



**CITY OF RANCHO SANTA MARGARITA
2023-2024 COMMUNITY DEVELOPMENT BLOCK GRANT
PUBLIC SERVICE GRANT APPLICATION**

APPLICATION DUE DATE - 3:00 PM JANUARY 27, 2023

Submit 1 original application to:

Mike Linares
City of Rancho Santa Margarita
22112 El Paseo Rancho Santa Margarita CA 92688

**Also, submit this Application Form (MS Word format) by the due date/time to:
mlinares@cityofrsm.org**

Only complete applications will be considered. Use the checklist below to ensure your application package is complete. Ensure all required text fields and applicable boxes are completed or checked. Click on the appropriate box to insert text or checkmark; "Tab" from field to field to complete the application. Avoid hard returns within the text box. Narrative text fields are limited in space, so provide concise responses.

PLEASE DO NOT MODIFY THE APPLICATION FORM

Organization Legal Name: Family Assistance Ministries

Proposed Program Name: Housing Continuum

CDBG Amount Requested: \$15,000

☒ Application (including Attachment A: Proposed Budget & Attachment B: Proposed CDBG-Funded Personnel)

SUBMIT THE FOLLOWING MATERIALS AS PDF FILES COPIED TO A USB DATA STORAGE DEVICE

☒ Proposed Program Application or Intake Sheet

☒ IRS Tax-Exempt Documentation

☒ Current Board of Directors Roster

☒ Most Recent 990 Tax Filing (remove password protection)

☒Most Recent Financial Statement & Audit (remove password protection)

Please do not submit testimonials, letters of support, or program literature.

APPLICANT GENERAL INFORMATION

- A. Organization Legal Name: Family Assistance Ministries
- B. Mailing Address: 1030 Calle Negocio, San Clemente, CA 92673
- C. Proposed Program Name: Housing Continuum
- D. Check the **ONE** category that best describes the proposed program
- ☐ Youth ☐ Senior ☐ Disabled Adults ☐ Low/Mod General
- ☒ Homeless ☐ Fair Housing ☐ Housing
- E. Is this application submitted by a faith-based organization? ☒ Yes ☐ No
- F. Is this request for a New ☐ or Existing ☒ program?
- G. Location of where service will be provided (i.e., specify if the program is citywide, a street address, a school site, etc.): Rancho Santa Margarita city-wide, FAM's Resource Center in San Clemente and satellite locations in SJC, DP and LN
- H. Person to contact regarding this application:
- Name: Elizabeth Andrade Email Address: elizabetha@family-assistance.org
- Telephone: 949-492-8477 Fax: 949-492-8081
- I. Federal Tax ID Number: 33-0864870 UEI Number: FJS7D5YP7NA9
- J. Organization officials that will execute the grant agreement (2 required):
- Name: Elizabeth Andrade Title: Chief Executive Officer
- Name: Delia Van Kampen Title: Director of Finance and Operation

