Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.
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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 are the original and one copy of the 2022 Exempt Organization return, as follows...

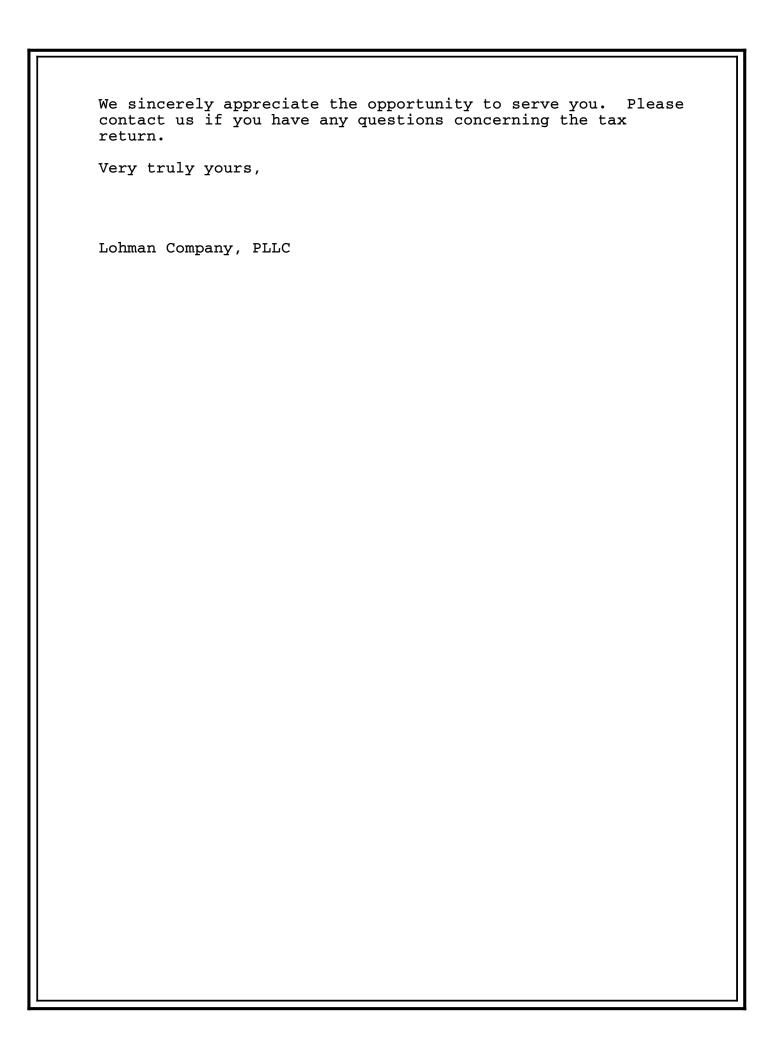
2022 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

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.



TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

December 31, 2022

Prepared for	Ted Taylor Family Promise - Greater Phoenix 7447 E. Earll Dr. Scottsdale, AZ 85251
Prepared by	Lohman Company, PLLC 1630 S. Stapley Dr., Suite 108 Mesa, AZ 85204
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	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, 2023.
	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.

THIS IS NOT A FILEABLE COPY *****

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning , 2022, and ending

- GREATER PHOENIX

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Form 8879-TF

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Name of filer

86-0914408

EIN or SSN

TED TAYLOR Name and title of officer or person subject to tax CEO

FAMILY PROMISE

Type of Return and Return Information Part I

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

iui oi	io inio ini i diti.			
1a	Form 990 check here	X	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 3,198,883
2a	Form 990-EZ check he	re 🔲	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check	here	b Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check he	re 🔲	b Tax based on investment income (Form 990-PF,	Part V, line 5) 4b
5a	Form 8868 check here		b Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here	·	b Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here		b Total tax (Form 4720, Part III, line 1)	7b
8a	Form 5227 check here		b FMV of assets at end of tax year (Form 5227, Iter	n D) 8b
9a	Form 5330 check here		b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check h	iere 🔲	b Amount of credit payment requested (Form 8038	-CP, Part III, line 22) 10b
Part	II Declaration	and Signati	re Authorization of Officer or Person Sul	ect to Tax
Inder	penalties of perjury, I ded	lare that X	am an officer of the above entity or I am a perso	n subject to tax with respect to (name
f entit	y)		, (EIN)	and that I have examined a copy of the
022 e			dules and statements, and, to the best of my knowled	

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 m 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
------	-------	-----	-----	------

X	I authorize	LOHMAN	COMPANY,	PLLC	to enter my PIN	12345
			<u> </u>		•	F . "

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 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 2022 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.

**** THIS IS NOT A FILEABLE COPY **** Signature of officer or person subject to tax

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 2022 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** (2022)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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. 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. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print 86-0914408 FAMILY PROMISE - GREATER PHOENIX File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 7447 E. EARLL DR. return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. SCOTTSDALE, AZ 85251 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 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) TED TAYLOR, CEO 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. NOVEMBER 15, 2023, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **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. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 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

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

Form 8868 (Rev. 1-2022)

instructions.

