Form	8879-EO
Form	0013-LO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

Department of the Treasury

For calendar year 2020, or fiscal year beginning JUL 1 , 2020, and ending JUN 30 , 2021

Internal Revenue Service

Name of exempt organization or person subject to tax

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

> Taxpayer identification number **-***2315

FAMILY PROMISE OF ALBUQUERQUE, INC

Name and title of officer or person subject to tax ROSELIE JOHNSTON

TREASURER

Type of Return and Return Information (Whole Dollars Only) Part I

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here X b	Tot	al revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	420,358.
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)	Зb	
4a	Form 990-PF check here	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	b	Total tax (Form 990-T, Part III, line 4)	6b	
	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)	7b	
			ture Authorization of Officer on Develop Outient to Tou		

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

Under penalties of perjury, I declare that 🚺 I am an officer of the above organization or 🛄 I am a person subject to tax with respect to (name of organization) , (EIN) and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1 888 353 4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only

X | authorize PATTILLO, BROWN & HILL, L.L.P. 86946 to enter my PIN ERO firm name Enter five numbers but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

 \perp As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Roselie Johnston	Date 🕨	01/12/2022
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.	70624387109	
	Do not enter all zeros	
I certify that the above numeric entry is my PIN, which is my signature on the 2020 electroni	ically filed return indicated above. I con	firm

ertify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date 🕨

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

LHA For Paperwork Reduction Act Notice, see instructions.

023051 11-03-20

Form 8879-EO (2020)

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 1516 SAN PEDRO DRIVE NE ALBUQUERQUE, NM 87110

ENCLOSED IS THE ORGANIZATION'S 2020 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.

MICHELLE DUNLAP

Form	8868
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(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

OMB No. 1545-0047

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

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

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

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

Type or	Name of exempt organization or other filer, see instru	ctions.		Taxpaye	r identificatio	on number (TIN)	
print	FAMILY PROMISE OF ALBUQUERQUE, INC **-**231						
File by the due date for filing your return. See 1516 SAN PEDRO DRIVE NE							
instructions	City, town or post office, state, and ZIP code. For a for ALBUQUERQUE, NM 87110	oreign add	lress, see instructions.				
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)				
Applicat	ion	Return	Application			Return	
ls For		Code	Is For			Code	
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99	0-BL	02	Form 1041-A			08	
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99	0-PF	04	Form 5227			10	
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	0-T (trust other than above) ROSELIE JOHNST(06	Form 8870			12	
 If this box 1 I reaction the 	 I request an automatic 6-month extension of time until <u>MAY 16, 2022</u>, to file the exempt organization return for the organization named above. The extension is for the organization's return for: Calendar year or X tax year beginning JUL 1, 2020, and ending JUN 30, 2021 						
	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less	20	\$	0.	
	y nonrefundable credits. See instructions. his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and	3a	φ		
es	timated tax payments made. Include any prior year overp	ayment a	llowed as a credit.	3b	\$	0.	
	Ilance due. Subtract line 3b from line 3a. Include your pa ing EFTPS (Electronic Federal Tax Payment System). See		· · · · ·	3c	¢	0.	
	If you are going to make an electronic funds withdrawal				nd Form 887		
LHA I	For Privacy Act and Paperwork Reduction Act Notice,	see instru	uctions.		Form	8868 (Rev. 1-2020)	

			EXTENDED TO MAY 16, 202	22		
	Ω	00	Return of Organization Exempt Fro	om li	ncome Tax	OMB No. 1545-0047
For	m IJ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod			
Dop	ortmont	of the Treasury	Do not enter social security numbers on this form as it	t may b	e made public.	Open to Public
Inter	nal Rev	Inspection				
Α	For th	e 2020 calend	ar year, or tax year beginning $ m JUL1$, 2020 and endir	ng J	UN 30, 2021	
B	Check if applicat	Die: C Name of	forganization		D Employer identifica	ation number
_	Addr		LY DROWIGE OF ALDUOUEDOUE THE			
F	_]chan		LY PROMISE OF ALBUQUERQUE, INC		**-***231	F
F	_]chan	ge Doing b	usiness as			5
F	returr Final	1516	and street (or P.O. box if mail is not delivered to street address) Room SAN PEDRO DRIVE NE	n/suite	E Telephone number 505-268-0	331
	Ireturr termi ated	ñ-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	421,138.
	Amer	nded AT DT	QUERQUE, NM 87110		H(a) Is this a group ret	
			nd address of principal officer: ROSELIE JOHNSTON		for subordinates?	
	pend		AS C ABOVE		H(b) Are all subordinates incl	
<u> </u>	Tax-e>	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	527		st. See instructions
			LYPROMISEABQ.ORG		H(c) Group exemption	
ĸ	orm o	of organization:	X Corporation Trust Association Other ▶ L	L Year o	of formation: 2000 M	State of legal domicile: NM
Pa	art I	,				
ġ	1	Briefly describ	be the organization's mission or most significant activities: TO PROV	/IDE	SHELTER, ME	ALS,
Governance		COMPASS	IONATE ASSISTANCE AND PROFESSIONAL C	CASE	MANAGEMENT	ТО
ern	2	Check this bo	$x \triangleright$ if the organization discontinued its operations or disposed o	of more	than 25% of its net ass	
Š	3	Number of vo	ting members of the governing body (Part VI, line 1a)			13
	4		lependent voting members of the governing body (Part VI, line 1b) \ldots			13
ies	5		of individuals employed in calendar year 2020 (Part V, line 2a)			6
Activities &	6		of volunteers (estimate if necessary)			200
Act			d business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	·····		-
		Orientiiteentiiseen			Prior Year 268,124.	Current Year 408,724.
Revenue	8		and grants (Part VIII, line 1h)		0.	
ver	9	•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
Å	10		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		21,991.	11,634.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		290,115.	420,358.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		5,000.	0.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
s			r compensation, employee benefits (Part IX, column (A), lines 5-10)		147,811.	189,403.
Expenses			undraising fees (Part IX, column (A), line 11e)		0.	0.
be			ing expenses (Part IX, column (D), line 25)			
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)	. –	125,747.	152,924.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		278,558.	342,327.
	19	Revenue less	expenses. Subtract line 18 from line 12		11,557.	78,031.
s or				Beg	ginning of Current Year	End of Year
sets	20	Total assets (I	Part X, line 16)	🔔	137,288.	765,319.
Net Assets or Fund Balances	21		(Part X, line 26)		0.	550,000.
N ⁿ	22		fund balances. Subtract line 21 from line 20		137,288.	215,319.
	art II	U				
			I declare that I have examined this return, including accompanying schedules and			knowledge and belief, it is
true	, corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which pr	reparer	nas any knowledge.	
					1	