2. COMMUNITY NEED FOR PROGRAM

- A. Summarize the nature and need for the proposed program in RSM. Include information regarding the characteristics of persons to be served (e.g., age, disability, income situation, and other distinguishing characteristics) and data that supports the unmet need for the proposed program in RSM. FAM's Housing Continuum offers services to Rancho Santa Margarita (RSM) residents who are unhoused or at risk of eviction. Clients are matched to the "best-fit" housing services depending on individual or family circumstances. Nutritious food options are always a component of financial stabilization, enabling residents to spend the money they would have spent on food on rent and utilities. FAM provides financial counseling and financial assistance for those not yet unhoused but at risk of eviction. Client need is verified and paid directly to landlords and service providers. A plan is created to help residents become self-sufficient once again. FAM helps those who are unhoused through several services options. Diversion through Homeward Bound is the first option because it reconnects clients back to family or friends. FAM's Gilchrist House interim/transitional shelter serves single unhoused women and unhoused mothers with children. FAMily House, the only emergency shelter for unhoused families with children, serves single-parent households, dual-parent households, and pregnant women in south Orange County. The vulnerability index determines placement for other clients. FAM is the master leaseholder of 10 apartment units in RSM, serving 13 former chronically unhoused individuals through our Permanent Supportive Housing. Additionally, other clients will be assisted through Rapid Re-Housing (RRH), providing partial security deposit or rental assistance reduced over three months to ensure housing stability. 2020 U.S. Census data indicates that approximately 4.5% of RSM residents live in poverty. Eviction moratorium protections allowed many residents to remain in their homes during the pandemic (2021 OC Indicators Report). With protections ended, many tenants are expected to pay back rent, many in the tens of thousands of dollars. The average cost of rent in Orange County is expected to increase over the year (USC Multifamily Forecast Report). City median rents are \$2,254 (U.S. Census), an increase of 8% over last year, putting low-to-moderate income households at further risk of housing instability. FAM's experience serving RSM residents indicates that there is still a need for resources for RSM residents. Last fiscal year, FAM had 1,504 encounters helping to ensure housing stability for 246 RSM residents. 109 RSM residents were provided 471 hours of case management resulting in \$47,597 in rental assistance and \$3,106 in utility assistance.
- B. Discuss if other organizations provide a similar service to RSM residents and how the proposed program differs or augments these similar services. Explain why this program is cost-effective compared to similar services provided by another agency. Some of the services offered by FAM are also provided by our partnering organizations serving RSM. However, uniquely FAM serves both individuals and families. FAM's diversion program includes a Homeward Bound Program reuniting unhoused individuals with family or friends across the country. In 2022, FAM helped 33 individuals who found themselves unhoused in Orange County through this program. All FAM clients begin with case management to help them create a customized stabilization plan to include financial counseling, workforce development, food and housing assistance. FAM engages the work of skill-based volunteers which allowed FAM to provide 30,187 people 2.2 million pounds of food through 155,739 encounters. As an essential part of FAM's overall success and cost efficiency, 1,346 volunteers provided 21,175 hours to FAM's programs in 2022, equivalent to \$752,983 (CA Volunteer Rate, Independent Sector, 2021), monies that instead are directed to client services and programs.

- C. Provide the following information regarding the anticipated number of individuals to be served by the proposed program between **7/1/2023 and 6/30/2024**:
1. How many unduplicated individuals will benefit from the proposed activity **regardless of City of residence**? 36,000 Individuals
 2. How many unduplicated RSM residents will the proposed activity assist? 304 Individuals
 3. How many unduplicated lower-income RSM residents will the proposed activity assist with the requested CDBG funds? 304 Individuals
- D. Provide a Performance Plan (Goals and Objectives) via a "breakdown" of the number of RSM residents to be served and the type of service(s) to be provided. Each resident serviced should be counted one time for the year and toward a single service category. See the sample below.

SAMPLE PERFORMANCE PLAN	
RSM Residents	Type of Service Provided
20	Phone Referrals
50	Education / Outreach (community presentations, distribution of flyers, pamphlets, etc.)
10	Counseling Services
5	Direct Assistance (rental, transitional housing, legal services, emergency shelter, etc.)
85	TOTAL

PROPOSED PERFORMANCE PLAN	
RSM Residents	Type of Service Provided
288	Case management (nutritious food, personal care items, etc.)
10	Client aid (rent, utility, transportation, workforce development)
3	Interim/transitional shelter
3	Emergency shelter
304	TOTAL

- E. From the list below, select one HUD-required "Objective" and one HUD-required "Outcome" that the proposed activity will address.

HUD Objectives

- ☒ Create a Suitable Living Environment: Activity designed to benefit the community, families, or individuals by addressing living environment issues.
- ☐ Provide Decent Affordable Housing: Housing activity designed to meet individual family or community housing needs.
- ☐ Create Economic Opportunities: Activity such as economic development or commercial revitalization that creates or expands job opportunities.

HUD Outcomes

- ☒ Availability/Accessibility: Services, infrastructure, housing, or shelter will be available/accessible to Low- & Moderate-Income people, including the disabled.
- ☐ Affordability: The activity will provide affordability for Low- & Moderate-Income people, including the creation/maintenance of affordable housing, basic infrastructure, or services.
- ☐ Sustainability (Promoting Livable or Viable Communities): The program/project will improve the community by making it livable or viable by providing benefits to Low/Moderate-Income people.

