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PUBLIC DISCLOSURE COPY

Lohman Company, PLLC  
Stapley Center  
1630 South Stapley Drive, Suite 108  
Mesa, Arizona 85204

Ted Taylor  
Family Promise - Greater Phoenix  
7447 E. Earll Dr.  
Scottsdale, AZ 85251

Dear Ted:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2022.

Form 990 must be available for a 3-year period beginning with the date the return is required to be filed (including extensions) or is actually filed, whichever is later. The available document must be an exact copy of the return and schedules as filed with the IRS, except that the names and addresses of the contributors may be excluded. Should you receive a request for inspection, you may want to call for further details.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

A copy of the return is enclosed for your files. We suggest

that you retain this copy indefinitely.

Very truly yours,

Lohman Company, PLLC

# TAX RETURN FILING INSTRUCTIONS

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

FOR THE YEAR ENDING  
December 31, 2021

|   |  |
|---|--|
| <b>Prepared for</b>                                 | Ted Taylor<br>Family Promise - Greater Phoenix<br>7447 E. Earll Dr.<br>Scottsdale, AZ 85251  |
| <b>Prepared by</b>                                  | Lohman Company, PLLC<br>1630 S. Stapley Dr., Suite 108<br>Mesa, AZ 85204   |
| <b>Amount due or refund</b>                         | Not applicable   |
| <b>Make check payable to</b>                        | Not applicable   |
| <b>Mail tax return and check (if applicable) to</b> | Not applicable   |
| <b>Return must be mailed on or before</b>           | Not applicable   |
| <b>Special Instructions</b>                         | <p>This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2022.</p> <p>Form 990 must be available for a 3-year period beginning with the date the return is required to be filed (including extensions) or is actually filed, whichever is later. The available document must be an exact copy of the return and schedules as filed with the IRS, except that the names and addresses of the contributors may be excluded. Should you receive a request for inspection, you may want to call for further details.</p> |

# IRS e-file Signature Authorization for a Tax Exempt Entity

Form **8879-TE**

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20\_\_

# 2021

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

**FAMILY PROMISE - GREATER PHOENIX**

EIN or SSN

**86-0914408**

Name and title of officer or person subject to tax

**TED TAYLOR  
EXECUTIVE DIRECTOR**

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

|                                       |                                     |   |                             |
|---------------------------------------|-------------------------------------|---|-----------------------------|
| <b>1a</b> Form 990 check here .....   | <input checked="" type="checkbox"/> | <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....     | <b>1b</b> <u>3,658,944.</u> |
| <b>2a</b> Form 990-EZ check here ...  | <input type="checkbox"/>            | <b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....                          | <b>2b</b> _____             |
| <b>3a</b> Form 1120-POL check here ▶  | <input type="checkbox"/>            | <b>b</b> Total tax (Form 1120-POL, line 22) .....                                   | <b>3b</b> _____             |
| <b>4a</b> Form 990-PF check here ...  | <input type="checkbox"/>            | <b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) .....         | <b>4b</b> _____             |
| <b>5a</b> Form 8868 check here .....  | <input type="checkbox"/>            | <b>b</b> Balance due (Form 8868, line 3c) .....                                     | <b>5b</b> _____             |
| <b>6a</b> Form 990-T check here ..... | <input type="checkbox"/>            | <b>b</b> Total tax (Form 990-T, Part III, line 4) .....                             | <b>6b</b> _____             |
| <b>7a</b> Form 4720 check here .....  | <input type="checkbox"/>            | <b>b</b> Total tax (Form 4720, Part III, line 1) .....                              | <b>7b</b> _____             |
| <b>8a</b> Form 5227 check here .....  | <input type="checkbox"/>            | <b>b</b> FMV of assets at end of tax year (Form 5227, Item D) .....                 | <b>8b</b> _____             |
| <b>9a</b> Form 5330 check here .....  | <input type="checkbox"/>            | <b>b</b> Tax due (Form 5330, Part II, line 19) .....                                | <b>9b</b> _____             |
| <b>10a</b> Form 8038-CP check here ▶  | <input type="checkbox"/>            | <b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) ..... | <b>10b</b> _____            |

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize LOHMAN COMPANY, PLLC to enter my PIN 12345  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

\*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\*

Date ▶

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**86472985204**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  |   |   |
|--|---|---|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>FAMILY PROMISE - GREATER PHOENIX</b>                | Taxpayer identification number (TIN)<br><b>86-0914408</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>7447 E. EARLL DR.</b>                      |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>SCOTTSDALE, AZ 85251</b> |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |
| Form 990-T (corporation)                 | 07          |                                   |             |

**TED TAYLOR, EXECUTIVE DIRECTOR**

- The books are in the care of ▶ **7447 E. EARLL DR. - SCOTTSDALE, AZ 85251**

Telephone No. ▶ **480-659-5227**

Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2021** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Form **990**

**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

**2021**

Department 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/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A For the 2021 calendar year, or tax year beginning and ending**

|  |   |   |  |
|--|---|---|--|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C Name of organization</b><br><b>FAMILY PROMISE - GREATER PHOENIX</b>                                |   | <b>D Employer identification number</b><br><b>86-0914408</b>   |
|  | Doing business as   |   | <b>E Telephone number</b><br><b>480-659-5227</b>   |
|  | Number and street (or P.O. box if mail is not delivered to street address)                              | Room/suite  |  |
|  | <b>7447 E. EARLL DR.</b>  |   | <b>G Gross receipts \$</b> <b>3,835,273.</b>   |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>SCOTTSDALE, AZ 85251</b> |   | <b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>F Name and address of principal officer: TED TAYLOR</b><br><b>SAME AS C ABOVE</b>   |   | <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>I Tax-exempt status:</b> <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   |   | If "No," attach a list. See instructions  |  |
| <b>J Website:</b> ▶ <b>WWW.FAMILYPROMISEAZ.ORG</b>   |   | <b>H(c) Group exemption number</b> ▶  |  |
| <b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |   | <b>L Year of formation:</b> <b>1998</b>   | <b>M State of legal domicile:</b> <b>AZ</b>  |