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning

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

and ending

3 C	heck if	C Name of organization		D Employer identification number			
_	Addre						
	_chang _Name _chang			86-09144	0.8		
Н	_cnang Initial return	Doing business as Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	-		
Н			hoom/suite	480-659-			
	Final return termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,357,655.		
	Amen			H(a) Is this a group re			
	⊒return ⊒Applio	·		for subordinates			
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in			
ΙT	ax-ex	empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) 4947(a)(1)	or 527	1	list. See instructions		
	Vebsi			H(c) Group exemptio			
		forganization: X Corporation Trust Association Other	L Year		№ State of legal domicile: AZ		
	rt I	Summary		•	<u> </u>		
4	1	Briefly describe the organization's mission or most significant activities: HOUS	ING SU	PPORT SERVI	CES FOCUSED		
Governance		ON PREVENTING HOMELESSNESS, PROVIDING SH	ELTER,	AND PREPAR	ING		
rna	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	ssets.		
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	16		
	4	Number of independent voting members of the governing body (Part VI, line 1b)			16		
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	29		
viti	6	Total number of volunteers (estimate if necessary)		6	3800		
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.		
				Prior Year	Current Year		
ě	8	Contributions and grants (Part VIII, line 1h)		3,643,893.	3,091,222.		
en	9	Program service revenue (Part VIII, line 2g)		0.	7,650.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		14,440.	8,491.		
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		611.	91,520.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,658,944.	3,198,883.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0. 0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)			1,120,791.		
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,039,221.	1,120,791.		
en		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 580, 6	67	40,230.	103,007.		
ă				926,420.	891,070.		
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,005,891.	2,117,528.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,653,053.	1,081,355.		
es es	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	-	5,154,498.	6,204,819.		
ASS I Ba		Total liabilities (Part X, line 26)	·····	1,725,795.	1,751,449.		
Ner I		Net assets or fund balances. Subtract line 21 from line 20		3,428,703.	4,453,370.		
	rt II	Signature Block		, ,	<u>, , , , , , , , , , , , , , , , , , , </u>		
Jnde	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of m	y knowledge and belief, it is		
rue,	correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.			
Sigr	1	Signature of officer		Date			
Here	е	TED TAYLOR, CEO					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check Check	PTIN		
Paid		DENNIS M. HARE		self-employ			
	arer	Firm's name LOHMAN COMPANY, PLLC		Firm's EIN 8	6-0985325		
Use	Only	Firm's address 1630 S. STAPLEY DR., SUITE 108			0 055 4400		
		MESA, AZ 85204		Phone no.48	0-355-1100		
May	the I	RS discuss this return with the preparer shown above? See instructions			X Yes No		

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
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?
	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? 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, 336, 527 • including grants of $\$$) (Revenue $\$$ 7, 650 •)
	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 \$ 15,145. including grants of \$) (Revenue \$ 592.)
	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 \$240,000 IN 2022. 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 \$\frac{1}{2}
<u>4e</u>	Total program service expenses 1,351,672.
	Form 990 (2022

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			3,7
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
0		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			Х
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			Х
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		х
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''		\vdash
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2022) FAMILY PROMISE - GREATER PHOENIX Part IV Checklist of Required Schedules (continued)

			1.,	·	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l	
	Schedule J	23		X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		X	
b	Schedule K. If "No," go to line 25a	24b			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
	any tax-exempt bonds?	24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
		25b		х	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x	
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III				
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>				
_	"Yes," complete Schedule L, Part IV	28a		Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f				
	"Yes," complete Schedule L, Part IV	28c		X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		X	
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 31			
-	Schedule N, Part II	32		Х	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			۱,,	
0.5	Part V, line 1	34		X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a			
Ь	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000			
	If "Yes," complete Schedule R, Part V, line 2	36		Х	
37					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI				
38					
Pai	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х		
· al	Check if Schedule O contains a response or note to any line in this Part V				
	Silver in Seriodale & Contains a respection of floto to diffy fillo in this flat v		Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 21				
b					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	1c	X		

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(D22) FAMILY PROMISE - GREATER PHOENIX Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a 29						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2 b	Х				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other							
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х			
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	any contributions that were not tax deductible as charitable contributions?		6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts						
	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a	X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	•						
	to file Form 8282?		7с		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g 7h		X			
_								
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
_	sponsoring organization have excess business holdings at any time during the year?							
	9 Sponsoring organizations maintaining donor advised funds.							
a			9a 9b					
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		90					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:	100						
	Gross income from members or shareholders	11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	110						
	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
14a			14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune							
	excess parachute payment(s) during the year?		15		Х			
	If "Yes," see the instructions and file Form 4720, Schedule N.				77			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17					
	If "Yes," complete Form 6069.							

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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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
р	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401-		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	21	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	X	
	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	IZD	21	
С		12c	х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion 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) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X 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, are	d finar	ncial	
	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, CEO - 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average	(do	not cl	(C Posi	C) ition	than	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week		box, unless person is both an officer and a director/trustee)		compensation from	compensation from related	amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) TED TAYLOR	40.00									
CHIEF EXECUTIVE OFFICER				Х				91,702.	0.	10,548.
(2) PHYLLIS BANUCCI	4.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(3) LAURA SEVER BLANCO	4.00									
BOARD MEMBER		Х						0.	0.	0.
(4) JULIE CIENIAWSKI	4.00									
BOARD MEMBER		Х						0.	0.	0.
(5) DON HENNINGER	4.00									
BOARD MEMBER		Х						0.	0.	0.
(6) GABRIELLE LAWRENCE	4.00									
BOARD MEMBER		Х						0.	0.	0.
(7) KEVIN MAXWELL	4.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(8) JOANNE MIZELL	4.00									
BOARD MEMBER		Х						0.	0.	0.
(9) TIM NICHOLS	4.00							_	_	_
TREASURER		Х		Х				0.	0.	0.
(10) DANIEL PIKE	4.00									
VICE CHAIR		Х		Х				0.	0.	0.
(11) MIKE REDIVO	4.00									
BOARD MEMBER		Х						0.	0.	0.
(12) TAMARA SHELMAN	4.00									
BOARD MEMBER		Х						0.	0.	0.
(13) NEIL SUTTON	4.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(14) JANET DEL VALLE	4.00									
BOARD MEMBER		Х						0.	0.	0.
(15) CHRIS WOODARD	4.00									
SECRETARY		Х		Х				0.	0.	0.
(16) TIM MCGOUGH	4.00	$\lfloor \rfloor$						_	_	_
CHAIRMAN		Х		Х	<u> </u>			0.	0.	0.
(17) JO ELLEN MCNAMARA	4.00	_						_	_	_
BOARD MEMBER		Х						0.	0.	0.