- F. Regarding the "Outcome" selected above, describe how the success and effectiveness of proposed services will be measured. Include a definition of success/effectiveness, tools to measure program success/effectiveness, and the percentage of individuals to be served that will meet the success/effectiveness threshold. Discuss steps to implement performance measurements if outcome measurements are not in place. The goal of FAM's Housing Continuum and our measure for success is that those who are unhoused or at immediate risk of becoming unhoused will secure and maintain permanent housing. FAM records quantitative outputs to measure success, including the number of clients served, total bed nights in shelters, total dollar value of aid distributed and the numbers of clients receiving referrals or other services. We also track success through qualitative impact, including increases in financial literacy, clients who are permanently housed, clients who are diverted, and increased access to needed services and other resources. We target 90% of those we serve will maintain their housing.

3. ORGANIZATIONAL CAPACITY AND EXPERIENCE

A. Summarize your organization's experience in carrying out the proposed program. Include information regarding the length of time providing service, professional qualification of staff (include license, academic credentials, etc.), and other relevant information. FAM has been providing stabilizing services to residents of south Orange County since 1999. These neighbors are hungry, unhoused, or at-risk of losing their home. FAM has a robust infrastructure built over the last 23 years, serving over 30,000 people in need last year through 155,739 encounters. FAM provides tailored crisis services that alleviate hunger, and provides housing solutions and tools at each stage from assistance to financial stability. FAM's professional staff includes a Director of Client Programs with a Masters in Social Work who brings over 20 years of experience in the nonprofit sector. Our Prevention Services Manager has spent over 7 years in outreach, prevention strategies and response efforts in relation to crisis, mental health and trauma. Our lead housing case manager has spent over 10 years also assisting clients through crisis management. Other case managers include a veteran with over 15 years of experience in housing supportive services and another case manager with an extensive background running drug and alcohol treatment centers.

B. Has your agency previously received CDBG funding from the City of RSM? Yes ☒ No ☐

C. Summarize your organization's experience administering CDBG public service grant funds.

Name of City or County Providing Prior CDBG \$	Year Funds Received	CDBG Grant Amount	Program Funded
City of San Clemente	2023	\$9,040	Housing Continuum
City of Lake Forest	2023	\$6,700	Housing Continuum
City of Laguna Niguel	2023	\$11,610	Housing Continuum

D. Are you requesting funding for this program from any other City or County?

Yes ☒ No ☐ If "Yes," from whom and how much?

City/County	Funding Source	Amount Requested
City of San Clemente	CDBG	\$20,000
City of Lake Forest	CDBG	\$10,000
City of Laguna Niguel	CDBG	\$20,000

E. Will volunteers, donated goods/services, and/or fundraising activities be used to supplement the proposed program? Yes ☒ No ☐ Summarize these efforts. FAM utilizes volunteers to support all areas of our operations with 1,348 volunteers providing 21,175 hours last year. Volunteers serve at FAM's Resource Center in various capacities, including conducting food intakes, driving trucks to pick up fresh rescue food and redistributing nutritious food to our clients. Last year, we redistributed 2.2 million pounds of nutritious food to hungry children and adults in our community. We also rely on in-kind donations of goods and services to support our programs. Additionally, we partner with community organizations to offer services to clients, including early childhood development screenings, medical and dental care, financial counseling, haircuts and referrals to other services as needed.

F. Compliance with OMB Circular A-133 (Single Audit):

1. In any one of the past 3 years, has your agency expended more than \$750,000 in federal funds during a fiscal year? Yes ☒ No ☐
2. During this year(s), did your agency prepare a Single Audit compliant with OMB Circular A-133? Yes ☒ No ☐ If "Yes," provide a copy of the most recent Single Audit. If "No," explain why a Single Audit was not prepared. _____

4. PROGRAM INFORMATION AND BUDGET

A. Complete the following budget summary for the proposed program.

- | | |
|--|--------------------|
| 1. 2023-2024 CDBG Grant Funds Requested: | <u>\$15,000</u> |
| 2. Total 2023-2024 Program Budget: | <u>\$3,577,590</u> |
| 3. Total 2023-2024 Budget for <u>all programs offered by your agency:</u> | <u>\$8,435,729</u> |