Sign Here	Signature of officer Date ROSELIE JOHNSTON, TREASURER Type or print name and title							
Paid	Print/Type preparer's name MICHELLE DUNLAP	Preparer's signature	Date	Check PTIN				
Preparer		& HILL, L.L.P.		Firm's EIN ► **-**0599				
Use Only	Firm's address 5310 HOMESTEAD R							
ALBUQUERQUE, NM 87110 Phone no.505-266-590								
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
032001 12-2	32001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

		-*2315 Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: TO PROVIDE SHELTER, MEALS, COMPASSIONATE ASSISTANCE AND E	ROFESSIONAL
	CASE MANAGEMENT TO HOMELESS CHILDREN AND THEIR FAMILIES,	
	OF SUSTAINABLE HOUSING, THIS PROGRAM BRINGS TOGETHER 19 I	
	CONGREGATIONS IN ALBUQUERQUE, TO HELP FAMILIES REGAIN THE	SIR 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?	Yes X No
•	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expenses
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others.	
	revenue, if any, for each program service reported.	, the total experieoe, and
4a	(Code:) (Expenses \$ 280,017 • including grants of \$) (Revenue \$;)
	PROVIDE SHELTER, MEALS, COMPASSIONATE ASSISTANCE AND PROF	
	MANAGEMENT TO HOMELESS CHILDREN AND THEIR FAMILIES, WITH	A GOAL OF
	SUSTAINABLE HOUSING.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$;)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$;)
4d	Other program services (Describe on Schedule O.))
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 280,017.)
-+0		Form 990 (2020)
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	3 1111 792861 6946 2020 05020 FAMILY PROMISE OF ALE	

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⊢orm	990	(2020)

 Form 990 (2020)
 FAMILY PROMISE OF ALBUQUERQUE, INC

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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			v
_	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	_		v
•	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			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	- /		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
9	Schedule D, Part III	0		- 23
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule E. Parts Land IV.	116		x
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		- 23
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
-	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,"			<u> </u>
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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
032003	12-23-20	Form	990	(2020)

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Form	aan	(2020)
FUIII	990	(2020)

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			<u>-</u> -
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	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		
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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		X
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		X
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
b	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?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	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			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
	· · · · ·		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	
032004	F	Form	990	(2020)
	5			

Form 990 (2020)	FAMILY	PROMISE	OF	ALBUQUERQUE,	INC
Part V Statements F	Regarding C	Other IRS Fili	ngs	and Tax Compliance	e(continued)

				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 returns?		2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х				
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author	ority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account	unt)?	4a		Х				
b	If "Yes," enter the name of the foreign country ►								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	nts (FBAR).							
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	?	5b		Х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and \$100,000, and \$100,000,000,000,000,000,000,000,000,000	ganization solicit							
	any contributions that were not tax deductible as charitable contributions?		6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or gifts							
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services		7a		X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re-	quired	_		x				
	to file Form 8282?		7c						
	If "Yes," indicate the number of Forms 8282 filed during the year 7d		7.						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra		7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f 7g						
g b	 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 								
	 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 								
0	sponsoring organizations have excess business holdings at any time during the year?								
9									
	a Did the sponsoring organization make any taxable distributions under section 4966?								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9a 9b						
10	Section 501(c)(7) organizations. Enter:								
а	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:								
а	Gross income from members or shareholders 11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	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 1041	?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the	T							
	organization is licensed to issue qualified health plans								
	Enter the amount of reserves on hand		14a		x				
	4a Did the organization receive any payments for indoor tanning services during the tax year?								
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b						
15									
	excess parachute payment(s) during the year?		15		X				
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income	me?	16		x				
10	If "Yes," complete Form 4720, Schedule O.		10						

Form **990** (2020)

032005 12-23-20

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Form 990 (202	20)
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Section A. Governing Body and Management

FAMILY PROMISE OF ALBUQUERQUE, INC

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

Х

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.

				Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 1	.3		
	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 0.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b 1	.3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o 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		X
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 ap	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
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?		. 8a	Х	
	Each committee with authority to act on behalf of the governing body?			Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)			
				Yes	No
0a	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	napters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		. 10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		. 12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	. 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		
3	Did the organization have a written whistleblower policy?		. 13		X
4	Did the organization have a written document retention and destruction policy?		. 14		X
5	Did the process for determining compensation of the following persons include a review and approva	al by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		. 15a		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).				
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with a			
	taxable entity during the year?		. 16 a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				
	exempt status with respect to such arrangements?		. 16b		
	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{MM}$				
8	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 only	/) avail	lable
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain	on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy,	and fina	ncial	
	statements available to the public during the tax year.				
	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records 🕨			
	ROSELIE JOHNSTON - 505-255-8786				
	1516 SAN PEDRO DRIVE NE, ALBUQUERQUE, NM 87110				
				1 990	

Part VII	Co	mpensation o	of Officers,	Directors,	Trustees,	Key Employees,	Highest (Compensate	d
	Em	ployees, and	Independe	ent Contra	ctors				

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.

