# IRS e-file Signature Authorization for an Exempt Organization

			•			
calendar year 2019, or fiscal year beginning	${ t JUL}$	1	, 2019, and ending	JUN	30	, 20 <b>2 (</b>

Department of the Treasury

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

Name of exempt organization  Go to www.irs.gov/Form88/9EO for the latest information	Employer identification number
FAMILY PROMISE OF ALBUQUERQUE, INC	85-0472315
Name and title of officer	00 01/2010
ROSELIE JOHNSTON	
TREASURER	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount on line <b>1a, 2a, 3a, 4a,</b> or <b>5a,</b> below, and the amount on that line for the return being filed with this form w whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the than one line in Part I.	as blank, then leave line <b>1b, 2b, 3b, 4b,</b> or <b>5b,</b> e applicable line below. <b>Do not</b> complete more
1a Form 990 check here <b>X</b> b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1ь 290,115.
2a Form 990-EZ check here   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 here b Tax based on investment income (Form 990-PF, Part VI	
5a Form 8868 check here ▶  b Balance Due (Form 8868, line 3c)	5b
Part II Declaration and Signature Authorization of Officer	
the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to i debit) entry to the financial institution account indicated in the tax preparation software for payment of the return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the processing of the electronic payment of taxes to receive confidential information necessary to answer in payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic funds withdrawal.	ne organization's federal taxes owed on this of the U.S. Treasury Financial Agent at financial institutions involved in the quiries and resolve issues related to the
Officer's PIN: check one box only	0.6046
X   authorize PATTILLO, BROWN & HILL, L.L.P.  ERO firm name	to enter my PIN 86946  Enter five numbers, bu
ENO III II III III E	do not enter all zeros
as my signature on the organization's tax year 2019 electronically filed return. If I have indicate is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program enter my PIN on the return's disclosure consent screen.	• • • • • • • • • • • • • • • • • • • •
As an officer of the organization, I will enter my PIN as my signature on the organization's tax y indicated within this return that a copy of the return is being filed with a state agency(ies) regul program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature ► Roselie Johnston Date ▶	11/23/2020
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.  706243  Do not enter	
I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed ret confirm that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-file Providers for Business Returns.	<u> </u>
ERO's signature ▶ Date ▶	<b>-</b>
ERO Must Retain This Form - See Instruction	
Do Not Submit This Form to the IRS Unless Requested	

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

# PATTILLO, BROWN & HILL, L.L.P. CERTIFIED PUBLIC ACCOUNTANTS 5310 HOMESTEAD RD NE, BLDG 1 STE 100B ALBUQUERQUE, NM 87110

FAMILY PROMISE OF ALBUQUERQUE, INC 818 EDITH NE ALBUQUERQUE, NM 87102

ENCLOSED IS THE ORGANIZATION'S 2019 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO 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.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

JOHN GORDON

#### EXTENDED TO MAY 17, 2021

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information. ax year beginning JUL 1 . 2019 and ending JUN 30 . and ending JUN 30

Open to Public Inspection

OMB No. 1545-0047

$\sim$	1 01 111	and the calendar year, or tax year beginning 001 1, 2019 and	ending C	JON 30, 2020	<u>'</u>			
В	Check if applicab	C Name of organization		D Employer identif	ication number			
	Addre							
	Name chang	Doing business as		**-***23	315			
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address)						
	return termir			505-268-				
_	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	294,127.			
닏	Amen	ADDOQUERQUE, NM 0/102		H(a) Is this a group i				
	Application pendi			for subordinate				
		SAME AS C ABOVE		H(b) Are all subordinates included? Yes No				
		empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) c	or 527	If "No," attach	a list. (see instructions)			
		te: ► FAMILYPROMISEABQ.ORG		H(c) Group exemption				
		forganization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2000	<b>M</b> State of legal domicile: <b>NM</b>			
P	art I	Summary						
ø	1	Briefly describe the organization's mission or most significant activities: ${\color{red}{\rm TO}}$ PI	ROVIDE	E SHELTER, M	MEALS,			
Activities & Governance		COMPASSIONATE ASSISTANCE AND PROFESSIONAL	L CASE	E MANAGEMENT	TO TO			
ž	2	Check this box  if the organization discontinued its operations or dispose	sed of more	e than 25% of its net a				
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	12			
<u>م</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	12			
es	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	6			
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	200			
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
_		Net unrelated business taxable income from Form 990-T, line 39			0.			
				Prior Year	Current Year			
Φ	8	Contributions and grants (Part VIII, line 1h)		289,195.	268,124.			
ď	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.			
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		35,037.	21,991.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		324,232.	290,115.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	5,000.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		128,287.	147,811.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ē	b	Total fundraising expenses (Part IX, column (D), line 25)	0.					
ñ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		201,492.	125,747.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		329,779.	278,558.			
		Revenue less expenses. Subtract line 18 from line 12		-5,547.				
Net Assets or				eginning of Current Year	End of Year			
ets	20	Total assets (Part X, line 16)		125,814.	137,288.			
ASS	21	Total liabilities (Part X, line 26)		83.	0.			
JE S	22	Net assets or fund balances. Subtract line 21 from line 20		125,731.	137,288.			
P	art II	Signature Block		·	· ·			
Und	der pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	nents, and to the best of n	ny knowledge and belief, it is			
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh						
Sig	ın	Signature of officer		Date				
He		ROSELIE JOHNSTON, TREASURER						
		Type or print name and title						
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pai	d	JOHN GORDON		if self-emplo	P00173149			
	parer	Firm's name PATTILLO, BROWN & HILL, L.L.P.		Firm's EIN	**-***0599			
	Only	Firm's address 5310 HOMESTEAD RD NE, STE 100B		T.IIII O Eliv				
	,	ALBUQUERQUE, NM 87110		Phone no 50	05-266-5904			
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)		1. 110110 110.5	X Yes No			
	,			<u> </u>				