B. Outline how requested CDBG funds will be utilized (e.g., staff salaries, benefits, program supplies, insurance, direct client assistance, etc.). Include information on how requested funds will directly benefit RSM residents. (Ensure that **Attachment A, "Proposed Program-Budget,"** reflects this outline.) All CDBG funds will be used to support low-to-moderate income RSM residents who are unhoused or at immediate risk of eviction. \$12,000 will subsidize direct financial assistance, including rental assistance and utility payments, in our Rancho Santa Margarita housing program. \$3,000 will support staffing costs for case managers. These staff positions provide the necessary support to clients in our housing programs. They assess clients and match needs to programs for the best possible outcomes. Additionally, case managers offer financial counseling, workforce development, linkage to healthcare, food assistance, referrals and other supportive services as needed.

C. Provide the following information regarding full-time, part-time, contract, and volunteer staff that will be utilized to provide the proposed service. (If CDBG funds are requested for personnel costs, **Attachment B, "CDBG Funded Personnel,"** must be completed.)

Full-Time staff:	<u>6</u>	Part-Time staff:	<u>0</u>
Contract staff:	<u>0</u>	Program volunteers:	<u>10</u>

5. CLIENT INTAKE INFORMATION

- A. HUD requires that each organization providing services to individuals with CDBG public service grant funds document the size, race/ethnicity, and income of assisted households.

Does the proposed program application/intake form collect this information?

Yes ☒ No ☐

If "**Yes**," how is the information documented?

1. Self-Certification: ☒
2. Analysis of household income documents such as tax returns/paychecks: ☒

If "**No**," how will this information be collected and/or reported to the City? _____

*Note: Income documentation is not required but requested for "**presumed beneficiary**" category clients. Per HUD regulations, presumed beneficiaries include: abused children, seniors (over 62 years of age), battered spouses, severely disabled adults, homeless persons, illiterate persons, persons with HIV/AIDS, and migrant farmworkers. Documentation of "presumed beneficiary" status is required.*

- B. Will the proposed program exclusively serve presumed beneficiaries?

Yes, the proposed activity ☐ No ☒

If "**Yes**," list the category _____

6. CERTIFICATION

I hereby certify that I am authorized to submit this application for CDBG public service grant funding provided by the City of Rancho Santa Margarita ("City") by the Board of Directors of **Family Assistance Ministries** ("Applicant"). If grant funds are granted, funds will be used solely to benefit low- and moderate-income Rancho Santa Margarita residents. Applicant understands that general liability, auto liability insurance, and workers' compensation insurance are required and will be provided per a grant agreement to be executed between the City and the Applicant. Applicant understands that grant funds are provided on a reimbursement basis and will provide appropriate documentation to substantiate expenditures submitted for reimbursement. Grant funds will be administered according to this agreement and consistent with applicable federal regulations. If the Applicant fails to serve eligible Rancho Santa Margarita residents during the term of the contract or fails to substantially attain projected accomplishments (defined as at least 75% of the projected number of persons to be served), Applicant may be required to repay all or a portion of funds already disbursed to the Applicant by the City and/or forego receipt of additional grant funds. The Applicant also certifies that it complies with all local zoning/land use regulations and possesses all required licenses and permits to operate/provide the program.

Name: Elizabeth Andrade

Title: Chief Executive Officer

Signature

Date

ATTACHMENT A

PROPOSED 2023-2024 PROGRAM BUDGET

BUDGET CATEGORY	CDBG FUNDS	OTHER FUNDS	TOTAL FUNDS
Agency Administration Staff Salaries & Benefits	\$	\$726,023.00	\$726,023.00
Program Staff Salaries & Benefits	\$3,000.00	\$1,054,088.00	\$1,057,088.00
Program Supplies	\$	\$77,089.00	\$77,089.00
Rent/Lease	\$	\$126,511.00	\$126,511.00
Communications	\$	\$0.00	\$0.00
Utilities	\$	\$94,051.00	\$94,051.00
Insurance	\$	\$58,464.00	\$58,464.00
Professional Services (Specify) Legal, Audit & Consu	\$	\$74,828.00	\$74,828.00
Other (Specify) Client Aid	\$12,000.00	\$626,745.00	\$638,745.00
Other (Specify) In-Kind Distribution	\$	\$248,700.00	\$248,700.00
Other (Specify) Fundraising, Travel, etc.	\$	\$468,201.00	\$468,201.00
Other (Specify) Miscellaneous	\$	\$7,890.00	\$7,890.00
TOTAL	\$15,000.00	\$3,562,590.00	\$3,577,590.00

