

Return of Organization Exempt From Income Tax

2022

Department of the Treasury
Internal Revenue Service

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

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

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

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **01/01/2022** and ending **12/31/2022**

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization **FAMILY PROMISE OF CLARK COUNTY**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 873308

City or town, state or province, country, and ZIP or foreign postal code
VANCOUVER, WA 98687

F Name and address of principal officer: **LOIS SMITH**
PO BOX 873308, VANCOUVER, WA 98687

D Employer identification number
81-4632218

E Telephone number
360-210-5165

G Gross receipts \$ **408,432**

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: www.familypromiseofclarkco.org

K Form of organization: Corporation Trust Association Other

L Year of formation: **2016**

M State of legal domicile: **WA**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>CHARITABLE PURPOSES TO HOMELESS FAMILIES</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	8
	6	Total number of volunteers (estimate if necessary)	6	6
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 391,837	Current Year 399,106
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	42	45
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,300	-11,325
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	396,179	387,826
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	1,345
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	197,428	254,182
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25)	34,297	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	89,316	97,121
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	286,744	352,648	
19	Revenue less expenses. Subtract line 18 from line 12	109,435	35,178	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 400,806	End of Year 444,993
	21	Total liabilities (Part X, line 26)	10,065	19,074
	22	Net assets or fund balances. Subtract line 21 from line 20	390,741	425,919

Part II Signature Block

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

Sign Here

Signature of officer: MICHAEL PERVERE, PRESIDENT Date: _____

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: JEREMY CORK Preparer's signature: _____ Date: _____

Check if self-employed PTIN: P01544850

Firm's name: EASY OFFICE DBA JITASA Firm's EIN: 26-2176601

Firm's address: 1750 W FRONT STREET SUITE 200, BOISE, ID 83702 Phone no.: 208-287-4777

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