**Part I Summary**

|   |   |
|---|---|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>HOUSING SUPPORT SERVICES FOCUSED ON PREVENTING HOMELESSNESS, PROVIDING SHELTER, AND PREPARING</b> |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>15</b>   |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>15</b>   |
|   | <b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) <b>5</b> <b>34</b>  |
|   | <b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>2560</b>  |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b>  |
| <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>7b</b> <b>0.</b>                     |   |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h) <b>2,091,175.</b> <b>Prior Year</b> <b>3,643,893.</b> <b>Current Year</b>  |
|   | <b>9</b> Program service revenue (Part VIII, line 2g) <b>0.</b> <b>0.</b>   |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>25,222.</b> <b>14,440.</b>   |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>-11,230.</b> <b>611.</b>  |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>2,105,167.</b> <b>3,658,944.</b>  |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>0.</b> <b>0.</b>  |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b>   |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>980,898.</b> <b>1,039,221.</b>   |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b> <b>40,250.</b>   |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>495,790.</b>  |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>913,596.</b> <b>926,420.</b>  |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>1,894,494.</b> <b>2,005,891.</b> |   |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>210,673.</b> <b>1,653,053.</b>                        |   |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16) <b>1,960,111.</b> <b>Beginning of Current Year</b> <b>5,154,498.</b> <b>End of Year</b>  |
|   | <b>21</b> Total liabilities (Part X, line 26) <b>177,273.</b> <b>1,725,795.</b>   |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>1,782,838.</b> <b>3,428,703.</b>  |

**Part II Signature Block**

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.

|                               |   |                                |   |
|-------------------------------|---|--------------------------------|---|
| <b>Sign Here</b>              | Signature of officer  |                                | Date  |
|                               | <b>TED TAYLOR, EXECUTIVE DIRECTOR</b><br>Type or print name and title           |                                |   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>DENNIS M. HARE</b>                             | Preparer's signature           | Date  |
|                               | Firm's name ▶ <b>LOHMAN COMPANY, PLLC</b>                                       | Firm's EIN ▶ <b>86-0985325</b> | Check if self-employed <input type="checkbox"/> PTIN <b>P01241957</b> |
|                               | Firm's address ▶ <b>1630 S. STAPLEY DR., SUITE 108</b><br><b>MESA, AZ 85204</b> | Phone no. <b>480-355-1100</b>  |   |

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:
ENABLE FAMILIES ON THE PRECIPICE OF HOMELESSNESS, OR CURRENTLY EXPERIENCING HOMELESSNESS, TO SUSTAIN OR GAIN EMPLOYMENT, INDEPENDENT HOUSING AND SELF-SUFFICIENCY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
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? [X] Yes [ ] No
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: ) (Expenses \$ 1,231,452. including grants of \$ ) (Revenue \$ )
SHELTER PROGRAM: PROVIDES EMERGENCY SHELTER AND SUPPORT SERVICES TO HOMELESS FAMILIES WITH CHILDREN AND THEIR PETS. LODGING IS EITHER THROUGH COMMUNITY-BASED HOSTING WITHIN AN INTERFAITH NETWORK OR ON-SITE AT FAMILY PROMISE. THE DUAL MODEL IS A LINGERING PANDEMIC PIVOT. FAMILIES RECEIVE UP TO 60 DAYS OF SHELTER, BASIC NEEDS, COACHING, EDUCATION, AND CASH FLOW MANAGEMENT TRAINING AT ONE OF FIVE FAMILY PROMISE SITES. MANY FAMILIES ALSO HAVE EMPLOYMENT AS A GOAL, ALTHOUGH SOME ALREADY HAVE A JOB WHEN THEY MOVE INTO OUR SHELTER. CHILDCARE IS ALSO KEY TO A FAMILY'S SUCCESS, SO WE SUPPORT THOSE INITIAL FEES.

THE OBJECTIVE IS TO QUICKLY STABILIZE THE ENTIRE FAMILY: BABIES/TODDLERS THROUGH CHILDCARE, CHILDREN THROUGH SCHOOL AND

4b (Code: ) (Expenses \$ 84,390. including grants of \$ ) (Revenue \$ )
OUTREACH DEVELOPMENT: IN ORDER TO PROVIDE EMERGENCY SHELTER TO HOMELESS FAMILIES, THE ORGANIZATION MUST ENSURE A SOLID AND DIVERSE AWARENESS AND FUNDING PIPELINE. REACHING OUT TO THE CONGREGATIONAL, BUSINESS, AND CIVIC COMMUNITIES ARE ROUTINE EFFORTS. CONGREGATIONAL VOLUNTEERS WHO PROVIDE LODGING AND MEALS REMAIN THE CORE OF FAMILY PROMISE. THESE RELATIONSHIPS ARE THOUGHTFULLY CULTIVATED AND NURTURED TO SUSTAIN THEIR PARTICIPATION, ESPECIALLY IN A POST-PANDEMIC WORLD WHERE CHURCH ATTENDANCE HAS SLID. IN-KIND LODGING, MEALS AND VOLUNTEER EFFORTS SAVED FAMILY PROMISE OVER \$275,000 IN 2021. THE OUTREACH STAFF MADE GREAT STRIDES IN EXPANDING COMMUNITY PARTNERSHIPS AND TWO-WAY REFERRAL NORMS WHEN FAMILY PROMISE JOINED THE GLENDALE HOMELESS ALLIANCE. ITS HUB IS THE NORTON AND RAMSEY SOCIAL JUSTICE EMPOWERMENT

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,315,842.



Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting and compliance.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax filings, foreign accounts, and charitable contributions.