List Source of "Other" Program Funds

SOURCE OF OTHER PROGRAM FUNDS	AMOUNT OF OTHER PROGRAM FUNDS	ARE FUNDS ALREADY SECURED VIA CONTRACT?
Businesses/Churches/Individuals/Other	\$827,129.00	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Fundraising/Foundations	\$1,363,380.00	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Government Grants	\$913,813.00	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
In-Kind	\$248,700.00	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other (Resale Boutique, Program Fees)	\$224,568.00	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
TOTAL	\$3,577,590.00	

ATTACHMENT B
PROPOSED CDBG FUNDED PERSONNEL
(Only list staff for which CDBG funding is requested)

☐ Not Applicable – no CDBG funding is requested for staff.

AGENCY ADMINISTRATION STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO RSM CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

PROGRAM STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO RSM CDBG ACTIVITY
Case Manager	\$49,920.00	\$3,819.00	\$53,739.00	\$1,500.00	1.90%
Case Manager	\$49,920.00	\$3,819.00	\$53,739.00	\$1,500.00	1.90%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

PROGRAM CONTRACT STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO RSM CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

INTAKE FORM

Intake Date: _____

Household File # _____

Household Member Name(s)	DOB	Gender	Relationship to HOH

Phone Number: _____ Email: _____

Address: _____
Street City State Zip

Homeless: ☐ _____
City slept in last night Place slept in last night (car, street, etc)

Race: (please check all that apply)

- ☐ White
☐ Asian
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander

Ethnicity:

- ☐ Hispanic
☐ Non-Hispanic

Veteran: ☐ Yes ☐ No

Disability: ☐ Yes ☐ No

Total Monthly Household Income \$ _____

(Include earned income, CalWORKs/Cash Aid, SS/SSI/SSDI, Child Support, Spousal support, Unemployment, General relief, or other)

Have you been impacted by COVID-19 (Job loss, unable to pay rent, utilities, medical concerns, etc)?

☐ Yes ☐ No

Services Requested:

- ☐ Food ☐ Prescriptions/Medical ☐ Rental Assistance
☐ Shelter ☐ Case Management ☐ Utility Assistance
☐ Counseling ☐ Workforce Job Training ☐ Other: _____

Photo and Documentation Consent:

Your consent to this request is completely voluntary and will not affect the services offered at Family Assistance Ministries. This will remain in effect until revoked in writing. I give FAM the following consent:

- ☐ I authorize FAM to use any images, names or stories of me or my family for public use.
☐ I do not authorize FAM to use any images, names or stories of me or my family for public use.

Client Signature _____

Date _____



INCOME SELF-CERTIFICATION AFFIDAVIT

Client Information

Name: _____ File #: _____

Date of Birth: _____ SSN#: _____ Phone #: _____

Statement of Income

Please indicate your total household monthly income:

☐ I certify that I am currently receiving the below income

2022 HUD INCOME LIMITS								Effective 04/18/22
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 + Person
0%-30%	\$ 28,500	\$ 32,550	\$ 36,600	\$ 40,650	\$ 43,950	\$ 47,200	\$ 50,450	\$ 53,700
30%-50%	\$ 47,450	\$ 54,200	\$ 61,000	\$ 67,750	\$ 73,200	\$ 78,600	\$ 84,050	\$ 89,450
50%-80%	\$ 75,900	\$ 86,750	\$ 97,600	\$ 108,400	\$ 117,100	\$ 125,750	\$ 134,450	\$ 143,100

Source of Income: _____ Amount \$ _____ Frequency: _____

Source of Income: _____ Amount \$ _____ Frequency: _____

Source of Income: _____ Amount \$ _____ Frequency: _____

☐ I certify that I do not receive cash or have any source of income

Client Acknowledgement of Understanding

My signature below indicates that the information provided is true and accurate to the best of my knowledge. I understand that providing false information may disqualify me and my household for services. I agree to immediately notify FAM of any changes in my income status.