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

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

Name and title Average hours per biologramication compensation there and attractivities weak Description (biologramication from the attractivities) Reportable compensation from organization (W2/1099-MISC) Estimated compensation room to other organization (W2/1099-MISC) (1) LAURA COMBS 40.00 X X 0.00.00.00.00.00.00.00.00.00.00.00.00.0	(A)	(B)			(0	C)			(D)	(E)	(F)
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Form **990** (2020)

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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	Average Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga and	ensat om the nizatio relate nizatio	on ed
											_			
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							52,076. 0. 52,076.		0.0.0.			0.0.0.
2	Total number of individuals (including but n compensation from the organization								-	,000 of reportabl	-			0
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s											3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab),000? <i>If</i> "Yes,	le co " <i>co</i>	ompe mple	ensa ete S	ition Sche	n and edule	d ot 9 <i>J 1</i>	her compensation from for such individual	the organization		4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	-				-			-			5		х
Sec	tion B. Independent Contractors				,							•		
1	Complete this table for your five highest co the organization. Report compensation for										pens			
	(A) Name and business address NONE								(B) Description of s	ervices	C	(C) ompen		1
								_						
2	Total number of independent contractors (i			mitor	d to	the	se lie		above) who received m	ore than				
	\$100,000 of compensation from the organia		JUI	nice()					Form 9	90 (2	020)

032008 12-23-20

						IIS	E OF ALB	UQUERQUE,	INC	**-***2	<u>315</u>	Page 9
Ра	rt \	VII										
			Check if Schedule O	conta	ins a respo	nse	or note to any lir	ne in this Part VIII	(B)	(C)	(D)	
								Total revenue	Related or exempt	Unrelated	Revenuè ex	
									function revenue	business revenue	from tax u sections 51	
S S	4	-	Federated compaigns		1a							2 011
ant	l '		Federated campaigns									
۵Ë			Membership dues Fundraising events									
ifts ar A			Related organizations									
niko G			Government grants (contr				65,148.					
Sig			All other contributions, gifts,				,					
ther		•	similar amounts not included				343,576.					
Contributions, Gifts, Grants and Other Similar Amounts		a	Noncash contributions included in			;						
aŭ		-	Total. Add lines 1a-1f					408,724.				
							Business Code					
e	2	a										
۳ Zi		b										
Se		с										
eve		d										
Program Service Revenue		е										
д		f	All other program service	reven	ue							
		g	Total. Add lines 2a-2f				►					
	3		Investment income (inclue									
			other similar amounts)				►					
	4 Income from investment of tax-exempt bond pro						oroceeds					
	5	;	Royalties								<u> </u>	
					(i) Real		(ii) Personal					
	6	i a	Gross rents	6a	5,00							
			Less: rental expenses	6b		0.						
			Rental income or (loss)	6c	5,00	0.		F 000	F 000			
			Net rental income or (loss	i)				5,000.	5,000.			
	7	a	Gross amount from sales of		(i) Securit	les	(ii) Other					
			assets other than inventory	7a								
e		b	Less: cost or other basis									
venue			and sales expenses	7b 7c								
ίn.			Gain or (loss)				L					
ъ			Net gain or (loss) Gross income from fundraisi				····· •					
Other Re	°	d			-							
Ŭ			including \$ contributions reported on									
			Part IV, line 18		-	8a	7,414.					
		b	Less: direct expenses			8b	780.					
			Net income or (loss) from					6,634.			6,6	634.
	9		Gross income from gamin				, , , , , , , , , , , , , , , , , , ,					
			Part IV, line 19			9a						
		b	Less: direct expenses			9b						
			Net income or (loss) from			s	►					
	10	a	Gross sales of inventory,	less r	eturns							
			and allowances			10a						
		b	Less: cost of goods sold			10b						
		с	Net income or (loss) from	sales	of invento	ry	▶					
sr							Business Code					
eor	11	а									ļ	
llan 'enu		b									 	
Miscellaneous Revenue		с									 	
Β			All other revenue									
			Total. Add lines 11a-11d						E 000	0	E	624
	12		Total revenue. See instructio	UNS .			►	420,358.	5,000.	0.	Form 990	634.
03200	JY 12	2-23	-20								1 UIIII 33U	# (ZUZU)

10

09440111 792861 6946 2020.05020 FAMILY PROMISE OF ALBUQUERQ 6946___1

FAMILY PROMISE OF ALBUQUERQUE, INC

7,811.

2,169.

4,799.

2,998.

1,878.

98

7,970.

9,096.

3,555.

5,660.

5,211.

6,840.

3,425.

62,310.

800.

(D)

Fundraising

expenses

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (A) Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21

52,076.

81,640.

4,799.

1,878.

921.

7,970.

9,454.

20,090.

5,660.

11,700.

43,660.

35,913.

4,613.

3,425.

342,327.

800.

6,840.

50,888.

44,265.

79,471.

47,890.

823.

358.

16,535.

6,489.

43,660.

35,913.

280,017.

4,613.

2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3

- organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4
- 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disgualified
- persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)
- Other salaries and wages 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions)
- Other employee benefits 9 Payroll taxes 10

Fees for services (nonemployees): 11

a Management b Legal

Accounting С d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, q column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 13

Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses

for any federal, state, or local public officials ... Conferences, conventions, and meetings Interest Payments to affiliates _____ 21 Depreciation, depletion, and amortization

23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) SHELTER & MEALS а CLIENT SPECIFIC EXPENSE h CLIENT TRANSPORTATION С DUES & SUBSCRIPTIONS d e All other expenses

Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

032010 12-23-20

14

15

16

17

18

19

20

22

09440111 792861 6946

11 2020.05020 FAMILY PROMISE OF ALBUQUERQ 6946___1

Form 990 (2020)

0.

09440111 792861 6946

33

Total liabilities and net assets/fund balances ...

137,288.