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(A) Name and title	(B) Average hours per week	box offi	not c , unle	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	a	(F) stimate mount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	org ar	npensa from th ganiza nd rela ganizat	ne tion ted
(18) LARRY HEWITT	4.00							•	•			•
BOARD MEMBER	4.00	Х				├		0.	0.	_		0.
(19) JACKIE JOHNSON BOARD MEMBER	4.00	Х						0.	0.			0.
1b Subtotal								91,702.	0.		.0,5	0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								91,702.	0.		0,5	
2 Total number of individuals (including but								· · · · · · · · · · · · · · · · · · ·			, .	_
compensation from the organization											Yes	0 No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for	,	,	,		,	,	_	, , ,	•	3	163	Х
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization	4		Х
5 Did any person listed on line 1a receive or										4		
rendered to the organization? If "Yes," con					-					5		Х
Section B. Independent Contractors												
 Complete this table for your five highest or the organization. Report compensation for 	-	-							· · · · · · · · · · · · · · · · · · ·	sation	from	
(A) Name and business			ONI					(B) Description of s		Comp	C) ensatio	nn
- Name and business	3 address	14()INI	<u>. </u>				Description of s	CIVICCS		- I Gatic	<u> </u>
2 Total number of independent contractors		ot li	mite	d to		_	stec	d above) who received m	nore than			
\$100,000 of compensation from the organ	ization				(0				Form	990	(2022)

Pa	rt VI			=			
		Check if Schedule O contains a response	or note to any lin	7.1		(C)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1d 2,	234,038. 403,315. 453,869. 112,210.	3,091,222.			
			Business Code				
Program Service Revenue	2 a		900099	7,650.	7,650.		
gra Re	d						
jo	е		<u> </u>				
_		All other program service revenue		7,650.			
	3	Total. Add lines 2a-2f Investment income (including dividends, intere					
		other similar amounts)		8,956.			8,956.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
	_	(i) Real	(ii) Personal				
		Gross rents 6a	<u> </u>				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss) (i) Securities	(ii) Other				
	/ a	04 500	1,931.				
	L	assets other than inventory A 24,598. Less: cost or other basis	1,951.				
<u>a</u>	b	and sales expenses	1,877.				
Revenue	_	Gain or (loss) 76 -519.	54.				
Pe		Net gain or (loss)		-465.	54.		-519.
ē		Gross income from fundraising events (not					
Ott	b		222,706. 131,778.				
				90,928.			90,928.
		Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold10b					
	С	Net income or (loss) from sales of inventory					
sn			Business Code	FOO	E00		
Miscellaneous Revenue		REVENUE OTHER	900099	592.	592.		
lar	b						
Re	C						
Σ		All other revenue		592.			
	12	Total revenue. See instructions		3,198,883.	8,296.	0.	99,365.
				, ,	-,		, •

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 respon	·	this Part IX		
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total experieds	expenses	general expenses	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				
4	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	91,703.	27,511.	18,341.	45,851
6	trustees, and key employees Compensation not included above to disqualified	51,705.	27,311.	10,511.	45,051
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		847,906.	584,319.	27,271.	236,316
7 8	Other salaries and wages Pension plan accruals and contributions (include	O=1,500•	304,317.	21,211.	250,510
o	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	107,101.	63,178.	11,503.	32,420
10	Payroll taxes	74,081.	48,201.	3,779.	22,101
11	Fees for services (nonemployees):	, 1, 0010	20,201.	27.73	,
''	Management				
b	Legal	16,494.		16,494.	
c	Accounting	21,184.	10,592.	10,592.	
d					
e	D (' 1(1 ' ' ' ' O D ' N ' ' ' 47	105,667.			105,667
f	Investment management fees				
g					
3	column (A), amount, list line 11g expenses on Sch 0.)	4,649.	3,637.	168.	844
12	Advertising and promotion	90,874.	15,457.	1,228.	74,189
13	Office expenses	36,014.	19,083.	11,813.	5,118
14	Information technology	75,207.	34,430.	7,157.	33,620
15	Royalties		-		
16	Occupancy	162,825.	151,296.	8,510.	3,019
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,323.	5,660.	6,269.	1,394
20	Interest	14,654.		14,654.	
21	Payments to affiliates	8,500.	8,500.		
22	Depreciation, depletion, and amortization	233,733.	175,782.	44,651.	13,300
23	Insurance	26,681.	24,560.	2,121.	
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 0.)				
а	SHELTER PROGRAM	99,297.	91,831.	638.	6,828
b	DONATED GOODS	87,635.	87,635.		
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,117,528.	1,351,672.	185,189.	580,667
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	ιΛ	Balance Sheet					
		Check if Schedule O contains a response or no	ote to ar	ny line in this Part X			<u></u>
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			277,371.	1	1,247,360.
	2	Savings and temporary cash investments			373,414.	2	53,579.
	3	Pledges and grants receivable, net			21,586.	3	541,261.
	4	Accounts receivable, net			116,089.	4	117,626.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	lified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	ed in se	ction 4958(c)(3)(B)		6	
ţ.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8		
⋖	9	Prepaid expenses and deferred charges			4,941.	9	7,121.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		4,562,738.			
	b	Less: accumulated depreciation	10b	974,805.	3,771,749.	10c	3,587,933.
	11	Investments - publicly traded securities			417,071.	11	393,359.
	12	Investments - other securities. See Part IV, line		156,795.	12	132,580.	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15,482.	15	124,000.	
\rightarrow	16	Total assets. Add lines 1 through 15 (must equ			5,154,498.	16	6,204,819.
	17	Accounts payable and accrued expenses			80,795.	17	128,228.
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or for					
≝		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the			1,645,000.	22	1,569,635.
	23	Secured mortgages and notes payable to unre			1,045,000.	23	1,309,033.
	24	Unsecured notes and loans payable to unrelate		_		24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	S 17-24). Complete Part X	0.	25	53,586.
	26	of Schedule D			1,725,795.	26	1,751,449.
\rightarrow	20	Organizations that follow FASB ASC 958, ch			1,725,755	20	1,751,445.
è		and complete lines 27, 28, 32, and 33.	eck nei				
a	27				2,823,437.	27	2,904,364.
Bal	28	Net assets with donor restrictions			605,266.	28	1,549,006.
pu		Organizations that do not follow FASB ASC			,		
교		and complete lines 29 through 33.	000, 011				
jo	29	Capital stock or trust principal, or current funds	s			29	
) sets	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated i		_		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			3,428,703.	32	4,453,370.
-	33	Total liabilities and net assets/fund balances			5,154,498.	33	6,204,819.
	<u>აა</u>	rotal liabilities and het assets/tund daiances			J, 1J4, 490 •	ა პ	0,204,