Client Name _____

Date _____

Client Signature _____

Date _____

I certify that the information provided herein and discussed with FAM Case Manager is true and accurate.



CLIENT RIGHTS AND RESPONSIBILITIES

YOU HAVE THE RIGHT TO...

- Be treated with courtesy and respect.
- Receive services from objective and compassionate staff and volunteers who are not conflicted by dual relationships.
- Have your confidentiality protected in accordance with the law.
- Accept or reject any services offered by the agency.
- File an appeal on services rendered.

YOU HAVE THE RESPONSIBILITY TO...

- Be respectful of staff, volunteers and other clients by refraining from abusive or intimidating language and action.
- Park ONLY in the FAM parking lot or on the street. Your car will be towed in neighboring business parking lots.
- Not take shopping carts off of FAM property.
- Keep your children with you at all times.
- Refrain from violence or threats of violence against staff, volunteers or other clients. This includes being in possession of any kind of weapons while conducting business with FAM.
- Refrain from being under the influence of recreational drugs and/or alcohol while conducting business with FAM staff and volunteers and from bringing recreational drugs and/or alcohol on FAM property or to FAM events.
- Respect the role of staff as care provider and refrain from the solicitation or development of dual relationships such as romantic or business partnerships or personal friendships.
- Protect the privacy of other clients by not sharing information about them, including information you may learn about others within a group setting. This includes publicly disclosing that another person is a client of FAM.
- Provide honest and accurate information to FAM staff regarding matters affecting your eligibility for services.
- No loiter on the FAM premises or at nearby locations and/or business.
- Maintain communication with Case Manager regarding progress and changes to your household.
- You agree to adhere to the above stated rights and responsibilities. Violation of the agreement may result in termination of services.
- **FAM staff and volunteers are mandated reporters, required by law to report and reasonable suspicion of abuse or neglect inflicted on children and or adults.**

Client Name _____

Date _____

Client Signature _____

Date _____

I certify that the information provided herein and discussed with FAM Case Manager is true and accurate.



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0752235477
May 16, 2016 LTR 4168C 0
33-0864870 000000 00
00028645
BODC: TE

FAMILY ASSISTANCE MINISTRIES
1030 CALLE NEGOCIO
SAN CLEMENTE CA 92673-6205



073408

Employer ID Number: 33-0864870
Form 990 required: Yes

Dear Taxpayer:

This is in response to your request dated May 05, 2016, regarding your tax-exempt status.

We issued you a determination letter in January 2000, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

0752235477
May 16, 2016 LTR 4168C 0
33-0864870 000000 00
00028646

FAMILY ASSISTANCE MINISTRIES
1030 CALLE NEGOCIO
SAN CLEMENTE CA 92673-6205

Sincerely yours,



Teri M. Johnson
Operations Manager, AM Ops. 3



FAM Board of Directors' Roster

Executive Committee

Chair

Sara Sullivan
Community Volunteer

Vice Chair

Zachary Stangle
President, Veteran Builders Group

Treasurer

Irene McKeown
Director of Finance
Verizon, Retired

Secretary

Lorraine Hoon
FAM Event & Volunteer Manager, Retired

Past Board Chair:

Nancy St. Pierre
Retired Educator/Philanthropist

MEMBER AT LARGE

Jay Pederson
Chief Executive Officer
Blockchain Solutions

Members of the Board:

Al Filger
President, Filger Manufacturing

Dev Ghose
Chief Financial Officer
Reading International Inc, Retired

Bob Grant
Principal & Certified Public Accountant
Robert B. Grant, CPA

Carolyn McOwen
Presbyterian Pastor
Honorably Retired

Chris Morrow
Founding Partner
SMTD LAW, LLP

Julie Solliday
Vice President
Customer Success Sales Force

C. Kirk Steele
Chief Executive Officer
Nationwide Insurance, Retired

Dick Veale
Sales Executive, Retired

FAMILY ASSISTANCE MINISTRIES

Financial Statements
With Independent Auditors' Report
and
Federal Awards
In Accordance with the Uniform Guidance