Га	Check if Schedule O contains a response or note to any line in this Part III	Х
1	Briefly describe the organization's mission:	
•	TO PROVIDE SHELTER, MEALS, COMPASSIONATE ASSISTANCE AND PROFESSIONAL	
	CASE MANAGEMENT TO HOMELESS CHILDREN AND THEIR FAMILIES, WITH A GOAL	
	OF SUSTAINABLE HOUSING, THIS PROGRAM BRINGS TOGETHER 19 DIVERSE	
	CONGREGATIONS IN ALBUQUERQUE, TO HELP FAMILIES REGAIN THEIR HOUSING,	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	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 \$ 218,535 • including grants of \$ 5,000 • ) (Revenue \$	)
	PROVIDE SHELTER, MEALS, COMPASSIONATE ASSISTANCE AND PROFESSIONAL CASE	<u> </u>
	MANAGEMENT TO HOMELESS CHILDREN AND THEIR FAMILIES, WITH A GOAL OF	
	SUSTAINABLE HOUSING,	
4b	(Code:) (Expenses \$	)
4-	(a)	
4c	(Code:) (Expenses \$	— <sup>)</sup>
		—
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 218,535.	
	Form <b>990</b> (2	019)

			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?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			<b>.</b>
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.44	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			\ <sub>3,7</sub>
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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	4-		X
40	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	46		Х
47	or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17		47		x
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<del></del>
10	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,"	.0		
	complete Schedule G, Part III	19		X
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 (	2019)	F	'AMILY	PROMI	SE	OF
Part IV	Che	ecklist of Req	uired Sc	hedules (	conti	nued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			<del></del>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		$ _{\mathbf{x}}$
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		<u> </u>
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	00-		x
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	00		<del></del>
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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

	<del></del>			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 6							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х				
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						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account	account)?	4a		X				
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	·							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b 5c		Х				
	· · · · · · · · · · · · · · · · · · ·								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		<b>^</b> -		х				
	any contributions that were not tax deductible as charitable contributions?		6a		Λ				
D	If "Yes," did the organization include with every solicitation an express statement that such contribut	-	6h						
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).		6b						
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х				
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
·	to file Form 8282?		7с		Х				
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 c	ontract?	7e						
f	· · · · · · · · · · · · · · · · · · ·								
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h						
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?		8						
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter:	l.a. I							
a	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	110							
	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against	11a							
	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.	<u> </u>							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	<b>Note:</b> 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 Schedul		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				77				
	excess parachute payment(s) during the year?		15		X				
	If "Yes," see instructions and file Form 4720, Schedule N.				v				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.		Гана	. 000	(0010)				

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	1a	12						
	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	12						
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		X				
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?		3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?	5		X				
6	Did the organization have members or stockholders?		6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	point one or							
	more members of the governing body?		7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders, or							
	persons other than the governing body?		7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
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 read	ched at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)							
				Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch								
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$		10b		X				
11a	la Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," describe							
	in Schedule O how this was done		12c		<u> </u>				
13	Did the organization have a written whistleblower policy?				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 approva	l by independent							
	$persons, comparability\ data, and\ contemporaneous\ substantiation\ of\ the\ deliberation\ and\ decision?$				l				
а	The organization's CEO, Executive Director, or top management official			+	X				
b	Other officers or key employees of the organization		15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a			١				
	taxable entity during the year?		16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's							
	exempt status with respect to such arrangements?		16b						
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► NM								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T (Section 501	(c)(3)s on	y) avai	lable				
	for public inspection. Indicate how you made these available. Check all that apply.								
	• • • • • • • • • • • • • • • • • • • •	on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interest policy	, and fina	ancial					
	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 book and the person who possesses the organization is book and the person who possesses the organization is book and the person who possesses the organization is book and the person who possesses the organization is book and the person who possesses the organization is book and the person who possesses the organization is book and the person who possesses the organization is book and the person who possesses the organization is book and the person who possesses the organization is book and the person who possesses the organization is book and the person who possesses the organization is book and the person who person who person who person is book and the person of the person who person is book and the person of the person of the person who person is book and the person of the person of the person who person of the p	oks and records 🕨 _							
	ROSELIE JOHNSTON - 505-255-8786 808 EEDITH NE, ALBUQUERQUE, NM 87102								
	OUU BEDIIR NE, AUDUQUERQUE, NM 0/104								

