAD MEMPHIS, TN 38128	\$ 8,793.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ART & ANGELA LITWILLER 7889 STATE ROUTE 94 E FARMINGTON, KY 42040	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BEAR CREEK BIBLE CHURCH 1555 NORTH TARRANT PKWY KELLER, TX 76248	\$ 7,098.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JULIE HARTUNG 22215 WARM TERRACE LN SPRING, TX 77389	\$ 6,340.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	TOM AND JANE FRENKEL 6716 E. MONTECITO SCOTTSDALE, AZ 85251	\$ 5,570.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

86-0908190

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of **exclusively** religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____ N/A
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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.
▶ Attach to Form 990 or 990-EZ.▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017**Open to Public
Inspection**Name of the organization **HUMANITARIAN AID RESPONSE TEAMS
FOUNDATION**

Employer identification number

86-0908190**ADDITIONAL INFORMATION**

GRANTS TO FOREIGN ORGANIZATIONS AGREE TO DISBURSE THE FUNDS IN ACCORDANCE WITH A "DISBURSEMENT AGREEMENT" - A CONTRACT BETWEEN THE ORGANIZATION AND HUMANITARIAN AID RESPONSE TEAMS (HART) TO ENSURE THE USE OF THE FUNDS BY THE FOREIGN ORGANIZATION IS CONSISTENT WITH THE DESIRED EXEMPT PURPOSE OF "HART".

THE FOREIGN ORGANIZATIONS ARE MONITORED BY A CENTRAL ORGANIZATION IN UKRAINE, "BRIDGE OF HOPE", WHICH IS AN AGENCY RECOGNIZED BY THE UKRAINE GOVERNMENT TO CONDUCT RELIEF AND CHARITABLE PROJECTS WITHIN THE COUNTRY. "BRIDGE OF HOPE" ALSO DISBURSES FUNDS RECEIVED FROM "HART" TO VARIOUS ORGANIZATIONS AND INDIVIDUALS IN UKRAINE AND POLAND, AS DIRECTED BY "HART", UNDER THE "DISBURSMENT AGREEMENT" BETWEEN HART AND BRIDGE OF HOPE.

FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000

DONEE'S NAME:	STAVY FOSTER HOME (L. GIESBRECHT)	
DONEE'S ADDRESS:	48 DONETSKA ST STAVY KYIV 09245 UKRAINE	
CASH AMOUNT GIVEN:		\$ 6,785.
DONEE'S NAME:	BIBLE TRAINING CENTER (O. ROMANYUK)	
DONEE'S ADDRESS:	HLYNKA 24/4 PUSTOMUTY LVIV OBLAST 81100 UKRAINE	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 5,891.
DONEE'S NAME:	CENTRAL BAPTIST CHURCH (Y. NAZARKEVYCH)	
DONEE'S ADDRESS:	TUGAN-BARANOVSKOGO STR 9A/36 LVIV LVIV OBLAST 79005 UKRAINE	
CASH AMOUNT GIVEN:		\$ 12,693.
DONEE'S NAME:	POLTAVE CHRISTIAN ORPHANAGE (NADIYA)	
DONEE'S ADDRESS:	1Y PROVULOK METEREOLOGICHNOI 4 STR LUBNY POLTAVA OBLAST 37502 UKRAINE	
CASH AMOUNT GIVEN:		\$ 5,955.

Name of the organization **HUMANITARIAN AID RESPONSE TEAMS
FOUNDATION**

Employer identification number
86-0908190

**FORM 990-EZ, PART I, LINE 10 (CONTINUED)
GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000**

DONEE'S NAME: **VARIOUS SMALL GRANTS UNDER \$1,000**
 DONEE'S ADDRESS: **SKELNA STR 1/9
LVIV LVIV OBLAST OBLAST 75009 UKRAINE**
 CASH AMOUNT GIVEN: \$ **14,023.**

**FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

BANK AND CREDIT CARD CHARGE..... \$ **1,057.**
 FUNDRAISING EXPENSES..... **284.**
 OFFICE EXPENSES..... **18.**
TOTAL \$ 1,359.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROVIDE MEDICAL EDUCATIONAL, AND SPIRITUAL HELP TO POOR IN EASTERN EUROPE, WITH A
 FOCUS ON UKRAINE; EQUIP CHRISTIAN LEADERS AND CHRISTIAN CHURCHES.

**FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
EVANGELISM - TO PROMOTE THE GOSPEL IN THE USA. INCLUDES FOREIGN GRANTS: NO		3,007.
TOTAL	\$ 0.	\$ 3,007.

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
 INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
 INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO

Arizona Exempt Organization Annual Information Return **2017**

For the calendar year 2017 or fiscal year beginning 12.0.1.7 and ending 12.0.

CHECK ONE: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended	Name Humanitarian Aid Response Teams Foundation	Employer Identification Number (EIN) 86-0908190
Business Telephone Number (with area code) 480-941-2260	Address - number and street or PO Box 7340 E Main St City, Town or Post Office Scottsdale	State AZ ZIP Code 85251
88 Check box if: This is a first return <input type="checkbox"/> Name change <input type="checkbox"/> Address change <input type="checkbox"/> A Date Arizona operations began: 10.31.21.9.9.8 B Nature of Arizona activities: Humanitarian Aid and Evangelism C Federal form filed: 990 <input checked="" type="checkbox"/> 990-EZ <input type="checkbox"/> Other (specify) _____		Check box if return filed under extension: 82 <input checked="" type="checkbox"/> 82F <input type="checkbox"/> 88 REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

NONPROFIT MEDICAL MARIJUANA DISPENSARY (NMMD) ONLY -

- D** NMMD Registry Identification Number: _____
- E** What type of entity is the dispensary?
☐ Corporation ☐ Limited Liability Company (LLC) ☐ Partnership ☐ S corporation
☐ Sole Proprietorship
- F** If the dispensary is an LLC, what is the federal tax classification?
☐ Corporation ☐ Disregarded Entity ☐ Partnership ☐ S corporation
 If the dispensary is an LLC, a partnership or an S corporation, include a schedule that lists the following ownership information:
 name, address, TIN, and ownership percentage at the end of the tax year.
- G** Federal form filed: ☐ 1040 ☐ 1041 ☐ 1065 ☐ 1120 ☐ 1120-S ☐ Other (specify) _____

81 PM **88** RCVD**Sources of Income**

1 Gross sales from business activities.....	1	00	SEE IRS 990-EZ
2 Less cost of goods sold or of operations: Include itemized statement	2	00	
3 Gross profit from business activities: Subtract line 2 from line 1	3	00	
4 Interest.....	4	00	
5 Dividends.....	5	00	
6 Rents and royalties.....	6	00	
7 Gain or (loss) from sales of assets, excluding inventory items.....	7	00	
8 Dues, assessments, etc., from members	8	00	
9 Dues, assessments, etc., from affiliates	9	00	
10 Contributions, gifts, grants, etc., received.....	10	00	
11 Other income: Include itemized statement	11	00	
12 Total income: Add lines 3 through 11.....	12	101,138.00	SEE ATTACHED FEDERAL FORM 990-EZ

Administrative Expenses

13 Compensation of officers, directors, trustees, etc.....	13	00
14 Salaries and wages other than amounts included on line 2	14	00
15 Interest.....	15	00
16 Taxes	16	00
17 Rent expense.....	17	00
18 Depreciation: Include schedule.....	18	00
19 Miscellaneous expenses: Include itemized statement.....	19	00
20 Total expenses: Add lines 13 through 19.....	20	4,759.00

Disbursements

21 Disbursements from current income for exempt purposes from page 2, line A6.....	21	73,384.00
22 Disbursements from principal for exempt purposes from page 2, line B6.....	22	00
23 Other disbursements not itemized on Schedule A or Schedule B: Include schedule	23	00

Accumulation of Income

24 Accumulation of income in current year: Line 12 less the sum of lines 20, 21, 22, and 23	24	22,995.00
25 Accumulation of income at beginning of year	25	293,834.00
26 Accumulation of income at end of year: Add lines 24 and 25.....	26	316,829.00

Penalty

27 Penalty for late filing or incomplete filing. See instructions.....	27	00
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THE BUSINESS IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. A.R.S. § 42-1125(K).