Year Ended June 30, 2022

FAMILY ASSISTANCE MINISTRIES

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INDEPENDENT AUDITORS' REPORT

Board of Directors
Family Assistance Ministries
San Clemente, California



Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Family Assistance Ministries, which comprise the statements of financial position as of June 30, 2022 and 2021, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Family Assistance Ministries as of June 30, 2022 and 2021, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of Family Assistance Ministries and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Family Assistance Ministries' ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists.

Auditors' Responsibilities for the Audit of the Financial Statements, continued

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.


In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Family Assistance Ministries' internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Family Assistance Ministries' ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated November 18, 2022 on our consideration of Family Assistance Ministries' internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, grant agreements, and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Family Assistance Ministries' internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Family Assistance Ministries' internal control over financial reporting and compliance.



Brea, California
November 18, 2022

FAMILY ASSISTANCE MINISTRIES

Statements of Financial Position

	June 30,	
	2022	2021
ASSETS:		
Cash and cash equivalents	\$ 1,139,163	\$ 3,935,388
Grants and accounts receivable	576,890	410,221
Inventory	56,063	21,531
Prepaid rental assistance	-	1,771,716
Prepaid expenses	49,938	44,456
Property and equipment, net	2,613,199	2,554,753
Total Assets	<u>\$ 4,435,253</u>	<u>\$ 8,738,065</u>
LIABILITIES AND NET ASSETS:		
Liabilities:		
Accounts payable	\$ 32,555	\$ 68,603
Accrued expenses	261,835	131,842
Deferred grant revenue	-	4,403,387
Deferred revenue	72,000	9,530
Loans payable	1,120,580	1,196,350
Total liabilities	<u>1,486,970</u>	<u>5,809,712</u>
Net assets:		
Without donor restriction	2,486,493	2,655,416
With donor restriction	461,790	272,937
Total net assets	<u>2,948,283</u>	<u>2,928,353</u>
Total Liabilities and Net Assets	<u>\$ 4,435,253</u>	<u>\$ 8,738,065</u>

See notes to financial statements

FAMILY ASSISTANCE MINISTRIES

Statements of Activities

	Year Ended June 30,					
	2022			2021		
	Without Donor Restriction	With Donor Restriction	Total	Without Donor Restriction	With Donor Restriction	Total
SUPPORT, REVENUE, AND RECLASSIFICATIONS:						
Contributions	\$ 2,242,375	\$ 932,776	\$ 3,175,151	\$ 2,430,687	\$ 488,762	\$ 2,919,449
Government grants	4,978,408	-	4,978,408	5,412,214	-	5,412,214
Gifts-in-kind	4,331,915	-	4,331,915	9,083,477	-	9,083,477
Other income	215,070	-	215,070	335,352	-	335,352
Net assets released from restrictions:						
Satisfaction of donor restrictions	743,923	(743,923)	-	380,601	(380,601)	-
Total Support, Revenue, and Reclassifications	12,511,691	188,853	12,700,544	17,642,331	108,161	17,750,492
EXPENSES:						
Program services	11,256,569	-	11,256,569	15,782,969	-	15,782,969
Supporting activities:						
General and administrative	825,356	-	825,356	676,833	-	676,833
Fundraising	598,689	-	598,689	414,177	-	414,177
Total Expenses	1,424,045	-	1,424,045	1,091,010	-	1,091,010
	12,680,614	-	12,680,614	16,873,979	-	16,873,979
Change in Net Assets	(168,923)	188,853	19,930	768,352	108,161	876,513
Net Assets, Beginning of Year	2,655,416	272,937	2,928,353	1,887,064	164,776	2,051,840
Net Assets, End of Year	\$ 2,486,493	\$ 461,790	\$ 2,948,283	\$ 2,655,416	\$ 272,937	\$ 2,928,353