932006 01-20-20

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

(A)	(B)	l	<u> </u>		C)	про	iout	(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		CCI aii	lu a u	II GCIC	ector/trustee)		from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or (	stee			Highest compensated employee		(W-2/1099-MISC)	(** 2/ 1033 1/1100)	organization
	organizations	trust	ıal tru		)yee	ompe		,		and related
	below	vidua	Institutional trustee	Je.	Key employee	nest c	ner			organizations
	line)	ib	Insti	Officer	Key	High	Former			
(1) KAREN ERIKSON	2.00									•
BOARD MEMBER		Х						0.	0.	0.
(2) VALERIE GRIEGO	2.00									•
BOARD MEMBER		Х						0.	0.	0.
(3) MARY BROWNE	2.00									_
BOARD MEMBER	0.00	Х			<u> </u>			0.	0.	0.
(4) MARTIN ALIRES	2.00									_
BOARD MEMBER	0.00	Х						0.	0.	0.
(5) RICHMOND NEELY	2.00									0
BOARD MEMBER	0.00	Х						0.	0.	0.
(6) RAYMOND ARCHIEQUE	2.00									0
BOARD MEMBER	2 00	Х						0.	0.	0.
(7) JAMES OWENS	2.00	٠,,							0	0
BOARD MEMBER	40 00	Х						0.	0.	0.
(8) LAURA COMBS	40.00			x				16 266	0.	0
PROGRAM DIRECTOR	6.00			^				46,366.	0.	0.
(9) JILL CRAWLEY	0.00			x				0.	0.	0.
BOARD CHAIR/DIRECTOR	6.00			Δ				0.	0.	0.
(10) MARY BETH NELSON	0.00			x				0.	0.	0.
BOARD SECRETARY/DIRECTOR (11) MIKE LEPPALA	6.00			^				0.	0.	<u> </u>
VICE CHAIR/DIRECTOR	0.00			X				0.	0.	0.
(12) ROSELIE JOHNSTON	6.00							0.	0.	
TREASURER/DIRECTOR	<b>- 0.00</b>			Х				0.	0.	0.
TREASURER/ DIRECTOR	<del> </del>							0.	0.	
		ł								
		$\vdash$	$\vdash$	$\vdash$	$\vdash$	$\vdash$	<del>                                     </del>			
		1								
					$\vdash$					
		1								
		1								
	L				L			I		- 000

Part VII Section A. Officers, Directors, True	stees, Key Em (B)	ploy	/ees			ighe	st C					<b>/</b> E\	
<b>(A)</b> Name and title	Average	ge		<b>(C)</b> Position				<b>(D)</b> Reportable	<b>(E)</b> Reportable	,	Fo	(F) timate	d
Name and title	hours per week	(do not check more than one box, unless person is both an officer and a director/trustee)					h an	compensation	compensation from related		an	nount o other	
	(list any hours for	Individual trustee or director						the organization	organization (W-2/1099-MIS			pensatom the	
	related	tee or c	rstee			ensatec		(W-2/1099-MISC)	(۷۷-2/1099-1011	30)		anizati	
	organizations below	ual trus	Institutional trustee		ployee	t comp						d relate anizatio	
	line)	Individ	Institut	Officer	Key employee	Highest compensated employee	Former				orga	arnzan	JI 15
dh Cuhtatal							L	46,366.		0.			0.
1b Subtotal c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								46,366.		0.			0.
<ul> <li>Total number of individuals (including but compensation from the organization</li> </ul>	not limited to th	nose	liste	ed a	bove	e) wł	no r	eceived more than \$100	0,000 of reportab	le			0
Did the organization list any former officer	director trust	ee l	kev e	emp	love	e o	r hic	nhest compensated emr	olovee on	ı		Yes	No
line 1a? If "Yes," complete Schedule J for	, ,	,	,		,	,	_	, , ,	,		3		Х
4 For any individual listed on line 1a, is the s	um of reportab	le c	omp	ensa	atior	n and	d ot	her compensation from					v
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or</li></ul>									idual for services		4		X
rendered to the organization? If "Yes," cor	· · · · · · · · · · · · · · · · · · ·				-						5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest or the organization. Report compensation for										npens	ation 1	rom	
(A) Name and business			INC					(B) Description of s			(Compe	<b>&gt;)</b> nsatio	า
				_				<u> </u>			•		
2 Total number of independent contractors	(including but r	not li	mite	ed to	tho	se li	ster	d above) who received m	nore than				
\$100,000 of compensation from the organ		//				0							
											Form	990 (2	2019)

	11.			e or note to any lin	e in this Part VIII			
			Check if Schedule O contains a respons	o di noto to uni im	(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
ts, Grants Amounts	1	b c	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts		е	Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f	31,908.				
ont.		g	Noncash contributions included in lines 1a-1f					
<u>ŏ</u> <u>ĕ</u>		h	Total. Add lines 1a-1f		268,124.			
_	_			Business Code				
Ş	2	a						
Ser		b						
e a		d						
Program Service Revenue		e						
Δ.		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte	· ·				
			other similar amounts)					
	4		Income from investment of tax-exempt bond	· .				
	5		Royalties(i) Real	(ii) Personal				
	6	а	Gross rents 6a	(ii) i diddinai				
	ľ		Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)	<b>&gt;</b>				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
ø.		b	Less: cost or other basis					
ž			and sales expenses <b>7b</b>					
eve			Gain or (loss) 7c					
ner Revenue	۵		Net gain or (loss)	<b>&gt;</b>				
즁	١	u	including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	a 26,003.				
				b 4,012.				
			Net income or (loss) from fundraising events	· ▶	21,991.			21,991.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 Less: direct expenses					
			A \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
	10		Gross sales of inventory, less returns	<b>P</b>				
			and allowances 10	Da				
		b		Ob				
		С	Net income or (loss) from sales of inventory					
S				Business Code				
eor ue	11			.				
Miscellaneous Revenue		b		·				
Sce		q	All other revenue	· <del>                                    </del>				
Σ			All other revenue					
	12		Total revenue. See instructions		290,115.	0.	0.	21,991.