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |     |    |
|           | <b>1a</b> 15   |     |    |
| <b>b</b>  | Enter the number of voting members included on line 1a, above, who are independent   |     |    |
|           | <b>1b</b> 15   |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   |     | X  |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body?  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O   |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | X  |
| <b>b</b>   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   |     |    |
| <b>10b</b> |  |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>b</b>   | Describe on Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done   | X   |    |
| <b>12c</b> |  | X   |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | X   |    |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>b</b>   | Other officers or key employees of the organization  | X   |    |
|            | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.   |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>b</b>   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |
| <b>16b</b> |  |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **TED TAYLOR, EXECUTIVE DIRECTOR - 480-659-5227**  
**7447 E. EARLL DR., SCOTTSDALE, AZ 85251**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and title                  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) TED TAYLOR<br>EXECUTIVE DIRECTOR   | 40.00<br>0.00   |   |                       | X       |              |                              |        | 95,461.   | 0.   | 0.  |
| (2) PHYLLIS BANUCCI<br>BOARD MEMBER    | 4.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (3) LAURA SEVER BLANCO<br>BOARD MEMBER | 4.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (4) JULIE CIENIAWSKI<br>BOARD MEMBER   | 4.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (5) DON HENNINGER<br>BOARD MEMBER      | 4.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (6) GABRIELLE LAWRENCE<br>BOARD MEMBER | 4.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (7) KEVIN MAXWELL<br>BOARD MEMBER      | 4.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (8) JOANNE MIZELL<br>BOARD MEMBER      | 4.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (9) TIM NICHOLS<br>TREASURER           | 4.00<br>0.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (10) DANIEL PIKE<br>BOARD MEMBER       | 4.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (11) MIKE REDIVO<br>VICE CHAIR         | 4.00<br>0.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (12) TAMARA SHELMAN<br>BOARD MEMBER    | 4.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (13) NEIL SUTTON<br>CHAIRMAN           | 4.00<br>0.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (14) JANET DEL VALLE<br>BOARD MEMBER   | 4.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (15) CHRIS WOODARD<br>SECRETARY        | 4.00<br>0.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (16) TIM MCGOUGH<br>BOARD MEMBER       | 4.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (17) BILL LIPP<br>BOARD MEMBER         | 4.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |



**Part VIII Statement of Revenue**

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

|  |   |                      | (A)                  | (B)                                | (C)                        | (D)  |  |
|--|---|----------------------|----------------------|------------------------------------|----------------------------|--|--|
|  |   |                      | Total revenue        | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>  | <b>1 a</b> Federated campaigns  | <b>1a</b>            |                      |                                    |                            |  |  |
|  | <b>b</b> Membership dues  | <b>1b</b>            |                      |                                    |                            |  |  |
|  | <b>c</b> Fundraising events   | <b>1c</b>            | 176,476.             |                                    |                            |  |  |
|  | <b>d</b> Related organizations  | <b>1d</b>            |                      |                                    |                            |  |  |
|  | <b>e</b> Government grants (contributions)  | <b>1e</b>            | 419,004.             |                                    |                            |  |  |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>            | 3,048,413.           |                                    |                            |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f                                  | <b>1g</b>            | \$1,462,356.         |                                    |                            |  |  |
|  | <b>h Total.</b> Add lines 1a-1f   |                      | 3,643,893.           |                                    |                            |  |  |
|  | <b>Program Service Revenue</b>  | <b>2 a</b>           | <b>Business Code</b> |                                    |                            |  |  |
| <b>b</b>   |   |                      |                      |                                    |                            |  |  |
| <b>c</b>   |   |                      |                      |                                    |                            |  |  |
| <b>d</b>   |   |                      |                      |                                    |                            |  |  |
| <b>e</b>   |   |                      |                      |                                    |                            |  |  |
| <b>f</b> All other program service revenue   |   |                      |                      |                                    |                            |  |  |
| <b>g Total.</b> Add lines 2a-2f  |   |                      |                      |                                    |                            |  |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and other similar amounts)   |                      | 9,876.               |                                    |                            | 9,876.   |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds                             |                      |                      |                                    |                            |  |  |
|  | <b>5</b> Royalties  |                      |                      |                                    |                            |  |  |
|  | <b>6 a</b> Gross rents  | <b>6a</b>            | (i) Real             |                                    |                            |  |  |
|  |   |                      | (ii) Personal        |                                    |                            |  |  |
|  |   |                      |                      |                                    |                            |  |  |
|  | <b>b</b> Less: rental expenses  | <b>6b</b>            |                      |                                    |                            |  |  |
|  | <b>c</b> Rental income or (loss)  | <b>6c</b>            |                      |                                    |                            |  |  |
|  | <b>d</b> Net rental income or (loss)  |                      |                      |                                    |                            |  |  |
|  | <b>7 a</b> Gross amount from sales of assets other than inventory                       | <b>7a</b>            | (i) Securities       | 117,526.                           | 1,000.                     |  |  |
|  |   |                      | (ii) Other           |                                    |                            |  |  |
|  |   |                      |                      |                                    |                            |  |  |
|  | <b>b</b> Less: cost or other basis and sales expenses                                   | <b>7b</b>            | 110,458.             | 3,504.                             |                            |  |  |
|  | <b>c</b> Gain or (loss)   | <b>7c</b>            | 7,068.               | -2,504.                            |                            |  |  |
| <b>d</b> Net gain or (loss)  |   | 4,564.               | -2,504.              |                                    | 7,068.                     |  |  |
| <b>8 a</b> Gross income from fundraising events (not including \$ 176,476. of contributions reported on line 1c). See Part IV, line 18 | <b>8a</b>   |                      | 58,285.              |                                    |                            |  |  |
|  |   |                      |                      |                                    |                            |  |  |
|  |   |                      |                      |                                    |                            |  |  |
| <b>b</b> Less: direct expenses   | <b>8b</b>   | 62,367.              |                      |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from fundraising events  |   | -4,082.              |                      |                                    | -4,082.                    |  |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19   | <b>9a</b>   |                      |                      |                                    |                            |  |  |
|  |   |                      |                      |                                    |                            |  |  |
|  |   |                      |                      |                                    |                            |  |  |
| <b>b</b> Less: direct expenses   | <b>9b</b>   |                      |                      |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from gaming activities   |   |                      |                      |                                    |                            |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances  | <b>10a</b>  |                      |                      |                                    |                            |  |  |
|  |   |                      |                      |                                    |                            |  |  |
|  |   |                      |                      |                                    |                            |  |  |
| <b>b</b> Less: cost of goods sold  | <b>10b</b>  |                      |                      |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from sales of inventory  |   |                      |                      |                                    |                            |  |  |
| <b>Miscellaneous Revenue</b>   | <b>11 a</b> REVENUE OTHER   | <b>Business Code</b> | 999999               | 4,693.                             | 4,693.                     |  |  |
|  | <b>b</b>  |                      |                      |                                    |                            |  |  |
|  | <b>c</b>  |                      |                      |                                    |                            |  |  |
|  | <b>d</b> All other revenue  |                      |                      |                                    |                            |  |  |
|  | <b>e Total.</b> Add lines 11a-11d   |                      |                      | 4,693.                             |                            |  |  |
| <b>12 Total revenue.</b> See instructions  |   |                      | 3,658,944.           | 2,189.                             | 0.                         | 12,862.  |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   |                       |                                 |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22  |                       |                                 |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   |                       |                                 |  |                             |
| 4 Benefits paid to or for members  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees   | 95,461.               | 28,638.                         | 19,092.                                | 47,731.                     |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| 7 Other salaries and wages   | 758,679.              | 504,926.                        | 33,666.                                | 220,087.                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                                 |  |                             |
| 9 Other employee benefits  | 110,180.              | 56,278.                         | 18,637.                                | 35,265.                     |
| 10 Payroll taxes   | 74,901.               | 46,695.                         | 4,631.                                 | 23,575.                     |
| 11 Fees for services (nonemployees):   |                       |                                 |  |                             |
| a Management   |                       |                                 |  |                             |
| b Legal  | 3,774.                |                                 | 3,774.                                 |                             |
| c Accounting   | 19,632.               | 9,816.                          | 9,816.                                 |                             |
| d Lobbying   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17  | 40,250.               |                                 |  | 40,250.                     |
| f Investment management fees   |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)   | 3,147.                | 2,130.                          | 166.                                   | 851.                        |
| 12 Advertising and promotion   | 87,293.               | 12,494.                         | 960.                                   | 73,839.                     |
| 13 Office expenses   | 36,134.               | 16,182.                         | 15,578.                                | 4,374.                      |
| 14 Information technology  | 75,683.               | 32,038.                         | 22,517.                                | 21,128.                     |
| 15 Royalties   |                       |                                 |  |                             |
| 16 Occupancy   | 293,306.              | 230,719.                        | 46,038.                                | 16,549.                     |
| 17 Travel  | 1,300.                | 1,300.                          |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  | 124.                  | 92.                             |  | 32.                         |
| 19 Conferences, conventions, and meetings  | 7,213.                | 2,571.                          | 2,224.                                 | 2,418.                      |
| 20 Interest  |                       |                                 |  |                             |
| 21 Payments to affiliates  | 8,500.                | 8,500.                          |  |                             |
| 22 Depreciation, depletion, and amortization   | 141,718.              | 123,792.                        | 14,677.                                | 3,249.                      |
| 23 Insurance   | 21,321.               | 19,846.                         | 1,475.                                 |                             |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| a <b>DONATED GOODS</b>   | 132,735.              | 132,735.                        |  |                             |
| b <b>SHELTER PROGRAM</b>   | 94,540.               | 87,090.                         | 1,008.                                 | 6,442.                      |
| c  |                       |                                 |  |                             |
| d  |                       |                                 |  |                             |
| e All other expenses   |                       |                                 |  |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | <b>2,005,891.</b>     | <b>1,315,842.</b>               | <b>194,259.</b>                        | <b>495,790.</b>             |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                               |                       |                                 |  |                             |

Check here  if following SOP 98-2 (ASC 958-720)



**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year    |
|---|--|--------------------------|------------|-----------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 323,006.                 | <b>1</b>   | 277,371.              |
|   | <b>2</b> Savings and temporary cash investments .....  | 13,421.                  | <b>2</b>   | 373,414.              |
|   | <b>3</b> Pledges and grants receivable, net .....  | 2,586.                   | <b>3</b>   | 21,586.               |
|   | <b>4</b> Accounts receivable, net .....  | 45,585.                  | <b>4</b>   | 116,089.              |
|   | <b>5</b> Loans and other receivables from 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 ..... |                          | <b>5</b>   |                       |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>   |                       |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>   |                       |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>   |                       |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 16,719.                  | <b>9</b>   | 4,941.                |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 4,514,101.    |            |                       |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 742,352.      | 768,668.   | <b>10c</b> 3,771,749. |
|   | <b>11</b> Investments - publicly traded securities .....   | 646,659.                 | <b>11</b>  | 417,071.              |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>  | 156,795.              |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>  |                       |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>  |                       |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 143,467.                 | <b>15</b>  | 15,482.               |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 1,960,111.   | <b>16</b>                | 5,154,498. |                       |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 36,373.                  | <b>17</b>  | 80,795.               |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>  |                       |
|   | <b>19</b> Deferred revenue .....   |                          | <b>19</b>  |                       |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>  |                       |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>  |                       |
|   | <b>22</b> Loans and other 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 .....     |                          | <b>22</b>  |                       |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>  | 1,645,000.            |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   | 140,900.                 | <b>24</b>  |                       |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  |                          | <b>25</b>  |                       |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 177,273.                 | <b>26</b>  | 1,725,795.            |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |            |                       |
|   | <b>27</b> Net assets without donor restrictions .....  | 1,629,818.               | <b>27</b>  | 2,823,437.            |
|   | <b>28</b> Net assets with donor restrictions .....   | 153,020.                 | <b>28</b>  | 605,266.              |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |            |                       |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>  |                       |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>  |                       |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>  |                       |
|   | <b>32</b> Total net assets or fund balances .....  | 1,782,838.               | <b>32</b>  | 3,428,703.            |
| <b>33</b> Total liabilities and net assets/fund balances .....            | 1,960,111.   | <b>33</b>                | 5,154,498. |                       |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |            |
|----|--|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 3,658,944. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 2,005,891. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 1,653,053. |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 1,782,838. |
| 5  | Net unrealized gains (losses) on investments   | 5  | -7,188.    |
| 6  | Donated services and use of facilities   | 6  |            |
| 7  | Investment expenses  | 7  |            |
| 8  | Prior period adjustments   | 8  |            |
| 9  | Other changes in net assets or fund balances (explain 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 | 3,428,703. |