33

5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 9,800. 5,487. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 582,824. basis. Complete Part VI of Schedule D _____ 10a 17,197. 21,540. 565,627. b Less: accumulated depreciation _____ 10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 1,550. 11,550. Other assets. See Part IV, line 11 15 15 137,288. 765,319. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 550,000. 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 0. 550,000. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🗌 and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here \blacktriangleright X and complete lines 29 through 33. 0. 29 Capital stock or trust principal, or current funds 29 0. Paid-in or capital surplus, or land, building, or equipment fund 30 30 215,319. 137,288. 31 31 Retained earnings, endowment, accumulated income, or other funds 137,288. 215,319. Total net assets or fund balances 32 32

FAMILY PROMISE OF ALBUQUERQUE, INC

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

Cash - non-interest-bearing

Savings and temporary cash investments Pledges and grants receivable, net

Accounts receivable, net

-*2315 Page **11**

> (B) End of year

> > 178,322.

20.

0.

0.

765,319.

Form **990** (2020)

(A)

Beginning of year

108,691.

1

2

3

4

20.

Form 990 (2	2020)	
Part X	Balance	Sheet

1

2

3

4

Assets

_iabilities

Net Assets or Fund Balances

Form	990 (2020) FAMILY PROMISE OF ALBUQUERQUE, INC	**_**	2315	Page 12
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),358.
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,327.
3	Revenue less expenses. Subtract line 2 from line 1	3		3,031.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	137	7,288.
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	215	5,319.
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			
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 reviewed	d on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	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 Sch	nedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	0		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
			Earm	790 (2020)

	SCH	IED	ULE	Α
--	-----	-----	-----	---

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.

OMB No. 1545-0047
2020
Open to Public Inspection

		of the Treasury enue Service			Attach to Form 990 or F //Form990 for instructi			nformation		Open to Public Inspection
Nar	ne of	the organizat		- Go to www.ii3.go			le latest i	mormation.	Employer	identification number
				LY PROMISE	OF ALBUQUER	OUE .	INC			*-**2315
Pa	nrt I	Reason			(All organizations must c			See instruction		
The	orga				For lines 1 through 12, c					
1					on of churches describe					
2					Attach Schedule E (Forn			- <i>//</i> -//-		
3	\square				anization described in s e			ii).		
4	\square	•	•		njunction with a hospita			•)(iii). Enter	the hospital's name
•		city, and sta	•						.,,,	
5		-		or the benefit of a co	llege or university owned	d or operat	ted by a d	overnmental	unit descrit	bed in
-		-	-	Complete Part II.)	5 ,		, ,			
6		1		• •	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X		-	-	Intial part of its support f				the general	public described in
-		0		omplete Part II.)		J			J	
8					(1)(A)(vi). (Complete Par	t II.)				
9					in section 170(b)(1)(A)(ed in coniu	unction with a	land-orant	college
		-	-	-	culture (see instructions).		-		-	-
		university:	·		· · · · · · · · · · · · · · · · · · ·					
10		· · · -	tion that norma	ally receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, members	hip fees, a	nd gross receipts from
					t to certain exceptions;					
				-	(less section 511 tax) fr					-
				mplete Part III.)	· · · · · · · · · · · · · · · · · · ·			,	0	,
11					ively to test for public sa	afety. See	section 50	09(a)(4) .		
12		An organizat	tion organized	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to c	arry out the	e purposes of one or
		more publici	y supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box in
					of supporting organizatio					
а		Type I. A s	supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	' giving
		the suppo	rted organizati	on(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or trust	ees of the s	supporting
		organizatio	on. You must d	complete Part IV, Se	ections A and B.					
b		Type II. A	supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	iving
		control or	management c	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
		organizatio	on(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III fu	nctionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functiona	Illy integrat	ed with,
		its support	ted organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.		
d		Type III no	on-functionally	y integrated. A supp	oorting organization oper	ated in co	nnection \	with its suppo	rted organ	zation(s)
		that is not	functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness
		requireme	nt (see instruct	tions). You must cor	nplete Part IV, Sections	s A and D,	, and Part	۷.		
е		Check this	box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	e II, Type III	
		functionall	y integrated, o	r Type III non-functio	nally integrated support	ing organi:	zation.			
f	Ent	ter the number	of supported	organizations						
g	Prc		<u> </u>	n about the supporte						
		(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ing document?	(v) Amount o	-	(vi) Amount of other
		organizatio	n		above (see instructions))	Yes	No	support (see ii	istructions)	support (see instructions)

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

Schedule A (Form 990 or 990-EZ) 2020 FAMILY PROMISE OF ALBUQUERQUE, INC

-*2315 Page 2

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	298,236.	251,025.	289,195.	236,216.	343,576.	1,418,248.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	298,236.	251,025.	289,195.	236,216.	343,576.	1,418,248.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						1,418,248.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	298,236.	251,025.	289,195.	236,216.	343,576.	1,418,248.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
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						1,418,248.
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						▶∟
	ction C. Computation of Publ		-				
	Public support percentage for 2020 (100.00 %
	Public support percentage from 2019						100.00 %
16a	a 33 1/3% support test - 2020. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies						
k	33 1/3% support test - 2019. If the o	organization did no	ot check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua						
17a	a 10% -facts-and-circumstances tes	t - 2020. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a p	ublicly supported of	organization		▶□
k	o 10% -facts-and-circumstances tes	t - 2019. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circur	nstances test, che	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Tl	ne organization qu	alifies as a publicly	y supported organ	ization	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	nd see instruction	s ►
					Scho	dule A (Form 990	or 000_E7) 2020

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

09440111 792861 6946

Schedule A (Form 990 or 990-EZ) 2020 FAMILY PROMISE OF ALBUQUERQUE, INC 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.)