Pa	rt XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI					
			_	4.0		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,19</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,11		
3	Revenue less expenses. Subtract line 2 from line 1	3				55.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	,42		
5	Net unrealized gains (losses) on investments	5		-5	6,6	88.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	1 /					
9	Other changes in net assets or fund balances (explain on Schedule O)					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	4	,45	3,3	70.
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual 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?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	š,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	.,			
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

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

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

FAMILY PROMISE - GREATER PHOENIX

Employer identification number 86-0914408

Pa	rt I	Reason for Public (Charity Status. (All organizations must o	omplete th	nis part.) S	See instructions.			
he	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	heck only	one box.)				
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	n 170(b)(1	IVAVi).			
2		A school described in secti					-7676-7-			
	H			•		V6V4VAV:	:: \			
3	H	A hospital or a cooperative								
4		A medical research organiz	ation operated in col	njunction with a nospita	described	ın sectio	n 170(b)(1)(A)(III). Enter	the nospital's name,		
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owne	d or operat	ted by a g	overnmental unit describ	ped in		
		section 170(b)(1)(A)(iv). (C	omplete Part II.)							
6	Ш	A federal, state, or local gov	ernment or governn	nental unit described in	section 17	⁷ 0(b)(1)(A)	(v).			
7	X	An organization that norma	lly receives a substa	ntial part of its support t	rom a gov	ernmental	unit or from the general	public described in		
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)							
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t 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 norma	Ily receives (1) more	than 33 1/3% of its sun	nort from (contributio	ons membershin fees a	nd aross receints from		
		activities related to its exen	· · · · · · · · · · · · · · · · · · ·	•				-		
		income and unrelated busin		(less section 511 tax) if	om busine	sses acqu	ilred by the organization	arter June 30, 1975.		
		See section 509(a)(2). (Cor					20()(4)			
11	H	An organization organized a	-	•	-					
12	ш	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 o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, and 12g.			
а			inization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving giving		
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or trustees of the s	supporting		
		organization. You must c	omplete Part IV, Se	ections A and B.						
b		Type II. A supporting orga	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	iving		
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrat	ed with,		
		its supported organization					•			
d		Type III non-functionally		•				zation(s)		
		that is not functionally int	•					• •		
		requirement (see instruct	-	-	-		•			
۵		Check this box if the orga	-	-						
Ŭ		functionally integrated, or					z type i, type ii, type iii			
f	Ente	er the number of supported of		nany integrated support	ing organiz	Lation.				
		ride the following information		d organization(s)						
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other		
		organization		(described on lines 1-10	Yes	No	support (see instructions)	support (see instructions)		
				above (see instructions))						

(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.)

Sec	ction A. Public Support	71		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	` ,	` '	` ,	. ,	. ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	1,253,674.	1,552,621.	2,091,175.	3,643,893.	3,091,222.	11,632,585.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,253,674.	1,552,621.	2,091,175.	3,643,893.	3,091,222.	11,632,585.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						948,653.
	Public support. Subtract line 5 from line 4.						10,683,932.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1,253,674.	1,552,621.	2,091,175.	3,643,893.	3,091,222.	11,632,585.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	9,589.	16,781.	13,499.	9,876.	8,956.	58,701.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital				4 600		
	assets (Explain in Part VI.)				4,693.	592.	5,285.
11	Total support. Add lines 7 through 10						11,696,571.
12	•					12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	501(c)(3)	
_	organization, check this box and stor		•				<u></u>
	ction C. Computation of Publ						01 24
	Public support percentage for 2022 (14	$\frac{91.34}{92.98}$ %
	Public support percentage from 2021					15	,,,
16a	33 1/3% support test - 2022. If the c	•		•		•	
_	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the d	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	· ·					•
	and if the organization meets the fact			=	-	VI how the organiz	ation
_	meets the facts-and-circumstances to	•	•				
b	10% -facts-and-circumstances tes	· ·				,	10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circ		-				
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16a	, 16b, 1/a, or 17b	, cneck this box a		S

Schedule A (Form 990) 2022

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.)