**Part XII Financial Statements and Reporting**

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

|  | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other   |     |    |
| If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  |     |    |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant?   |     | X  |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  |     |    |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis  |     |    |
| b Were the organization's financial statements audited by an independent accountant?   | X   |    |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   |     |    |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis   |     |    |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X   |    |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  |     |    |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | X  |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits     |     |    |

Form 990 (2021)

**SCHEDULE A**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

|  |  |
|--|--|
| <b>Name of the organization</b><br><p style="text-align: center;">FAMILY PROMISE - GREATER PHOENIX</p> | <b>Employer identification number</b><br><p style="text-align: center;">86-0914408</p> |
|--|--|

**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).)
- 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 on 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 |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**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) 2017   | (b) 2018   | (c) 2019   | (d) 2020   | (e) 2021   | (f) Total  |
|--|------------|------------|------------|------------|------------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 1,280,973. | 1,253,674. | 1,552,621. | 2,091,175. | 3,643,893. | 9,822,336. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |            |            |            |            |            |            |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...   |            |            |            |            |            |            |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 1,280,973. | 1,253,674. | 1,552,621. | 2,091,175. | 3,643,893. | 9,822,336. |
| <b>5</b> 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) ..... |            |            |            |            |            | 637,829.   |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |            |            |            |            |            | 9,184,507. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2017   | (b) 2018   | (c) 2019   | (d) 2020   | (e) 2021   | (f) Total                |
|---|------------|------------|------------|------------|------------|--------------------------|
| <b>7</b> Amounts from line 4 .....  | 1,280,973. | 1,253,674. | 1,552,621. | 2,091,175. | 3,643,893. | 9,822,336.               |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...  | 417.       | 9,589.     | 16,781.    | 13,499.    | 9,876.     | 50,162.                  |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...   |            |            |            |            |            |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   | 1,248.     |            |            |            | 4,693.     | 5,941.                   |
| <b>11 Total support.</b> Add lines 7 through 10   |            |            |            |            |            | 9,878,439.               |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |            |            |            |            | 12         |                          |
| <b>13 First 5 years.</b> 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 <b>stop here</b> ..... |            |            |            |            |            | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |                                       |         |
|---|---------------------------------------|---------|
| <b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....  | <b>14</b>                             | 92.98 % |
| <b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....  | <b>15</b>                             | 98.76 % |
| <b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  | ▶ <input checked="" type="checkbox"/> |         |
| <b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....   | ▶ <input type="checkbox"/>            |         |
| <b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> 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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First 5 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**

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   |     |    |
| <b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>  |     |    |
| <b>c</b> 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)? <i>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.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i> |     |    |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
| <b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>  |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**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                               | <b>Adjusted Net Income</b> (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                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> 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 0.015 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 0.035.   | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (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 0.85 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                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |



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

| Section D - Distributions |   | Current Year |
|---------------------------|---|--------------|
| <b>1</b>                  | Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>     |
| <b>2</b>                  | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>     |
| <b>3</b>                  | Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>     |
| <b>4</b>                  | Amounts paid to acquire exempt-use assets   | <b>4</b>     |
| <b>5</b>                  | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )  | <b>5</b>     |
| <b>6</b>                  | Other distributions ( <i>describe in Part VI</i> ). See instructions.   | <b>6</b>     |
| <b>7</b>                  | <b>Total annual distributions.</b> Add lines 1 through 6.   | <b>7</b>     |
| <b>8</b>                  | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>     |
| <b>9</b>                  | Distributable amount for 2021 from Section C, line 6  | <b>9</b>     |
| <b>10</b>                 | Line 8 amount divided by line 9 amount  | <b>10</b>    |

| Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2021 | (iii)<br>Distributable<br>Amount for 2021 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2021 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.   |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2021   |                             |  |   |
| <b>a</b> From 2016   |                             |  |   |
| <b>b</b> From 2017   |                             |  |   |
| <b>c</b> From 2018   |                             |  |   |
| <b>d</b> From 2019   |                             |  |   |
| <b>e</b> From 2020   |                             |  |   |
| <b>f</b> <b>Total</b> of lines 3a through 3e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2021 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2016 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                             |  |   |
| <b>4</b> Distributions for 2021 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2021 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                             |  |   |
| <b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.   |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2017  |                             |  |   |
| <b>b</b> Excess from 2018  |                             |  |   |
| <b>c</b> Excess from 2019  |                             |  |   |
| <b>d</b> Excess from 2020  |                             |  |   |
| <b>e</b> Excess from 2021  |                             |  |   |

**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.)

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**FAMILY PROMISE - GREATER PHOENIX**