r	Gifts, grants, contributions, and membership fees received. (Do not						
	membership fees received. (Do not		1	1	1	1	1
i							
	nclude any "unusual grants.")						
r	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						
á	any activity that is related to the organization's tax-exempt purpose						
3 (Gross receipts from activities that						
í	are not an unrelated trade or bus-						
i	ness under section 513						
4	Tax revenues levied for the organ-						
i	zation's benefit and either paid to						
C	or expended on its behalf						
5 7	The value of services or facilities						
f	furnished by a governmental unit to						
t	the organization without charge						
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
ect	tion B. Total Support				•	•	
alen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
9/	Amounts from line 6						
0a () () ()	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income						
((less section 511 taxes) from businesses						
e	acquired after June 30, 1975						
	Add lines 10a and 10b						
1 1 a \	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2 (Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.) ·········· Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	o organization's fi	I irot cocond third	fourth or fifth tox	l	501(c)(2) or co	
	check this box and stop here	e organization s n			-		
	tion C. Computation of Publi	c Support Pe					
	Public support percentage for 2020 (li			column (f))		15	%
	Public support percentage from 2020 (ii Public support percentage from 2019		•			16	%
	tion D. Computation of Invest					10	%
	•					47	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2020. If the						line 17 is not
	more than 33 1/3%, check this box ar						▶∟
b	33 1/3% support tests - 2019. If the						
	ine 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organiza	ation 🕨 📖
I							
I	Private foundation. If the organization			9a, or 19b, check t			m 990 or 990-EZ) 2020

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2020

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0 10a 10a 10b 10b Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 FAMILY PROMISE OF ALBUQUERQUE, INC

1

2

Yes No

No

Yes

2a

2b

За

3b

			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			

	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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.

effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported

Section C. Ty	pe II Supportir	ig Organizati	ons	

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).	1	

Section D. All	Type III	Supporting	Organizations
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Part IV Supporting Organizations (continued)

			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 line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	yeat	see instruction	ns).

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c L The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins
--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If* "Yes," *then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 FAMILY PROMISE OF ALBUQUERQUE, INC Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

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	1 a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	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-functiona	Illy integra	ted Type III supporting org	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 FAMILY PROMISE OF ALBUQUERQUE, INC

га		(a)(5) Supporting Orga	anizations (continu	ued)	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		T	
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Part VI	Supplemental Information					15 Pa
Part VI	Supplemental Information	Provide the explanation of the second s	tions required by Pai	t II, line 10; Part	II, IINE 1/a or 17b; Part III, line	12; ection C
	Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 and	nd 3; Part IV, Section E	E, lines 1c, 2a, 2b, 3a	, and 3b; Part V,	line 1; Part V, Section B, line	le; Part V
	Section D, lines 5, 6, and 8; and P	art V, Section E, lines 2	2, 5, and 6. Also com	plete this part fo	r any additional information.	
	(See instructions.)					
					.	
2028 01-25-2	1		21		Schedule A (Form 990 or	990-EZ

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

2020

umber

Name of the organiz	Employer identification number		
	FAMILY PROMISE OF ALBUQUERQUE, INC	**-**2315	
Organization type	check one):		
Filers of:	Section:		
Form 990 or 990-EZ	\fbox{X} 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		
	zation is covered by the General Rule or a Special Rule.		
, ,	n 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.	
General Rule			
Ũ	anization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling rom any one contributor. Complete Parts I and II. See instructions for determining a contributor		
Special Rules			
sections 50 any one co	anization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support D9(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a Intributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amou 990-EZ, line 1. Complete Parts I and II.	, or 16b, and that received from	

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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

Name of organization

Employer identification number

-2315

FAMILY PROMISE OF ALBUQUERQUE, INC

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>	FEMA FUND 701 NORTH FAIRFAX ST SUITE 310 ALEXANDRIA, VA 22314	\$26,853.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SANDIA NATIONAL LABORATORIES P.O. BOX 5800 ALBUQUERQUE, NM 87185	\$20,000.	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
3	SMALL BUSINESS ADMINISTRATION PO BOX 3918 PORTLAND, OR 97208	\$38,295.	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
No.	Name, address, and ZIP + 4 ALBUQUERQUE COMMUNITY FOUNDATION 624 TIJERAS AVE NW ALBUQUERQUE, NM 87102 (b)	Total contributions	Type of contribution Person X Payroll
<u>No.</u> <u>4</u> (a)	Name, address, and ZIP + 4 ALBUQUERQUE COMMUNITY FOUNDATION 624 TIJERAS AVE NW ALBUQUERQUE, NM 87102	Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 4 (a) No.	Name, address, and ZIP + 4 ALBUQUERQUE COMMUNITY FOUNDATION 624 TIJERAS AVE NW ALBUQUERQUE, NM 87102 (b) Name, address, and ZIP + 4 THAXTON ENDOWMENT DISTRIBUTION COMMITTEE 11816 LOMAS BLVD NE	Total contributions \$ 15,000. (c) Total contributions	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Image: Complete Part II for noncash Image: Complete Part II for noncash (complete Part II for Image: Complete Part II for noncash Image: Complete Part II for noncash
No. 4 (a) No. 5 (a)	Name, address, and ZIP + 4 ALBUQUERQUE COMMUNITY FOUNDATION 624 TIJERAS AVE NW ALBUQUERQUE, NM 87102 (b) Name, address, and ZIP + 4 THAXTON ENDOWMENT DISTRIBUTION COMMITTEE 11816 LOMAS BLVD NE ALBUQUERQUE, NM 87112 (b) Name, address, and ZIP + 4 ST. JOHN'S UNITED METHODIST 2626 ARIZONA ST NE ALBUQUERQUE, NM 87110	Total contributions \$ 15,000. (c) Total contributions \$ 10,000. (c) Total contributions \$ 9,762.	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Image: Complete Part II for noncash Noncash Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) Complete Part II for noncash contributions.)