#### 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	<del></del>			(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	5,000.	5,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	46 266	20 411	6 055	
	trustees, and key employees	46,366.	39,411.	6,955.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	F0 0F0	26 024	15 416	
7	Other salaries and wages	52,250.	36,834.	15,416.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	44 255	, == :		
9	Other employee benefits	11,376.	4,774.	6,602.	
10	Payroll taxes	37,819.	35,951.	1,868.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	2,031.		2,031.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	258.		258.	
12	Advertising and promotion	1,589.		1,589.	
13	Office expenses	9,047.	1,455.	7,592.	
14	Information technology				
15	Royalties				
16	Occupancy	29,016.	17,316.	11,700.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,245.	3,245.		
23	Insurance	1,123.		1,123.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	CLIENT SPECIFIC EXPENSE	36,486.	36,486.		
b	SHELTER & MEALS	27,342.	27,342.		
С	CLIENT TRANSPORTATION	10,721.	10,721.		
d	DUES & SUBSCRIPTIONS	3,780.		3,780.	
е	All other expenses	1,109.		1,109.	
25	Total functional expenses. Add lines 1 through 24e	278,558.	218,535.	60,023.	0
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	τλ	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	99,659.	1	108,691		
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			20.	4	20
	5	Loans and other receivables from any currer	nt or form	er officer, director,			
		trustee, key employee, creator or founder, su	ubstantia	contributor, or 35%			
		controlled entity or family member of any of these persons				5	
	6	Loans and other receivables from other disq	ualified p	ersons (as defined			
		under section 4958(f)(1)), and persons descr	ribed in se	ection 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				9	5,487
	10a	Land, buildings, and equipment: cost or other		1 1			
		basis. Complete Part VI of Schedule D	10a	27,038.			
	b	Less: accumulated depreciation	10b	5,498.	24,785.	10c	21,540
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, li	ine 11 .			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1,350.	15	1,550		
	16	Total assets. Add lines 1 through 15 (must e	equal line	33)	125,814.	16	137,288
	17	Accounts payable and accrued expenses	83.	17			
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part I\	of Schedule D		21	
es	22	Loans and other payables to any current or t	former of	icer, director,			
Liabilities		trustee, key employee, creator or founder, su	ubstantia	contributor, or 35%			
ia B		controlled entity or family member of any of	these per	sons		22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax,	, payable	s to related third			
		parties, and other liabilities not included on li	ines 17-2	1). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			83.	26	0
ç		Organizations that follow FASB ASC 958,	check he	re ▶			
uce		and complete lines 27, 28, 32, and 33.					
alaı	27	Net assets without donor restrictions				27	
d B	28	Net assets with donor restrictions				28	
un.		Organizations that do not follow FASB AS	C 958, cl	neck here			
or F		and complete lines 29 through 33.			^		^
ts (	29	Capital stock or trust principal, or current fur			0.	29	0
SSE	30	Paid-in or capital surplus, or land, building, o		F	0.	30	127 200
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulate			125,731.	31	137,288
ž	32	Total net assets or fund balances			125,731.	32	137,288
	33	Total liabilities and net assets/fund balances			125,814.	33	137,288

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		0,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,5	
3	Revenue less expenses. Subtract line 2 from line 1	3		1,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12	5,7	31.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	13	7,2	88.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,			
	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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 **2019** 

Open to Public Inspection

Employer identification number \*\*-\*\*2315

FAMILY PROMISE OF ALBUQUERQUE, INC

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12 check only one box.)

he d	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, o	check only one box.)		
1		A church, convention of ch	urches, or association	on of churches described	d in <b>section 170(b)(1</b>	)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 990-EZ).)		
3		A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170(b)(1)(A)(ii	i).	
4		A medical research organiz	ation operated in co	njunction with a hospital	described in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:					
5		An organization operated for	or the benefit of a co	llege or university owned	d or operated by a go	overnmental unit describ	oed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)				
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 170(b)(1)(A)	(v).	
7	X	An organization that norma	ılly receives a substa	ntial part of its support f	rom a governmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)				
8		A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Par	t II.)		
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operated in conju	nction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the name, city	, and state of the colleg	je or
		university:					
10		An organization that norma	ılly receives: (1) more	than 33 1/3% of its sup	port from contribution	ons, membership fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no more tha	n 33 1/3% of its suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om businesses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)				
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See <b>section 50</b>	9(a)(4).	
12		An organization organized a	and operated exclus	vely for the benefit of, to	perform the functio	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section 509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and complete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supported org	anization(s), typically by	/ giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority of the direc	ctors or trustees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.			
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with its supporte	ed organization(s), by ha	aving
		control or management o	of the supporting orga	anization vested in the s	ame persons 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	egrated. A supporting	g organization operated	in connection with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions	). You must complete I	Part IV, Sections A,	D, and E.	
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in connection w	vith its supported organi	ization(s)
		that is not functionally int	tegrated. The organiz	ation generally must sat	tisfy a distribution re	quirement and an attent	iveness
		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	A and D, and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	m the IRS that it is a	Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organization.		
f	Ente	er the number of supported o	organizations				
g		vide the following information					
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the organization listed in your governing document?	(v) Amount of monetary	(vi) Amount of other
		organization	1	(000011000 011 11100 1-10	V   N	support (see instructions)	I support (see instructions)