Sec	qualify under the tests listed better the tests listed better the tests listed better the tests listed between the tests	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(a) 2020	(4) 2021	(a) 2022	(f) Total
	Gifts, grants, contributions, and	(a) 2016	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
'	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	inace under coetion E10						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
·	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here		<u></u>				
	tion C. Computation of Publ					11	
	Public support percentage for 2022 (15	<u>%</u>
	Public support percentage from 2021 etion D. Computation of Investigation					16	<u>%</u>
	•					17	0/
	Investment income percentage for 20					 	%
	Investment income percentage from 3 3 1/3% support tests - 2022. If the					18	% 17 is not
เฮส							
L	more than 33 1/3%, check this box a 33 1/3% support tests - 2021. If the						
D	33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	atc roundation. If the organization	II GIG HOL OHEUN A	. 201 UII UI 14, 18	a, or rob, oricon t	וווט טטא מווע סכב ווו	J. 404010	

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Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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

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

	Yes	No
1		
2		
0-		
3a		
3b		
3с		
4		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
٥L		
9b		
9c		
33		
10a		
10b		

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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	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? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
	supervised, or controlled the supporting organization.	2		
Seci	ion C. Type II Supporting Organizations			
_			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
	ion D. All Type III Supporting Organizations			
-	Divin Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Oh		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		

Sche	idule A (Form 990) 2022 FAMILY PROMISE - GREATE			86-0914408 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	on Nov. 20, 1970 (e <i>xplain i</i>	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	comple	ete Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		

	CITICI	gency temporary reduction (see instructions).	ס		
7		Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting orga	anization (see
		instructions).			

Schedule A (Form 990) 2022

2

3 4

5

Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Par	t V T	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ued)	
Secti	on D - D	istributions				Current Year
1	Amounts	s paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts	s paid to perform activity that directly furthers exemp	ot purposes of supported			
	organiza	ations, in excess of income from activity			2	
3	Adminis	trative expenses paid to accomplish exempt purpose	es of supported organization	าร	3	
4	Amount	s paid to acquire exempt-use assets			4	
5	Qualified	d set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6		stributions (describe in Part VI). See instructions.			6	
7	Total an	nnual distributions. Add lines 1 through 6.			7	
8	Distribut	tions to attentive supported organizations to which the	e			
	(provide	details in Part VI). See instructions.		8		
9	Distribut	table amount for 2022 from Section C, line 6		9		
10	Line 8 a	mount divided by line 9 amount			10	
		•	(i)	(ii)		(iii)
Secti	ion E - Di	istribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
1	Distribut	table amount for 2022 from Section C, line 6				
2	Underdi	stributions, if any, for years prior to 2022 (reason-				
	able cau	use required - explain in Part VI). See instructions.				
3	Excess	distributions carryover, if any, to 2022				
а	From 20	17				
b	From 20	118				
С	From 20	19				
d	From 20	20				
е	From 20	21				
f	Total of	lines 3a through 3e				
g	Applied	to underdistributions of prior years				
h	Applied	to 2022 distributable amount				
i	Carryove	er from 2017 not applied (see instructions)				
j	Remaind	der. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distribut	tions for 2022 from Section D,				
	line 7:	\$				
a	Applied	to underdistributions of prior years				
b	Applied	to 2022 distributable amount				
С	Remaind	der. Subtract lines 4a and 4b from line 4.				
5	Remaini	ng underdistributions for years prior to 2022, if				
	any. Sub	otract lines 3g and 4a from line 2. For result greater				
	than zer	o, explain in Part VI. See instructions.				
6	Remaini	ng underdistributions for 2022. Subtract lines 3h				
	and 4b f	from line 1. For result greater than zero, explain in				
		See instructions.				
7	Excess	distributions carryover to 2023. Add lines 3j				
	and 4c.	·				
8	Breakdo	own of line 7:				
		from 2018				
		from 2019				
		from 2020				
		from 2021				
		from 2022				

Schedule A (Form 990) 2022

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

FAMILY PROMISE - GREATER PHOENIX

86-0914408

		TIET TROUTED CREMITER THOUSAND	00 071100		
Organiz	ation type (check or	ne):			
Filers of	f:	Section:			
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 99	0-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.		
General	Rule				
	· ·	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's			
Special	Rules				
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support t and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Folian 1. Complete Parts I and II.	I that received from any one		
	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.				
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled mo ere the total contributions that were received during the year for an exclusively religious, applete any of the parts unless the General Rule applies to this organization because it respectively, etc., contributions totaling \$5,000 or more during the year	re than \$1,000. If this box charitable, etc., ceived <i>nonexclusively</i>		
answer '	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, I requirements of Schedule B (Form 990).			