Name (as shown on page 1)	EIN
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SCHEDULE A Disbursements From Current Income for Exempt Purposes

A1 Dues, assessments, etc., paid to affiliates.....	A1	00	
A2 Contributions, gifts, grants, etc., paid	A2	00	
A3 Benefit payments to or for members or their dependents:			
A3a Death, sickness, hospitalization, disability, or pension benefits	A3a	00	
A3b Other benefits.....	A3b	00	
A4 Dividends and other distributions to members, shareholders, or depositors	A4	00	
A5 Other.....	A5	00	
A6 Total: Add lines A1 through A5. Enter total here and on page 1, line 21	A6		00

SEE ATTACHED FEDERAL FORM 990-EZ

SCHEDULE B Disbursements From Principal for Exempt Purposes

B1 Dues, assessments, etc., paid to affiliates.....	B1	00	
B2 Contributions, gifts, grants, etc., paid	B2	00	
B3 Benefit payments to or for members or their dependents:			
B3a Death, sickness, hospitalization, disability, or pension benefits	B3a	00	
B3b Other benefits.....	B3b	00	
B4 Dividends and other distributions to members, shareholders, or depositors	B4	00	
B5 Other.....	B5	00	
B6 Total: Add lines B1 through B5. Enter total here and on page 1, line 22	B6		00

SEE ATTACHED FEDERAL FORM 990-EZ

SCHEDULE C Balance Sheet

NOTE: Amounts reported in included schedules and in this column should be end of year amounts.

		(a) Beginning of Year	(b) End of Year
Assets			
C1 Cash		00	C1 00
C2a Accounts receivable.....	C2a	00	
C2b Less allowance for doubtful accounts	C2b	00	
C2c Line C2a less line C2b. Enter difference in column (b)		00	C2c 00
C3a Other notes and loans receivable: Include schedule.....	C3a	00	
C3b Less allowance for doubtful accounts	C3b	00	
C3c Line C3a less line C3b. Enter difference in column (b)		00	C3c 00
C4 Inventories		00	C4 00
C5 Investments (securities): Include schedule.....		00	C5 00
C6 Investments (other): Include schedule.....		00	C6 00
C7a Land, buildings, and equipment; basis:	C7a	00	
C7b Less accumulated depreciation: Include schedule ...	C7b	00	
C7c Line C7a less line C7b. Enter difference in column (b)		00	C7c 00
C8 Other assets (describe):		00	C8 00
C9 Total assets: Add lines C1 through C8		293,834 00	C9 316,829 00

SEE ATTACHED FEDERAL FORM 990-EZ

Liabilities			
C10 Accounts payable and accrued expenses		00	C10 00
C11 Mortgages and other notes payable: Include schedule		00	C11 00
C12 Other liabilities (describe):		00	C12 00
C13 Total liabilities: Add lines C10 through C12		00	C13 00

Net Assets			
C14 Capital stock or trust principal.....		00	C14 00
C15 Paid-in or capital surplus		00	C15 00
C16 Retained earnings or accumulated income		00	C16 00
C17 Total net assets: Add lines C14 through C16		293,834 00	C17 316,829 00
C18 Total liabilities and net assets: Add lines C13 and C17		293,834 00	C18 316,829 00

PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

Name (as shown on page 1)	EIN
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Declaration	Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.		
Please Sign Here	OFFICER'S SIGNATURE	DATE	TITLE
Paid Preparer's Use Only	PAID PREPARER'S SIGNATURE	DATE	P00184135 PAID PREPARER'S PTIN
	BALDWIN & BALDWIN PLLC		46-4370753
	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)		FIRM'S EIN OR SSN
	701 N 44TH ST		480-736-9200
	FIRM'S STREET ADDRESS		FIRM'S TELEPHONE NUMBER
	PHOENIX	AZ	85008-6504
	CITY	STATE	ZIP CODE

Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix, AZ 85072-2153