Employer identification number

**86-0914408**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

|   |   |
|---|---|
| Name of organization<br><br><b>FAMILY PROMISE - GREATER PHOENIX</b> | Employer identification number<br><br><b>86-0914408</b> |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | _____<br>_____<br>_____           | \$ <u>360,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | _____<br>_____<br>_____           | \$ <u>160,717.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | _____<br>_____<br>_____           | \$ <u>154,135.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | _____<br>_____<br>_____           | \$ <u>101,625.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | _____<br>_____<br>_____           | \$ <u>1,295,000.</u>       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| _____      | _____<br>_____<br>_____           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|   |   |
|---|---|
| Name of organization<br><br><b>FAMILY PROMISE - GREATER PHOENIX</b> | Employer identification number<br><br><b>86-0914408</b> |
|---|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given     | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
| 5                            | BARGAIN PURCHASE, 7447 E EARLL DR,<br>SCOTTSDALE | \$ 1,295,000.                                   | 12/29/21             |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |

Name of organization  
**FAMILY PROMISE - GREATER PHOENIX**

Employer identification number  
**86-0914408**

**Part III** 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 info. once.) ▶ \$ \_\_\_\_\_  
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 |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |
|                     |                     |                 |                                     |
|                     |                     |                 |                                     |

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

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |
|                     |                     |                 |                                     |
|                     |                     |                 |                                     |

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

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |
|                     |                     |                 |                                     |
|                     |                     |                 |                                     |

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

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |
|                     |                     |                 |                                     |
|                     |                     |                 |                                     |

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

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

2021

Open to Public Inspection

Name of the organization: FAMILY PROMISE - GREATER PHOENIX; Employer identification number: 86-0914408

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 25,193.          |                |                    |                      |                     |
| b Contributions                                  |                  | 25,193.        |                    |                      |                     |
| c Net investment earnings, gains, and losses     | 1,893.           |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        | 214.             |                |                    |                      |                     |
| g End of year balance                            | 26,872.          | 25,193.        |                    |                      |                     |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  100.0000 %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   | X   |    |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      | 762,100.                        |                              | 762,100.       |
| b Buildings  |                                      | 2,687,061.                      | 161,231.                     | 2,525,830.     |
| c Leasehold improvements   |                                      | 798,320.                        | 427,667.                     | 370,653.       |
| d Equipment  |                                      | 190,680.                        | 132,381.                     | 58,299.        |
| e Other  |                                      | 75,940.                         | 21,073.                      | 54,867.        |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 3,771,749.     |



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)      | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely held equity interests .....                                   |                |   |
| (3) Other .....   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |   |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |   |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ |                |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|   |   |    |          |            |
|---|---|----|----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1        | 3,793,225. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |          |            |
| a | Net unrealized gains (losses) on investments                                    | 2a | -7,188.  |            |
| b | Donated services and use of facilities  | 2b | 142,572. |            |
| c | Recoveries of prior year grants   | 2c |          |            |
| d | Other (Describe in Part XIII.)  | 2d | -1,103.  |            |
| e | Add lines 2a through 2d   | 2e |          | 134,281.   |
| 3 | Subtract line 2e from line 1  | 3  |          | 3,658,944. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |          |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |          |            |
| b | Other (Describe in Part XIII.)  | 4b |          |            |
| c | Add lines 4a and 4b   | 4c |          | 0.         |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  |          | 3,658,944. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|   |  |    |          |            |
|---|--|----|----------|------------|
| 1 | Total expenses and losses per audited financial statements                       |    | 1        | 2,147,360. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |          |            |
| a | Donated services and use of facilities   | 2a | 142,572. |            |
| b | Prior year adjustments   | 2b |          |            |
| c | Other losses   | 2c |          |            |
| d | Other (Describe in Part XIII.)   | 2d | -1,103.  |            |
| e | Add lines 2a through 2d  | 2e |          | 141,469.   |
| 3 | Subtract line 2e from line 1   | 3  |          | 2,005,891. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |          |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |          |            |
| b | Other (Describe in Part XIII.)   | 4b |          |            |
| c | Add lines 4a and 4b  | 4c |          | 0.         |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  |          | 2,005,891. |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

THE ORGANIZATION HAS ADOPTED INVESTMENT POLICIES FOR ENDOWMENT ASSETS IN WHICH FUNDS ARE INVESTED IN MANNER INTENDED TO EMPHASIZE LONG-TERM CAPITAL GROWTH. IN THE FUTURE, THE EARNINGS WILL BEGIN TO BE UTILIZED TOWARD EXPENSES ON A PERMANENT BASIS.

**PART X, LINE 2:**

THE ORGANIZATION HAS RECEIVED FROM THE INTERNAL REVENUE SERVICE AN EXEMPTION FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE FOR EXEMPT FUNCTION INCOME RECEIVED. A PROVISION IS MADE IN THE FINANCIAL STATEMENTS FOR INCOME TAXES ON UNRELATED TRADE OR BUSINESS INCOME EARNED, WHEN APPLICABLE. NO SIGNIFICANT TIMING OR OTHER

**Part XIII** Supplemental Information (continued)

DIFFERENCE THAT WOULD RESULT IN A MATERIAL DEFERRED INCOME TAX LIABILITY EXISTS.

MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE ACCOMPANYING FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT FEES REPORTED ON PART VIII AS NET OF INVESTMENT INCOME. -1,103.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT FEES REPORTED ON PART VIII AS NET OF INVESTMENT INCOME. -1,103.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |  | (a) Event #1  | (b) Event #2                 | (c) Other events   | (d) Total events                |          |
|-----------------|--|---|------------------------------|--------------------|---------------------------------|----------|
|                 |  | MAKING DREAMS COME (event type)                             | GOLF TOURNAMENT (event type) | - 1 (total number) | (add col. (a) through col. (c)) |          |
| Revenue         | 1  | Gross receipts  | 54,727.                      | 154,000.           | 26,034.                         | 234,761. |
|                 | 2  | Less: Contributions   | 44,727.                      | 105,715.           | 26,034.                         | 176,476. |
|                 | 3  | Gross income (line 1 minus line 2)                          | 10,000.                      | 48,285.            |                                 | 58,285.  |
| Direct Expenses | 4  | Cash prizes   |                              |                    |                                 |          |
|                 | 5  | Noncash prizes  |                              | 2,211.             |                                 | 2,211.   |
|                 | 6  | Rent/facility costs   | 6,375.                       |                    | 1,338.                          | 7,713.   |
|                 | 7  | Food and beverages  |                              | 11,135.            | 11,809.                         | 22,944.  |
|                 | 8  | Entertainment   |                              |                    |                                 |          |
|                 | 9  | Other direct expenses                                       | 13,398.                      | 12,351.            | 3,750.                          | 29,499.  |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) |                              |                    |                                 | 62,367.  |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) |   |                              |                    | -4,082.                         |          |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |  | (a) Bingo   | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col. (a) through col. (c))                    |  |
|-----------------|--|---|---|---|---|--|
|                 |  |   |   |   |   |  |
| Revenue         | 1  | Gross revenue   |   |   |   |  |
|                 | 2  | Cash prizes   |   |   |   |  |
| Direct Expenses | 3  | Noncash prizes  |   |   |   |  |
|                 | 4  | Rent/facility costs   |   |   |   |  |
|                 | 5  | Other direct expenses                                       |   |   |   |  |
| Revenue         | 6  | Volunteer labor   | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |  |
|                 | 7  | Direct expense summary. Add lines 2 through 5 in column (d) |   |   |   |  |
| 8               | Net gaming income summary. Subtract line 7 from line 1, column (d) |   |   |   |   |  |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

|                               |  |     |   |
|-------------------------------|--|-----|---|
| a The organization's facility |  | 13a | % |
| b An outside facility         |  | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: STRATEGIC GIFTS EXECUTIVES/PAK CONSULTING

(I) ADDRESS OF FUNDRAISER:

920 E. DEVONSHIRE AVE. UNIT 4008, PHOENIX, AZ 85014

(I) NAME OF FUNDRAISER: STRATEGIC GIFTS EXECUTIVES/PAK CONSULTING

(I) ADDRESS OF FUNDRAISER:

920 E. DEVONSHIRE AVE. UNIT 4008, PHOENIX, AZ 85014



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **FAMILY PROMISE - GREATER PHOENIX** Employer identification number **86-0914408**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art   |                            |   |  |   |
| 2 Art - Historical treasures                                 |                            |   |  |   |
| 3 Art - Fractional interests                                 |                            |   |  |   |
| 4 Books and publications                                     |                            |   |  |   |
| 5 Clothing and household goods                               |                            |   |  |   |
| 6 Cars and other vehicles                                    |                            |   |  |   |
| 7 Boats and planes   |                            |   |  |   |
| 8 Intellectual property                                      |                            |   |  |   |
| 9 Securities - Publicly traded                               | X                          | 4   | 34,621.  | MARKET PRICE  |
| 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                                  | X                          | 1   | 1,295,000.   | FAIR MARKET VALUE   |
| 17 Real estate - Other                                       |                            |   |  |   |
| 18 Collectibles  |                            |   |  |   |
| 19 Food inventory  | X                          | 1   | 132,735.   | FAIR MARKET VALUE   |
| 20 Drugs and medical supplies                                |                            |   |  |   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ( )   |                            |   |  |   |
| 26 Other ( )   |                            |   |  |   |
| 27 Other ( )   |                            |   |  |   |
| 28 Other ( )   |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **1**

|   | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? |     | X  |
| b If "Yes," describe the arrangement in Part II.  |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   | X   |    |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  | X   |    |
| b If "Yes," describe in Part II.  |     |    |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2021



**Part II** **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.

SCHEDULE M, LINE 32B:

VANGUARD IS USED FOR STOCK DONATIONS AND SALES. ALL STOCK DONATIONS ARE SOLD IMMEDIATELY UPON RECEIPT.

SCHEDULE M, LINE 33:

DONATED HOUSEHOLD GOODS, GIFT CARDS, CLOTHING, DIAPERS, PAPER GOODS, TOYS, BICYCLES, TOILETRIES, BOOKS, BLANKETS, NEW PILLOWS, PET FOOD/SUPPLIES.

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

FAMILY PROMISE - GREATER PHOENIX

Employer identification number

86-0914408

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GRADUATES FOR LONG-TERM SELF-SUFFICIENCY THROUGH EMPLOYMENT AND CASH  
FLOW SKILLS. ALL SERVICES ARE EXCLUSIVELY FOR FAMILIES WITH CHILDREN.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

LINGERING EFFECTS OF THE COVID-19 PANDEMIC REQUIRED EXTENDED CHANGES IN  
FAMILY PROMISE'S EFFECTIVE MODEL OF COMMUNITY-BASED SHELTER.

APPROXIMATELY 10 OF OUR 50 HOST CONGREGATIONS WERE HESITANT TO RESUME  
COVENANT SERVICES THAT TRADITIONALLY PROVIDE IN-KIND LODGING AND FOOD  
FOR OUR FAMILIES. FORTUNATELY, A NEW PARTNERSHIP WITH CENTRAL ARIZONA  
SHELTER SERVICES, WHO SPEARHEADS THE GLENDALE HOMELESS ALLIANCE,  
CREATED INDEPENDENT SPACE FOR OUR FAMILIES TO SHELTER-IN-PLACE. WE  
OPENED A SECOND GLENDALE SHELTER IN LATE 2021. EACH NIGHT, IT CAN SLEEP  
NEARLY 3 TIMES AS MANY FAMILIES AS OUR CONGREGATIONS CAN COMFORTABLY  
HOLD. WHILE NUMERICALLY WE HAD SPACE TO SERVE AS MANY FAMILIES AS IN  
THE PAST, THE BLENDED SHELTER MODEL NEGATIVELY IMPACTED GRADUATION  
RATES. QUITE SIMPLY, FAMILIES MISSED THE "LOVE IMMERSION" MODEL WHEN  
SHELTERING AT CONGREGATIONS. FOR OUR FAMILIES WHO STILL EXPERIENCE THAT  
MODEL, IT WORKS WONDERS ON THEIR MORALE AND MOTIVATION TO SUCCEED.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AFTERNOON ENRICHMENT, AND PARENTS THROUGH WORK AND SAVINGS. THIS  
EMPOWERS THEM TO SECURE SUSTAINABLE, LONG-TERM HOUSING. DURING 2021, WE  
PROVIDED SHELTER SERVICES TO 165 FAMILIES CONSISTING OF 217 ADULTS AND  
A RECORD 350 CHILDREN. THAT TRANSLATED TO 16,968 SHELTER NIGHTS BY THE  
INTERFAITH CONGREGATION NETWORK AND FAMILY PROMISE STAFF. APPROXIMATELY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