223451 11-15-22

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

Schedule B (Form 990) (2022)

Name of organization Employer identification number

FAMILY PROMISE - GREATER PHOENIX

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$_	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	- Training duding to the state of the state	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZiF + +	\$ 90,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$_	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

FAMILY PROMISE - GREATER PHOENIX

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>112,250.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>102,750.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$300,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	- Trumo, addi ooo, and En 11	\$ 113,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$86,015.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

FAMILY PROMISE - GREATER PHOENIX

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$80,545.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

FAMILY PROMISE - GREATER PHOENIX

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
13	495 SH FIDELITY ADVISOR-NEW INSIGHTS CII (FINSX)	\$15,390.	_11/25/22_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
223453 11-15		\$	Schedule R (Form 990) (2022)

Name of organization Employer identification number

Free breefers by well allowed to be suitable to the constantion of			86-0914408		
from any one contributor. Complete columns (a)	ions to organizations described in section		hat total more than \$1,000 for the yea		
completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or less for	r the year. (Enter this info. o	nce.) \$		
Use duplicate copies of Part III if additional	space is needed.				
(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
	(e) Transfer of gift	-			
Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
(e) Transfer of gift					
Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Desc	ription of how gift is held		
(b) Purpose of gift Transferee's name, address, a	(e) Transfer of gift		ription of how gift is held		
	(e) Transfer of gift				
	(e) Transfer of gift				
	(e) Transfer of gift	Relationship of tra			
Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4	Relationship of tra	nsferor to transferee		
	(b) Purpose of gift Transferee's name, address, a (b) Purpose of gift	(b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (c) Use of gift	(b) Purpose of gift (c) Use of gift (d) Description (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (d) Description (e) Transfer of gift (d) Description (e) Transfer of gift		

(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 Inspection

Name of the organization

FAMILY PROMISE - GREATER PHOENIX

Employer identification number 86-0914408

Par			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4) 2 51161 4411054 141145	(2) - 2.1.20 2.1.2 2.1.0 2.20
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	L	sed funds
•	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing concerve	ation agreements during the year
′	Amount of expenses incurred in monitoring, inspecting, hand	diling of violations, and emorcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	0(b)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservat		
•	balance sheet, and include, if applicable, the text of the foot		
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furth	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$ <u></u>
			•
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2022

232051 09-01-22

rai		PROMISE - (86-09			ge 2
	t III Organizations Maintaining C			·			nuea)	
3	Using the organization's acquisition, accessi	ion, and other record	s, cneck any of the	following that make	significant use of its	;		
	collection items (check all that apply):		— .					
а	Public exhibition	a		hange program				
b	Scholarly research	е	Other					
C	Preservation for future generations							
4	Provide a description of the organization's co					τ XIII.		
5	During the year, did the organization solicit of					٦,,,		NI -
Dar	to be sold to raise funds rather than to be m t IV Escrow and Custodial Arran					_ Yes		No
ı uı	reported an amount on Form 990, Pa		te ii trie organizatio	ITAIISWEIEU TES O	11 FOIII 990, Pait IV,	iii le 9, 0	ı	
1a	Is the organization an agent, trustee, custod					_		
	on Form 990, Part X?				L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					
						Amoun	ıt	
	Beginning balance							
	Additions during the year							
	Distributions during the year							
	Ending balance					_		
	Did the organization include an amount on F				•	Yes		No
	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete	(a) Current year		(c) Two years back		(a) Fou	r years b	ack
		<u> </u>	(b) Prior year	(C) TWO years back	(u) Tillee years back	(e) ou	i yoʻaro L	aun
	Desire the state of the state o	26 072	25 102				-	
	Beginning of year balance	26,872.	25,193.	25 102				
b	Contributions	·	·	25,193.				
b c	Contributions	26,872. -3,935.	25,193. 1,893.	25,193.				
b c d	Contributions Net investment earnings, gains, and losses Grants or scholarships	·	·	25,193.				
b c d	Contributions	·	·	25,193.				
b c d e	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs	-3,935.	1,893.	25,193.				
b c d e	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses	-3,935. 214.	1,893.					
b c d e f g	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance	-3,935. 214. 22,723.	1,893. 214. 26,872.	25,193.				
b c d e f g	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cur	-3,935. 214. 22,723.	214. 26,872. e (line 1g, column (a	25,193.				
b c d e f g 2 a	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment	-3,935. 214. 22,723. rent year end balance	1,893. 214. 26,872.	25,193.				
b c d e f g 2 a b	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment	214. 22,723. rent year end balance	214. 26,872. e (line 1g, column (a	25,193.				
b c d e f g 2 a b	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment Term endowment	214. 22,723. rent year end balance	214. 26,872. e (line 1g, column (a	25,193.				
b c d e f g 2 a b c	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sho	214. 22,723. rent year end balance %	1,893. 214. 26,872. e (line 1g, column (a	25,193. a)) held as:				
b c d e f g 2 a b c	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sho	214. 22,723. rent year end balance	1,893. 214. 26,872. e (line 1g, column (a	25,193. a)) held as:			Yes	No
b c d e f g 2 a b c	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by:	214. 22,723. rent year end balance % which is a second of the organization of the organization.	214. 26,872. e (line 1g, column (a_%	25,193 a)) held as:	the	20(1)		No
b c d e f g 2 a b c	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by: (i) Unrelated organizations	-3,935. 214. 22,723. rent year end balance % which is a second of the organization of the organization.	214. 26,872. e (line 1g, column (a_%	25,193. i)) held as:	the		Yes X	
b c d e f g 2 a b c 3a	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by: (i) Unrelated organizations (ii) Related organizations	-3,935. 214. 22,723. rent year end balance % which is a second of the organization of the organization.	214. 26,872. e (line 1g, column (a_%	25,193. ii) held as:	the	3a(ii)		No X
b c d e f g 2 a b c 3a	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by: (i) Unrelated organizations	-3,935. 214. 22,723. rent year end balance % % ould equal 100%. ession of the organiza	214. 26,872. e (line 1g, column (a _%	25,193. ii) held as:	the	3a(ii)		