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Employer identification number

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FAMILY PROMISE OF ALBUQUERQUE, INC

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

(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
CHURCH OF THE GOOD SHEPHERD 7834 TENNYSON ST NE ALBUQUERQUE, NM 87122	\$8,575.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
ESTATE OF SUSAN JOHNSON 6705 VISTA DEL RANCHO RD NE ALBUQUERQUE, NM 87113	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NANCY L ADAM 2937 CANDELITA COURT NORTHEAST ALBUQUERQUE, NM 87112	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll On Complete Part II for noncash contributions.)
	Name, address, and ZIP + 4 CHURCH OF THE GOOD SHEPHERD 7834 TENNYSON ST NE ALBUQUERQUE, NM 87122 (b) Name, address, and ZIP + 4 ESTATE OF SUSAN JOHNSON 6705 VISTA DEL RANCHO RD NE ALBUQUERQUE, NM 87113 (b) Name, address, and ZIP + 4 NAME, address, and ZIP + 4 NAME, address, and ZIP + 4 (b) Name, address, and ZIP + 4	Name, address, and ZIP + 4 Total contributions CHURCH OF THE GOOD SHEPHERD \$ 8,575. ALBUQUERQUE, NM 87122 (c) (b) (c) Name, address, and ZIP + 4 Total contributions ESTATE OF SUSAN JOHNSON \$ 10,000. ALBUQUERQUE, NM 87113 (c) (b) (c) Name, address, and ZIP + 4 Total contributions ALBUQUERQUE, NM 87113 (c) (b) (c) NAME, address, and ZIP + 4 Total contributions ALBUQUERQUE, NM 87112 (c) (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions

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Employer identification number

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FAMILY PROMISE OF ALBUQUERQUE, INC

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(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
		 \$	

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lame of or	ganization			Employer identification number				
AMILY	PROMISE OF ALBUQUERQU	UE. INC		**-***2315				
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	utions to organizations described in s (a) through (e) and the following line en s, charitable, etc., contributions of \$1,000 or	try For organizations					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
		(e) Transfer of gif						
	Transferee's name, address, a			ransferor to transferee				
			· · ·					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
Part I								
-		(e) Transfer of gif						
_	Transferee's name, address,			ransferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dea	scription of how gift is held				
-	(e) Transfer of gift							
-	Transferee's name, address, and ZIP + 4		Relationship of t	ransferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held				
-	(e) Transfer of gift							
-	Transferee's name, address, a	and ZIP + 4	Relationship of t	ransferor to transferee				
23454 11-25-	20	26	Schedu	le B (Form 990, 990-EZ, or 990-PF) (2020				
40111	792861 6946		PROMISE OF	ALBUQUERQ 69461				

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SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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.



Name of the organization

FAMILY PROMISE OF ALBUQUERQUE, INC

Employer identification number **-***2315

	organization answered "Yes" on Form 990, Part IV, li	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in	5	vised funds
	are the organization's property, subject to the organization'	-	
	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes
Par	t II Conservation Easements. Complete if the o	rganization answered "Yes" on Form 990), Part IV, line 7.
1	Purpose(s) of conservation easements held by the organiza	tion (check all that apply).	
	Preservation of land for public use (for example, recre	ation or education)	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the for	m of a conservation easement on the la
	day of the tax year.		Held at the End of the Tax
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic s	tructure included in (a)	
d	Number of conservation easements included in (c) acquired	1 after 7/25/06, and not on a historic stru	cture
	listed in the National Register		
3	Number of conservation easements modified, transferred, r	eleased, extinguished, or terminated by t	the organization during the tax
	year ▶		
4	Number of states where property subject to conservation e	asement is located 🕨	_
5	Does the organization have a written policy regarding the p	eriodic monitoring, inspection, handling c	of
	violations, and enforcement of the conservation easements	it holds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting	g, handling of violations, and enforcing co	onservation easements during the year
	►		
7	Amount of expenses incurred in monitoring, inspecting, har	Idling of violations, and enforcing conser	vation easements during the year
	►\$		
	Does each conservation easement reported on line 2(d) abo	•	
	and section 170(h)(4)(B)(ii)?		
	In Part XIII, describe how the organization reports conserva		
	balance sheet, and include, if applicable, the text of the foo	tnote to the organization's financial state	ements that describes the
	organization's accounting for conservation easements.	Ant Illictorical Turconner on	Other Oinsiles Assets
'ar	t III Organizations Maintaining Collections		Other Similar Assets.
	Complete if the organization answered "Yes" on For		
	If the organization elected, as permitted under FASB ASC 9		
	of art, historical treasures, or other similar assets held for pu	, ,	•
	service, provide in Part XIII the text of the footnote to its fina		
	If the organization elected, as permitted under FASB ASC 9		
	art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in fu	irtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			▶ \$
2	If the organization received or held works of art, historical tr	easures, or other similar assets for finance	
2	If the organization received or held works of art, historical tr the following amounts required to be reported under FASB	easures, or other similar assets for finance ASC 958 relating to these items:	cial gain, provide
2	If the organization received or held works of art, historical tr	easures, or other similar assets for finance ASC 958 relating to these items:	cial gain, provide
2 a b	If the organization received or held works of art, historical tr the following amounts required to be reported under FASB Revenue included on Form 990, Part VIII, line 1	easures, or other similar assets for finance ASC 958 relating to these items:	cial gain, provide ▶ \$