132211 11-11-21

|  |  |
|--|--|
| Name of the organization<br>FAMILY PROMISE - GREATER PHOENIX | Employer identification number<br>86-0914408 |
|--|--|

11,000 HOURS OF SERVICE WERE PROVIDED BY VOLUNTEERS TO SUPPLEMENT SERVICES PROVIDED BY PAID STAFF.

THE SHELTER PROGRAM ALSO FEATURED ITS FIRST FULL YEAR OF HOMELESS PREVENTION SERVICES. FUNDING SUPPORTED RENTAL SHORTFALL BEFORE FAMILIES BECOME HOMELESS AND SUPPORTED MOVE-IN COSTS FOR GRADUATES TO PREVENT A SLIDE BACK INTO HOMELESSNESS. WE SUPPORTED 85 CHILDREN IN 44 FAMILIES WITH PREVENTION SERVICES. IT ONLY COST \$329/CHILD TO PAD THEIR FAMILY'S HOUSING AND HEALTH STABILITY. REGULAR FOOD DONATIONS FROM THE COMMUNITY ALLOW US TO SEND EACH FAMILY HOME WITH A FOOD BOX TOO.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CENTER AND PARTNERS KNOW TO REFER HOMELESS FAMILIES TO US. WE BEGAN REGULARLY REACHING OUT TO OUR NEIGHBORS WITH NEEDS LIST REQUESTS VIA THE NEXTDOOR APP. MANY DONORS DROPPED OFF ITEMS AND TOURED OUR FACILITIES AS A RESULT. WE BEGAN SHOWING OUR SIGNATURE "JOURNEY OF A CHILD" VIDEO TO CONCLUDE EACH TOUR. NEIGHBORS, BUSINESS LEADERS, AND ORGANIZATION LEADERS ARE MOVED BY HOW SIMPLY FAMILY PROMISE CAN END FAMILY HOMELESSNESS WITH COMMUNITY SUPPORT.

FORM 990, PART VI, SECTION B, LINE 11B:

ORGANIZATION'S PROCESS TO REVIEW FORM 990: THE FULL 990 IS DISTRIBUTED TO ALL BOARD MEMBERS FOR REVIEW & COMMENT PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, ALL BOARD MEMBERS AND SENIOR STAFF MUST SIGN & RE-AFFIRM THERE ARE NO CONFLICTS OF INTEREST. ALL NEW BOARD MEMBERS ADDED DURING THE YEAR MUST ALSO DO THE SAME.

|  |  |
|--|--|
| Name of the organization<br>FAMILY PROMISE - GREATER PHOENIX | Employer identification number<br>86-0914408 |
|--|--|

FORM 990, PART VI, SECTION B, LINE 15:

THE FOLLOWING POSITIONS ARE EVALUATED ON AN ANNUAL BASIS: EXECUTIVE DIRECTOR, DIRECTOR OF FINANCE, DIRECTOR OF CHARITABLE GIVING, AND MANAGING PROGRAM DIRECTOR. THE PROCESS OF DETERMINING COMPENSATION OF THESE INDIVIDUALS INCLUDES A REVIEW AND APPROVAL BY INDEPENDENT MEMBERS OF THE BOARD. COMPARABILITY DATA USED IN THE REVIEW PROCESS IS OBTAINED FROM THE ARIZONA STATE UNIVERSITY LODESTAR CENTER OF PHILANTHROPY & NONPROFIT INNOVATIONS NONPROFIT COMPENSATION AND BENEFITS REPORT FOR MARICOPA AND PIMA COUNTY ARIZONA ORGANIZATIONS. FINAL COMPENSATION AND BENEFITS ARE INCLUDED IN THE ANNUAL BUDGET AND APPROVED BY THE ENTIRE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS DISCLOSURE EXPLANATION: ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND ANNUAL FINANCIALS ARE AVAILABLE ELECTRONICALLY OR A HARD COPY IS PROVIDED UPON REQUEST.

FORM 990, PART XII, LINE 2C:

FINANCE COMMITTEE OF BOARD OF DIRECTORS HANDLES SELECTION PROCESS.

# Statement for Revenue Procedure 2021-48

Taxpayer's Name **FAMILY PROMISE - GREATER PHOENIX**  
 Taxpayer's Address **7447 E. EARLL DR.**  
**SCOTTSDALE, AZ 85251**  
 Taxpayer's SSN/EIN **86-0914408**

The taxpayer is applying the following sections of Revenue Procedure 2021-48 of tax year 2021 :  
**SECTION 3.01(1)**

| Year of Loan | Description                              | Tax-Exempt Income | Was the loan forgiven as of the date of the return is filed? |
|--------------|--|-------------------|--|
| 2020         | NATIONAL BANK OF AZ-PPP LOAN FORGIVENESS | 140,900.          | Y  |
|              |  |                   | -  |
|              |  |                   | -  |
|              |  |                   | -  |
|              |  |                   | -  |