Description of property	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book value			
	basis (investment)	basis (other)	depreciation				
1a Land		762,100.		762,100.			
b Buildings		2,687,061.	295,583.				
c Leasehold improvements		837,776.	489,542.	348,234.			
d Equipment		194,343.	157,321.	37,022.			
e Other		81,458.	32,359.	49,099.			
	ıl Form 990, Part X, colui	otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					

Schedule D (Form 990) 2022

	ISE - GREATEI	R PHOENIX 8	6-0914408 Page
Part VII Investments - Other Securities.	on Form 000, Dort IV, line	a 11h Can Farm 000 Dart V lina 10	
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	and-of-vear market value
	(b) Book value	(b) Mothed of Valuation. Good of C	ond or your market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)		1	•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITY			53,586
(3)			
(4)			
(5)			
(6)			
(7)			

Total. (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.... X

Schedule D (Form 990) 2022

53,586.

(8)

Part XI	Recond	iliation of Re	evenue per	Audited	Financial	Statements	With F	Revenue pe	r Return.

Pa	Reconciliation of Revenue per Audited Financial Sta	atements with	Revenue per R	eturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements .			1	3,297,520.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-56,688.		
b	Donated services and use of facilities	2b	155,325.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	98,637.
3	Subtract line 2e from line 1			3	3,198,883.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
5		.)		5	3,198,883.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	tatements Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total expenses and losses per audited financial statements			1	2,272,853.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	155,325.		
b	Prior year adjustments	2b			
С	Other losses	1 - 1			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	155,325.
3	Subtract line 2e from line 1			3	2,117,528.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
_	Add lines 4a and 4h			46	0.

Part XIII Supplemental Information.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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 232054 09-01-22

2,117,528.

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SCNO	בוווחב	 ı⊢orm	uui 11	ンロン

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

FAMILY PROMISE - GREATER PHOENIX

Employer identification number

86-0914408 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants f X Solicitation of government grants X Internet and email solicitations g X Special fundraising events Phone solicitations X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) SOLUTIONS TO SUCCESS/PAK A JOURNEY HOME CAPITAL Yes No CONSULTING - 920 E. AMPATGN Х 1,389,035 93,500 1,295,535. HAIRPIN CONSULTING LLC - 4290 CUSTOMER (DONOR) E. SIERRA MADRE AVE, GILBERT RELATIONSHIP MANAGEMENT Х 0 10,000 0. 1,389,035. 103,500. 1 295 535. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. $\overline{\mathsf{AZ}}$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2022

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-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	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		
			WINES AROUND		_	(add col. (a) through		
				TOURNAMENT	1	col. (c))		
æ			(event type)	(event type)	(total number)	. "		
Revenue		Out of the second sector	292,902.	163,842.		456,744.		
Re	1	Gross receipts	292,902.	105,042.		450,744.		
	2	Less: Contributions	201,096.	32,942.		234,038.		
	_	2000. CONTRIBUTIONS		02,022				
	3	Gross income (line 1 minus line 2)	91,806.	130,900.		222,706.		
	4	Cash prizes						
	_			0.070		0 070		
Š	5	Noncash prizes		9,070.		9,070.		
suse	6	Rent/facility costs	25,453.	18,073.		43,526.		
Direct Expenses	١	Tient facility costs	23,1331	20,0100		13,3201		
žt E	7	Food and beverages	23,701.	7,701.		31,402.		
Ö								
	8	Entertainment	25.262	4.4.506		45 550		
	9	Other direct expenses	27,863.	14,586.	5,330.	47,779.		
						131,777. 90,929.		
Pa	rt I	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a		000 Part IV line 10 or		30,323.		
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1990, 1 art 10, iiile 19, 01	reported more triain			
4		,	(a) Dia sa	(b) Pull tabs/instant	(-) Other and a series as	(d) Total gaming (add		
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))		
Seve								
	1	Gross revenue						
ses	2	Cash prizes						
cent	2	Noncash prizes						
Direct Expenses	٦	Noncasti prizes						
irect	4	Rent/facility costs						
莅								
	5	Other direct expenses						
			Yes %	Yes %	Yes %			
	6	Volunteer labor	└── No	∟ No	└── No			
	7	Direct expense summary. Add lines 2 through	5 in column (d)					
	′	bliect expense summary. Add lines 2 through	13 III Coldillii (u)					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)					
		,	, , ,					
		ter the state(s) in which the organization condu	_					
		the organization licensed to conduct gaming a	ctivities in each of these	states?	Yes No			
b	If "	No," explain:						
10-	\\/c	ere any of the organization's gaming licenses re	avoked suspended orto	erminated during the tax	vear?	Yes No		
		Yes," explain:	•	_	y Gai :	163 . 140		
-								

Schedule G (Form 990) 2022

232082 10-27-22

Schedule G (Form 990) 2022 FAMILY PROMISE - GREATER PHOENIX 86-0	1914408	Page 3
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		п
retain the state gaming license?	L 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 Pa	ort III. lings Q	0h 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ut III, IIIIes 9,	90, 100,
COMBONIE O DADE I IINE OD IIOE OD ERW WICKER DAID DEPOSITOR		
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISEF	ເວ:	
(I) NAME OF FUNDRAISER: SOLUTIONS TO SUCCESS/PAK CONSULTING		
(I) ADDRESS OF FUNDRAISER:		
920 E. DEVONSHIRE AVE. UNIT 4008, PHOENIX, AZ 85014		
/T\ NAME OF BUNDDATGED. WATERTH CONGULETYS ITS		
(I) NAME OF FUNDRAISER: HAIRPIN CONSULTING LLC		
(I) ADDRESS OF FUNDRAISER: 4290 E. SIERRA MADRE AVE, GILBERT, AZ		
(II) ACTIVITY: CUSTOMER (DONOR) RELATIONSHIP MANAGEMENT RELATED		
232083 10-27-22 Sched	ule G (Form	990) 2022