Sche		PROMISE OF								5 Page 2
Pa	t III Organizations Maintaining C		-		-				ts (contir	nued)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	at make si	gnificant ı	use of its		
	collection items (check all that apply):									
а	Public exhibition	c			hange progr					
b	Scholarly research	e		Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	•			•			se in Par	t XIII.	
5	During the year, did the organization solicit of									
Dai	to be sold to raise funds rather than to be maintenance of the sold to raise funds rather than to be maintenance of the sold to raise funds rather than to be maintenance of the sold to raise funds rather than to be maintenance of the sold to raise funds rather than to be maintenance of the sold to raise funds rather than to be maintenance of the sold to raise funds rather than to be maintenance of the sold to raise funds rather than to be maintenance of the sold to raise funds rather than to be maintenance of the sold to raise funds rather than to be maintenance of the sold to raise funds rather than to be maintenance of the sold to raise funds rather than to be maintenance of the sold to raise funds rather than to be maintenance of the sold to raise funds rather than to be maintenance of the sold to raise funds rather than to be maintenance of the sold to raise funds rather than to be maintenance of the sold to raise funds rather than to be maintenance of the sold to rather than to be maintenance of the sold to rather than to be maintenance of the sold to rather than to be maintenance of the sold to rather than to be maintenance of the sold to rather than to be maintenance of the sold to rather than to be maintenance of the sold to rather than to be maintenance of the sold to rather than to be maintenance of the sold to rather than to be maintenance of the sold to rather than to be maintenance of the sold to rather than to be maintenance of the sold to rather than to be maintenance of the sold to rather than to be maintenance of the sold to rather than to be maintenance of the sold to rather than to be maintenance of the sold to rather than to be maintenance of the sold to rather than to be maintenance of the sold t								Yes	No No
1 0	reported an amount on Form 990, Pa		ete ii the	organizatio	n answered	res on	F0111 990	, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod		diary for	contribution	s or other a	ssets not i	included			
Ĩ	on Form 990, Part X?								Yes	No No
b	If "Yes," explain the arrangement in Part XIII							······		
-									Amount	t
с	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F								Yes	No No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.									
Pa	t V Endowment Funds. Complete i	f the organization ar	nswered	"Yes" on Fo	1					
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (d) Three ye	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance Provide the estimated percentage of the cur	ront year and balan	 1	a oolump (a						
2 a	Board designated or quasi-endowment	rent year end baland	2e (iirie 1 %	g, column (a	a)) Heiù as.					
b	Permanent endowment	%								
		<u></u> %								
Ū	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse		ation that	at are held a	nd administe	ered for th	e organiza	ation		
	by:	Ū.					0		Ī	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	Schedule R?					3b	
	Describe in Part XIII the intended uses of the		owment	funds.						
Pa	t VI Land, Buildings, and Equipm									
	Complete if the organization answere									
	Description of property	(a) Cost or o basis (investi			or other (other)		cumulated reciation	d	(d) Bool	k value
	Land									
	Buildings			55	5,786.		5,21	L 1 •	55	0,575.
	Leasehold improvements				<u> </u>		11 ^ ~			
	Equipment			2	7,038.		11,98	50.	Ι.	5,052.
-	Other								EC	5 6 9 7
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	Uc.)				30	5,627.

Schedule D (Form 990) 2020

032052 12-01-20

Schedule D) (Form 990) 2020	FAMILY	PROMISE	E OF	ALBUQU	ERQUE,	INC	**-**2315 Page 3
Part VII	Investments -	Other Securit	ies.					×
	Complete if the org			orm 990,	Part IV, line			
(a) Descrip	otion of security or cate	JOTY (including name of	security)	(b) Bool	< value	(c) Meth	nod of valuation:	Cost or end-of-year market value
(1) Financi	al derivatives							
	held equity interests							
(3) Other								
(A)								
(B)								
(C)								
(D)								
(E)								
(F) (G)								
(H)								
	b) must equal Form 990) Part X col (B) line	12)					
	Investments -							
	Complete if the org	-		orm 990,	Part IV, line	11c. See For	m 990, Part X, li	ine 13.
	(a) Description of			(b) Bool				Cost or end-of-year market value
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)	b) must equal Form 990) Part X col (B) line	12 \					
Part IX		, 1 alt X, 601. (D) inte	10.)					
	Complete if the org	anization answere	d "Yes" on F	orm 990,	Part IV, line	11d. See For	rm 990, Part X, I	ine 15.
			(a) Desc					(b) Book value
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)	une (h) much e surel F		-/ (D) Kan 15	<u>،</u>				
Part X	umn (b) must equal Fo Other Liabilitie		л. (<i>в)</i> ште тэ.,)				
Turtx	Complete if the org		d "Yes" on Fi	orm 990	Part IV line	11e or 11f S	ee Form 990 P	art X line 25
1.		escription of liabilit			r arcrv, mio	110 01 111.0		(b) Book value
	deral income taxes							
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)	······ (h) ···· ··· ··· ··· ··· ···		-/ (D) // - 05 /	<u>،</u>				
	<i>imn (b) must equal Fo</i>							
-	-		-			-		statements that reports the has been provided in Part XIII
Urganiz	acioni o nability 101 UN	oortann tax pooltioi						

-*2315 Page 3

032053 12-01-20

Sche	dule D (Form 990) 2020 FAMILY PROMISE OF ALBUQUER	QUE, IN	C **-***2315 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With R	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	. 4b	
С	Add lines 4a and 4b		4c
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		Expenses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	_ 2a	
b	Prior year adjustments	_ 2b	
С	Other losses	_ 2c	
d	Other (Describe in Part XIII.)	. 2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	. 4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	t XIII Supplemental Information.		

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

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization 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.



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

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

 032211
 11-20-20

Form 4562
Department of the Treasury Internal Revenue Service (99)
Name(s) shown on return