g Provide the following information about the supported organization(s).

(ii) Name of supported organization (described on lines 1-10 above (see instructions))

(iii) FIN (iiii) Type of organization (described on lines 1-10 above (see instructions))

(iv) Is the organization listed in your governing document?

Yes No

(vi) Amount of monetary support (see instructions)

support (see instructions)

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

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

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

Calendar year (or fiscal year beginning in)   (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total filts, grants, contributions, and membership flees received. (On not include any Yunusual grants.)  2 Tax revenues level for the organization benefit and either paid to or expended on its behalf or expended on its behalf sumished by a governmental unit to the organization without charge.  3 The value of services or facilities furnished by a governmental unit to the organization without charge.  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit to the organization without charge.  4 Total and in the second 286 of the amount shown on line 11, column (f)  6 Public support services for the sea of capital asset (Epibanian Part VI)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on the sea of capital assets (Epibanian Part VI)  11 Total support. Add lines? If liney in 10 Colors from the sea of capital assets (Epibanian Part VI)  12 Clorss receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization of the organization of the check this box and stop here. The organization circumstances test. 2019, if the organization did not check a box on line 13, rea, 16, and line 14 is 100 or ormore, and if the organization circumstances test. 2018, if the organization did not check a box on line 13, rea, 16, or 17a, and line 15 is 100 or more, and if the organization meets the "facts and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the "facts and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the "facts and-circumstances' test, check this box and stop here receivals in the virtual part of the worganization m	Section A. Public Support						
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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 it through 3.  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, 200, 201, 201, 201, 201, 201, 201,	2 Tax revenues levied for the organ-						_
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Section B. Total Support  Calendar year (or fiscal year beginning in)   (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total  7 Amounts from line 4 234,402 298,236 251,025 289,195 236,216 1,399,074.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  2 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2018 Schedule A, Part II, line 14  16 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% - facts-and-circumstances* test - 2018, if the organization in qualifies as a publicly supported organization  meets the "facts-and-circumstances* test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances* test. The organization did not check abox on line 13, 16a, 16b, or 17a, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances* test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances* test. The organization did not otheck abox on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances* test. Check this bo	amount shown on line 11,						
Section B. Total Support  Calendar year (or fiscal year beginning in)  (a) 2015  (b) 2016  (c) 2017  (d) 2018  (e) 2019  (f) Total  7 Amounts from line 4  234,402,298,236,251,025,289,195,236,216,1,309,074.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  12    13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2018 Schedule A, Part II, line 14  16 33 1/3% support test – 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% - facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	column (f)						
Calendar year (or fiscal year beginning in)    (a) 2015    (b) 2016    (c) 2017    (d) 2018    (e) 2019    (f) Total    7 Amounts from line 4    234 , 402 , 298 , 236 , 251 , 025 , 289 , 195 , 236 , 216 , 1 , 309 , 074 .  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources    9 Net income from unrelated business activities, whether or not the business is regularly carried on    10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10    12 Gross receipts from related activities, etc. (see instructions)    12 If the five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage from 2018 Schedule A, Part II, line 14    Public support percentage from 2018 Schedule A, Part II, line 14    15 100 . 00    16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization    17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here	6 Public support. Subtract line 5 from line 4						1,309,074.
7 Amounts from line 4 234,402.298,236.251,025.289,195.236,216.1,309,074. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)	Section B. Total Support						
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securities loans, rents, royalties, and income from similar sources.  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10	<b>8</b> Gross income from interest,						
and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2018 Schedule A, Part II, line 14  16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	dividends, payments received on						
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activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10	and income from similar sources $\dots$						
business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2018 Schedule A, Part II, line 14  16 a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  16 a 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	9 Net income from unrelated business	5					
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10	activities, whether or not the						
or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  12 Is First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2018 Schedule A, Part II, line 14  16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the  17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	business is regularly carried on						
assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  12 Is First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2018 Schedule A, Part II, line 14  16 a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  16 b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	10 Other income. Do not include gain						
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2019	rivate loundation. If the organizati	on did not check a	DUX UITIIITIE 13, 16	a, 100, 17a, 0f 17k			