Schedule G	G (Form 990)	FAMILY	PROMISE -	GREATER	PHOENIX	86-0914408 Page
Part IV	G (Form 990) Supplemental Info	rmation (cont	inued)			
		· · · · · · · · · · · · · · · · · · ·	,			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Open to Public Inspection

Employer identification number

Schedule M (Form 990) 2022

	FAMILY PROMI	SE - G	REATER PH	OFNIX		86-0	914	<u>400</u>	
Pa	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contrib amounts reporte Form 990, Part VIII	ed on	(d) Method of de noncash contribu	etermin	•	:s
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	Х	2	24,	574.M	ARKET PRIC	Έ		
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	Х	1	87.	636.F	AIR MARKET	' VA	LUE	
20	Drugs and medical supplies		_	,					
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Ou /								
26	`								
20 27	Other () Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organi	zation durin	the tay year for a	contributions					
29	for which the organization completed Form 82		•		29			0	
	101 Which the organization completed 1 01111 62	oo, rait v, L	onee Acknowledg	Jennent L	29			Yes	
302	During the year, did the organization receive b	v contributio	on any proporty ro	norted in Part I lines	a 1 through	o 28 that it		163	INO
Sua	must hold for at least 3 years from the date of								
	•			•			30a		х
L	exempt purposes for the entire holding period If "Yes," describe the arrangement in Part II.	·					Sua		
		naliay that r	aguiros tha raviou	of any nonetendare	Looptribut	iono?	24	х	
31	Does the organization have a gift acceptance					IUI 13 !	31	-22	
32a	Does the organization hire or use third parties						20-	х	
1.	contributions?						32a	77	
	If "Yes," describe in Part II.				/=\ := -!	ادمما			
33	If the organization didn't report an amount in o	oiumn (c) fo	r a type of propert	y for which column	(a) is chec	кеа,			
	describe in Part II.								

232141 09-09-22

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

232142 09-09-22 Schedule M (Form 990) 2022

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 for the latest information.

OMB No. 1545-0047 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: OUR SECOND GLENDALE SHELTER, GLENDALE MISSION, WAS REQUIRED BY THE GLENDALE FIRE DEPARTMENT TO STOP SLEEPING FAMILIES ON-SITE OVERNIGHT BECAUSE THE FACILITY DIDN'T HAVE FIRE SPRINKLERS. AS A RESULT, CHANGED FROM OPEN DOOR WITH ON-SITE OVERNIGHT SHELTER TO CONGREGATIONAL HOSTING IN LATE MAY, REDUCING THE NUMBER OF FAMILIES WE WERE ABLE TO SERVE FROM JUNE THROUGH DECEMBER. WE RECEIVED A TEMPORARY 6-MONTH CERTIFICATE OF OCCUPANCY ALLOWING FAMILIES ON-SITE OVERNIGHT IF WE HAD UNFORTUNATELY WE WERE UNABLE TO HIRE STAFF ON-SITE 24 HOURS A DAY. QUALIFIED EMPLOYEES WILLING TO WORK THE OVERNIGHT SHIFTS, SO WE CONTINUED THE CONGREGATIONAL HOSTING.

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 2022, WE PROVIDED SHELTER SERVICES TO 143 FAMILIES CONSISTING OF 190 ADULTS AND 299 CHILDREN. THAT TRANSLATED TO 18,660 SHELTER NIGHTS BY THE INTERFAITH CONGREGATION NETWORK AND FAMILY PROMISE STAFF. APPROXIMATELY 20,600 HOURS OF SERVICE WERE PROVIDED BY VOLUNTEERS TO SUPPLEMENT SERVICES PROVIDED BY PAID STAFF.

THE SHELTER PROGRAM ALSO FEATURED ITS SECOND FULL YEAR OF HOMELESS

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2**

Name of the organization

FAMILY PROMISE - GREATER PHOENIX

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

Employer identification number 86-0914408

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 111 CHILDREN IN 46 FAMILIES

WITH PREVENTION SERVICES. IT ONLY COST \$485/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.

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

ORGANIZATION LEADERS ARE MOVED BY HOW SIMPLY FAMILY PROMISE CAN END

CHILD" VIDEO TO CONCLUDE EACH TOUR. NEIGHBORS, BUSINESS LEADERS, AND

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.

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

Schedule O (Form 990) 2022

Name of the organization

Employer identification number

FAMILY PROMISE - GREATER PHOENIX	86-0914408
PROGRAM DIRECTOR. THE PROCESS OF DETERMINING COMPENSATIO	N 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 FO	R MARICOPA AND
PIMA COUNTY ARIZONA ORGANIZATIONS. FINAL COMPENSATION AN	D 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 GOVERNIN	G DOCUMENTS,
CONFLICT OF INTEREST POLICY AND ANNUAL FINANCIALS ARE AVA	ILABLE
ELECTRONICALLY OR A HARD COPY IS PROVIDED UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
FINANCE COMMITTEE OF BOARD OF DIRECTORS HANDLES SELECTION	PROCESS.
	<u> </u>