Depreciation and Amortization

OMB No. 1545-0172

Form Depart	4JUZ		2020 Attachment											
	I Revenue Service (99) s) shown on return		Go to	www.irs.gov/F	orm4562 fc				ch this form relate			Sequence No. 179 Identifying number		
- anno(c	by shown on retain					Buon	1000 01 400			.0				
	ATTY DDOMT				TNO	FOT	M 0	00 07	AGE 10			**-***2315		
Par	ILY PROMI									Vba	fores	/ou complete Part I.		
				y onder Section 1	79 NOLE. II y	ou nave any i	sted pr	operty, c	iompiete Part	ad V .	10re 1			
	/laximum amount (s		,							F	-	1,040,000.		
	 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation 									r r	2			
											3	2,590,000.		
	Reduction in limitati										4			
5 D	ollar limitation for tax yea	ar. Subtract line	4 from line	1. If zero or less, enter	-0 If married	1					5			
6		(a) Descri	ption of prop	perty		(b) Cost (busi	ness use o	only)	(c) Elected	cost				
7 L	isted property. Ent	er the amou	unt from I	ine 29				7						
											8			
9 T	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7										9			
	Carryover of disallowed deduction from line 13 of your 2019 Form 4562													
	Business income limitation. Enter the smaller of business income (not less than zero) or line 5													
	I1 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 I2 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11													
	Carryover of disallo							13						
-	: Don't use Part II													
Par				ce and Other D			le listed	propert	v.)					
14 .9	-				•	•								
	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 1										14			
	Property subject to									- T	15			
	Other depreciation (16			
				nclude listed pro							10			
1 41		epreciation		loude listed pro		ection A								
47.1		<i>(</i>	- 1 1								47			
	ACRS deductions									H	17			
18 #	you are electing to group			re during the tax year Placed in Servic							Suat			
	•	Section B -	Assels	(b) Month and		for depreciation	1			lion	Syst			
	(a) Classification	n of property		year placed in service	(business	/investment use ee instructions)		Recovery period	(e) Convention	(f) M	ethod	(g) Depreciation deduction		
19a	3-year property													
b	5-year property													
C	7-year property													
d	10-year propert	у												
е	15-year property	у												
f	20-year property	у												
g	25-year propert	у					25	5 yrs.		S	S/L			
			/			27	.5 yrs.	MM		S/L				
h	Residential rent	al property		/			-	.5 yrs.	MM		6/L			
				02/21	555,787		9 yrs.			6/L	5,211.			
i Nonresidential real propert			erty /								5/L			
	Se	ection C - A	ssets Pl	aced in Service	During 202	20 Tax Year L	lsina th	e Altern	MM ative Depred			stem		
20a	Class life						1			1	5/L			
20a	01033 1110						+		+		// L			

20a Class li 12 yrs. b 12-year S/L 30 yrs. MM S/L С 30-year 40 yrs. MM S/L d 40-year 1 Part IV Summary (See instructions.) **21** Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 5,211. 22 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

09440111 792861 6946

016251 12-18-20 LHA For Paperwork Reduction Act Notice, see separate instructions. 2020.05020 FAMILY PROMISE OF ALBUQUERQ 6946___1

23

For	m 4562 (2020)	FAM	ILY PR	OMISE	OF C	AL	BU	QUER	QUE	, INC			**_	***2	315	Page 2	
Pa	art V Listed Proper				her vehic	cles, o	certa	ain aircı	raft, an	nd propert	y used fo	or				U	
	entertainment, Note: For any	,		,	e standar	rd mi	lead	e rate c	or dedu	ucting leas	se expen	se. com	nolete on	lv 24a.			
	24b, columns ((a) through (c	c) of Section .	A, all of S	Section B	, anc	d Sĕ	ction C	if appl	icable.	•	-	•	- ·			
		Depreciatio				utio	_		_				-)		
<u>24a</u>	Do you have evidence to s			nent use cl	laimed?		Ye		_ No	24b If "Y			nce writ	ten?	_ Yes ∟	<u>No</u>	
(a) (b) (c) Type of property (list vehicles first) (list vehicles first)				t OUSLUI other basis			(e) Basis for depreciation (business/investment use only)		(f) (g) Recovery Mether period Convert		hod/	od/ Depreciation		(i) Elected section 179 cost			
25	Special depreciation allo	owance for a	ualified listed	d propert	v placed	in se	ervic	e durino	a the ta	ax vear ar	l d						
	used more than 50% in											25					
26	Property used more that												•				
		: :		%													
		: :		%													
		: :		%													
27	Property used 50% or le	ess in a quali	ified busines	s use:													
		: :		%							S/L -						
		: :		%						S/L -							
		: :		%							S/L -	_					
28	Add amounts in column	(h), lines 25	through 27.	Enter her	re and or	n line	21,	page 1				28		-			
29	Add amounts in column	(i), line 26. E	Inter here an	d on line	7, page	1								. 29			
				Section	B - Infor	mati	ion d	on Use	of Veł	nicles							
Cor	mplete this section for ve	hicles used	by a sole pro	prietor, p	partner, c	or oth	ner "I	more th	an 5%	owner,"	or related	l persor	n. If you	provideo	l vehicle	s	
to y	our employees, first ans	wer the ques	stions in Sect	tion C to	see if yo	u me	et a	n excep	otion to	o complet	ng this s	ection f	or those	vehicles	6.		
				-1		-					1				1		
					(a)		(b	-	(c)		(d)		(e)			(f)	
30	Total business/investment				hicle		Vehi	icle	V	'ehicle	Veh	icle	Ver	nicle	Vel	nicle	
	year (don't include commu																
	Total commuting miles of																
32	Total other personal (no	-	-														
~~	driven																
33	Total miles driven during																
~ ~	Add lines 30 through 32																
34	Was the vehicle availab	•		Yes	No	Ye	es	No	Yes	No No	Yes	No	Yes	No	Yes	No	
2 E	during off-duty hours?																
35	Was the vehicle used p																
than 5% owner or related person? 36 Is another vehicle available for personal										_							
30	•																
	use?		- Questions	for Emp	Lovers M	l Vho E	Drov	ido Vol		for Use b	v Their F	mploy					
Δng	swer these questions to			-	-						-			ron't			
	re than 5% owners or rel			слосрио		picti	ng O			chicles de		npioyee	.5 WHO U				
	Do you maintain a writte	•		orohibits ;	all persor	nalus	se o	f vehicl	es. inc	ludina coi	nmutina	by you	ır		Yes	No	
•.	employees?				-					-	-						
38	Do you maintain a writte																
	employees? See the ins			-													
39	Do you treat all use of v																
	Do you provide more th																
	the use of the vehicles,																
41	Do you meet the require																
	Note: If your answer to																
Pa	art VI Amortization																
	(a) Description o	facato	D -1	(b) te amortization		(Amor	(C)			(d) Code		(e)		A.	(f)		
Description of costs Date							rtizabl Iount			section		Amortiza period or per					
42	Amortization of costs th	at begins du	iring your 202	20 tax ye	ar:												
				: :													
				: :													
	Amortization of costs th												43				
44	Total. Add amounts in o	column (f). Se	ee the instruc	tions for	where to	o rep	ort						44				
0162	252 12-18-20													F	orm 456	2 (2020)	