#### 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 be ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Gifts, grants, contributions, and	(a) 2015	(b) 2010	(6) 2017	(u) 2016	(e) 2019	(I) Total
'	membership fees received. (Do not						
	include any "unusual grants.")						
2							
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
•	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	: Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization'	s first second this	d fourth or fifth t	av voar as a soctio	n 501(c)(3) organia	zation.
		· ·	•		-	. , . ,	Lation,
Sec	ction C. Computation of Publi						
	Public support percentage for 2019 (li			column (fl)		15	%
	Public support percentage from 2018					16	
	ction D. Computation of Inves					10	70
	•					17	04
17						18	<u>%</u>
18	Investment income percentage from 2						% 17 is not
198	33 1/3% support tests - 2019. If the						i / is not ⊾
	more than 33 1/3%, check this box ar						<b>P</b>
k	33 1/3% support tests - 2018. If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	pox on line 14, 19	a, or 19b, check t	nis box and see in	structions	<b>P</b>

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Pai	t IV   Supporting Organizations (continued)			
	(SSIMILARY)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		11a		
b	A family member of a person described in (a) above?	11b		
		11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		'	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 instructions).			
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 government entity (see instruc	ctions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in <b>Part VI</b> the role played by the organization in this regard	3h	- 1	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgai	nizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifyi			Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must of	omplete Se	ections 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 <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrat	ed Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	е	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	T	Т	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
	From 2017			
	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
<u>i</u>				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater			
6	than zero, explain in <b>Part VI.</b> See instructions.  Remaining underdistributions for 2019. Subtract lines 3h			
O	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3			
'	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

#### Schedule B

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

INC

OMB No. 1545-0047

2019

Name of the organization

FAMILY PROMISE OF ALBUQUERQUE,

Employer identification number

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	$\boxed{X}$ 501(c)( $3$ ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> 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					
		s covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, or year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for prevention of cruelty to children or animals. Complete Parts I, II, and III.		tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the					
	year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box were the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year					
but it mu	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

Name of organization Employer identification number

#### FAMILY PROMISE OF ALBUQUERQUE, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FEMA FUND  701 NORTH FAIRFAX ST SUITE 310  ALEXANDRIA, VA 22314	\$8,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SANDIA NATIONAL LABORATORIES  P.O. BOX 5800  ALBUQUERQUE, NM 87185	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SMALL BUSINESS ADMINISTRATION  PO BOX 3918  PORTLAND, OR 97208	\$10,000.	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
4	HOPEWORKS  1120 2ND ST NW  ALBUQUERQUE, NM 87102	\$50,000.	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	TANIA DENNIS  1118 LOMA LARGA RD  CORRALES, NM 87048	\$6,032.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ALBUQUERQUE COMMUNITY FOUNDATION 624 TIJERAS AVE NW ALBUQUERQUE, NM 87102	\$10,000.	Person X Payroll
000450 11 0		Cabadula B/Farra	000,000,57, or 000,051 (0040)

Name of organization Employer identification number

### FAMILY PROMISE OF ALBUQUERQUE, INC

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
7	DUYVAULT ESTATE  1212 PENNSYLVANIA ST NE  ALBUQUERQUE, NM 87110	\$10,000.	Person X Payroll
(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.)
(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 OF ALBUQUERQUE, INC

Part II	Noncash Property (see instructions). Use duplicate copies of Part II in	f additional space is needed.	
(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
		- - - - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - -   \$	

Employer identification number

Name of organization

Part III	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	tions to organizations described in s a) through (e) and the following line en charitable, etc., contributions of \$1,000 or	**-**2315 section 501(c)(7), (8), or (10) that total more than \$1,000 for the try. For organizations less for the year. (Enter this info. once.)  \$\Bigsir \Bigsir \Bi
a) No. from Part I	Use duplicate copies of Part III if additiona  (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_		(e) Transfer of gif	
_	Transferee's name, address, a		Relationship of transferor to transferee
a) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee
a) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee
a) No. irom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	

#### **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 Open to Public Inspection

Name of the organization

FAMILY PROMISE OF ALBUQUERQUE, INC

**Employer identification number** \*\*-\*\*\*2315

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Simila	ar Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		·
		(a) Donor advised fund	ls (	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in o	donor advised fun	ds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant fur	nds can be used o	only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any othe	er purpose confer	ring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on f	Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recreated	ation or education)	ervation of a histo	orically important land area
	Protection of natural habitat	Pres	ervation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution i	n the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b				2b
С	Number of conservation easements on a certified historic st			2c
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or termin	ated by the orgar	nization during the tax
	year ▶			
4	Number of states where property subject to conservation ea		<del></del> _	
5	Does the organization have a written policy regarding the pe			
•	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting.	, nandling of violations, and enf	orcing conservati	on easements during the year
7	Amount of avanages incurred in monitoring inspecting ben	dling of violations, and antorsin	a concentation of	accompanie during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	uling of violations, and enforcing	g conservation ea	sements during the year
	▶ \$ Does each conservation easement reported on line 2(d) abo	vo actiofy the requirements of a	eaction 170/b)/4)/E	D)(i)
8				
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservat			
3	balance sheet, and include, if applicable, the text of the foot		=	
	organization's accounting for conservation easements.	note to the organization's iman	ciai statements ti	iat describes the
Par	t III Organizations Maintaining Collections of	of Art, Historical Treasur	res. or Other	Similar Assets.
	Complete if the organization answered "Yes" on Forn		,	
1a	If the organization elected, as permitted under FASB ASC 99	58, not to report in its revenue s	statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pu	•		
	service, provide in Part XIII the text of the footnote to its fina	·		·
b	If the organization elected, as permitted under FASB ASC 99			e sheet works of
	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items:	•		•
	(i) Revenue included on Form 990, Part VIII, line 1			. • \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			. • \$
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2019

932051 10-02-19

	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	r Similar A	ssets(continued	d)
3	Using the organization's acquisition, accession	on, and other record	ds, chec	k any of the	following tha	at make si	gnificant use o	of its	
	collection items (check all that apply):								
а	Public exhibition	d		Loan or exc	hange progr	am			
b	Scholarly research	е							
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how th	nev further t	he organizat	ion's exen	npt purpose in	Part XIII.	
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be ma							Yes	☐ No
Pai	t IV Escrow and Custodial Arrang							t IV, line 9, or	
	reported an amount on Form 990, Par			· ·					
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other as	ssets not i	ncluded		
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII a								
								Amount	
С	Beginning balance						1c		
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fo							Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	on has been	provided on	Part XIII		[	
Pai	t V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo	orm 990, Par	t IV, line 1	0.		
	·	(a) Current year	(b) F	rior year	(c) Two yea	rs back (	d) Three years b	ack (e) Four yea	rs back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a	a)) held as:	•		•	
а	Board designated or quasi-endowment	·	%	,	**				
b	Permanent endowment	%	_						
С	Term endowment > 9	<del></del> %							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	and administe	ered for th	e organization		
	by:							Ye	s No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	Schedule R?				3b	
4	Describe in Part XIII the intended uses of the	organization's endo	owment	funds.				•	
Pai	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	0, Part I\	/, line 11a. S	See Form 990	0, Part X, I	ine 10.		
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulated	(d) Book va	lue
		basis (investr	ment)	basis	(other)	dep	reciation		
1a	Land								
	Buildings								
	Leasehold improvements								
d	Equipment			2	7,038.		5,498.	21,	540.
e	Other								
	. Add lines 1a through 1e. (Column (d) must ed		X, colur	nn (B), line	10c.)		<b>&gt;</b>	21,	<u>540.</u>

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 FAMILY PROMI Part VII Investments - Other Securities.	ISE OF ALBUQU	ERQUE, INC **	-***2315 Page
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			-
(2) Closely held equity interests			
(3) Other			
(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		11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(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.	5 000 D . W. W		
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(h) Dealcustus
• • • • • • • • • • • • • • • • • • • •	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.	10.)		
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 2	5
1. (a) Description of liability	711 OIII 330, 1 art 14, iii c	THE OF THE GOOD SHIP 300, THE Z	(b) Book value
(1) Federal income taxes			(-,
(2)			
(3)			<u> </u>
(4)			
(5)			
(6)			
(7)			<u> </u>

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
 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.

Schedule D (Form 990) 2019

(8)

Pa	rt XI	Reconciliation of Revenue per Audited Financial Statem	ents With Rev	renue per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total re	venue, gains, and other support per audited financial statements		1	
2	Amount	s included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unre	ealized gains (losses) on investments	. 2a		
b	Donated	d services and use of facilities	2b		
С		ries of prior year grants			
d		Describe in Part XIII.)			
е	Add line	es <b>2a</b> through <b>2d</b>		2e	
3	Subtrac	t line <b>2e</b> from line <b>1</b>		3	
4	Amount	s included on Form 990, Part VIII, line 12, but not on line 1:			
а		ent expenses not included on Form 990, Part VIII, line 7b	· — — — — — — — — — — — — — — — — — — —		
b	Other (E	Describe in Part XIII.)	4b		
С		es <b>4a</b> and <b>4b</b>			
5		venue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)		5	
Ра		Reconciliation of Expenses per Audited Financial Stater		penses per Heturn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12			
1		penses and losses per audited financial statements		1	
2		s included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a		d services and use of facilities			
b		ar adjustments			
C	Other lo				
d		Describe in Part XIII.)	-	0.0	
e		es 2a through 2d			
3		t line <b>2e</b> from line <b>1</b> s included on Form 990, Part IX, line 25, but not on line 1:			
4		ent expenses not included on Form 990, Part VIII, line 7b	4a		
a b		Describe in Part XIII.)	· — — — — — — — — — — — — — — — — — — —		
		and Annual Alic		4c	
5		es <b>4a</b> and <b>4b</b> epenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			
		Supplemental Information.			
		escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	t IV. lines 1b and 2	2b: Part V. line 4: Part X. line 2: Part XI.	
		b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad			

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **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

**Employer identification number** 

FAMILY	PROMISE OF ALBUQUE	RQUI	3,	INC	* * - * * * 2	2315
Part I Fundraising Activities required to complete this par	Complete if the organization answe	ered "Ye	es" or	n Form 990, Part IV,	line 17. Form 990-E	Z 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.  a						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) [ fundra have cu: or conti contribut	(iii) Did fundraiser have custody or control of contributions?  (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (ii)			
		Yes	No			
「otal			<b>•</b>			
3 List all states in which the organization or licensing.				s or has been notified	d it is exempt from i	registration

Schedule G (Form 990 or 990-EZ) 2019

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

		le G (Form 990 or 990 EZ) 2019 FAMILY				- <b>***</b> 2315 Page <b>2</b>
Pa	rt I					
		of fundraising event contributions and gr				ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			EVENING OF		NONE	(add col. (a) through
				SWEET JAZZ		col. <b>(c)</b> )
<u>e</u>			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	15,801.	10,202.		26,003.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	15,801.	10,202.		26,003.
	4	Cash prizes				+
Sé	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	2 200	620.		4,012.
	10				•	4,012.
	11	Net income summary. Subtract line 10 from I				21,991.
Pa						
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Rev						
	1	Gross revenue				
ses	2	Cash prizes				
ect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %  No	Yes %  No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
_	_					
		ter the state(s) in which the organization cond				
		the organization licensed to conduct gaming a				L Yes No
a	II "	No," explain:				
	_					
10°	\//	ere any of the organization's gaming licenses re	evoked suspended orto	erminated during the tax	vear?	Yes No
		Yes," explain:			you!:	103 . 100
J						

Schedule G (Form 990 or 990-EZ) 2019

Sch	nedule G (Form 990 or 990-EZ) 2019 FAMILY PROMISE OF ALBUQUERQUE, INC **-*	**23	15 P	age 3
11	Does the organization conduct gaming activities with nonmembers?	Y	es 🗌	No
	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?	Y	es 🗌	□No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. — Y	es 🗌	No
b	o 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 ▶ \$			
	<u> </u>			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			٦
	retain the state gaming license?	. L Y	es L	⊔ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
D-	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, line	es 9, 9b,	10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	i (Form 990 or 990-EZ)	${ t FAMILY}$	PROMISE	OF	ALBUQUERQUE,	INC	**-***2315	Page 4
Part IV	i (Form 990 or 990-EZ) Supplemental Infor	mation (con	tinued)					
	• • • • • • • • • • • • • • • • • • • •	,	,					
		•						

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FAMILY PROMISE OF ALBUQUERQUE, INC **Employer identification number** \*\*-\*\*\*2315

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HOMELESS CHILDREN AND THEIR FAMILIES, WITH A GOAL OF SUSTAINABLE
HOUSING, THIS PROGRAM BRINGS TOGETHER 19 DIVERSE CONGREGATIONS IN
ALBUQUERQUE, TO HELP FAMILIES REGAIN THEIR HOUSING, THEIR INDEPENDENCE
AND THEIR DIGNITY. CONGREGATIONS PROVIDE ABOUT 230 VOLUNTEER HOURS PER
WEEK. NO PROSELYTIZING IS ALLOWED.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THEIR INDEPENDENCE AND THEIR DIGNITY. CONGREGATIONS PROVIDE ABOUT 230
VOLUNTEER HOURS PER WEEK. NO PROSELYTIZING IS ALLOWED.
FORM 990, PART VI, SECTION B, LINE 11B:
THIS FORM IS PUBLIC INFORMATION AND WILL BE PROVIDED TO ANYONE UPON
REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
UPON REQUEST

#### Form **8868**

(Rev. January 2020)

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 <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

	nis form, visit www.irs.gov/e-file-providers/e-file-for-char		,	details of	the electron	iiC	
Autom	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).				
All corpo	rations required to file an income tax return other than F Form 7004 to request an extension of time to file incom	orm 990-T	(including 1120-C filers), partnership	os, REMIC	Ss, and trust	s	
Type or print					Taxpayer identification number (TIN)		
print	FAMILY PROMISE OF ALBUQUERQUE, INC				**-***2315		
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions.  C/O PBH CPA'S - 5310 HOMESTEAD RD NE STE 100B  City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
	ALBUQUERQUE, NM 87110						
Enter the Return Code for the return that this application is for (file						01	
Application		Return	Application Is For			Return	
Is For Form 990 or Form 990-EZ		Code 01	Form 990-T (corporation)			<b>Code</b> 07	
Form 990-BL			Form 1041-A			08	
Form 4720 (individual)		02	Form 4720 (other than individual)			09	
Form 990-PF		04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust other than above)		06	Form 8870			12	
Telepl	cooks are in the care of $\blacktriangleright$ 808 EEDITH NE mone No. $\blacktriangleright$ 505-255 $\overline{-8786}$ organization does not have an office or place of busines is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box $\blacktriangleright$	s in the Ur Group Exe	Fax No. ▶	f this is fo	r the whole	group, check this	
1 I request an automatic 6-month extension of time until MAY 17, 2021 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  ▶ □ calendar year or ▶ ☒ tax year beginning JUL 1, 2019 , and ending JUN 30, 2020 .  2 If the tax year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final return □ Change in accounting period							
	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.			3a	\$	0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069,			enter any refundable credits and				
est	estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	0.	
с Ва	lance due. Subtract line 3b from line 3a. Include your pa	ayment wit	th this form, if required, by			•	
	ng EFTPS (Electronic Federal Tax Payment System). Se			3с	\$	0.	
Caution:	If you are going to make an electronic funds withdrawal ons.	l (direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 887	79-EO for payment	
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form 8	3868 (Rev. 1-2020)	

923841 12-30-19