See notes to financial statements

FAMILY ASSISTANCE MINISTRIES

Statements of Functional Expenses

	Years Ended June 30,							
	2022		2021					
	Supporting Activities			Total				
	Program Services	General and Administrative	Fundraising					
Grants for client services	\$ 5,017,298	\$ -	\$ -	\$ 5,017,298	\$ 5,001,106	\$ -	\$ -	\$ 5,001,106
Gifts-in-kind	4,207,202	71,097	19,084	4,297,383	8,991,451	69,596	5,900	9,066,947
Salaries and benefits	1,500,491	377,835	290,705	2,169,031	1,290,668	375,572	201,167	1,867,407
Occupancy and office expense	400,909	149,433	3,490	553,832	384,207	106,541	4,878	495,626
Events and marketing	3,822	66,832	269,143	339,797	1,057	21,579	185,323	207,959
Professional services	24,887	111,075	11,935	147,897	16,250	77,502	15,408	109,160
Depreciation	96,321	40,042	3,242	139,605	96,535	22,045	1,161	119,741
Other	5,639	9,042	1,090	15,771	1,695	3,998	340	6,033
Total	\$ 11,256,569	\$ 825,356	\$ 598,689	\$ 12,680,614	\$ 15,782,969	\$ 676,833	\$ 414,177	\$ 16,873,979

See notes to financial statements

FAMILY ASSISTANCE MINISTRIES

Statements of Cash Flows

	Year Ended June 30,	
	2022	2021
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	\$ 19,930	\$ 876,513
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:		
Depreciation	139,605	119,741
Donated property and equipment	-	(15,990)
Loss on disposal of equipment	3,591	13,129
Loan payable forgiveness	(73,270)	(51,000)
Contributions restricted for property and equipment	(65,515)	(20,250)
Net change in:		
Grants and accounts receivable	(166,669)	(287,696)
Prepaid rental assistance	1,771,716	(1,771,716)
Prepaid expenses	(5,482)	(17,489)
Inventory	(34,532)	(540)
Accounts payable	(36,048)	50,274
Accrued expenses	129,993	45,531
Deferred grant revenue	(4,403,387)	4,403,387
Deferred revenue	62,470	780
Net Cash Provided (Used) by Operating Activities	<u>(2,657,598)</u>	<u>3,344,674</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchases of property and equipment	<u>(201,642)</u>	<u>(213,535)</u>
Net Cash Used in Investing Activities	<u>(201,642)</u>	<u>(213,535)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Principal payments on loans payable	(2,500)	-
Contributions restricted for property and equipment	65,515	20,250
Net Cash Provided by Financing Activities	<u>63,015</u>	<u>20,250</u>
Change in Cash and Cash Equivalents	(2,796,225)	3,151,389
Cash and Cash Equivalents, Beginning of Year	<u>3,935,388</u>	<u>783,999</u>
Cash and Cash Equivalents, End of Year	<u>\$ 1,139,163</u>	<u>\$ 3,935,388</u>
SUPPLEMENTAL DISCLOSURE:		
Forgiveness of loan payable	<u>\$ 73,270</u>	<u>\$ 51,000</u>

See notes to financial statements

FAMILY ASSISTANCE MINISTRIES

Notes to Financial Statements

June 30, 2022 and 2021

1. NATURE OF ORGANIZATION:

Family Assistance Ministries (FAM) is a faith-based non-profit organization assisting those in need in Orange County since 1999 with resources for food, shelter, and personalized supportive counsel and aid. FAM helps clients bridge the gap from dependency to self-sufficiency. FAM's first client needed rental assistance to avoid eviction. Within thirty days, he was employed, self-sufficient and no longer needing assistance. Program services primarily consist of hunger and homeless prevention services, as described below:

- Homeless Prevention: supporting those at the verge of homelessness to maintain housing and stabilize through financial assistance, budgeting, access to food services and case management.
- Diversion services: provision of problem solving support through case management in order to quickly resolve a person's homeless episode while not accessing services associated with the homeless system of care.
- Emergency Family Shelter: a safe shelter for homeless families, to include dads, providing assistance with reunifying the family, workforce development, financial planning, finding a health home and launching to permanent housing since 2017.
- Gilchrist House Interim Shelter/Bridge Housing: housing for homeless women and mothers with children since 2003 offering assistance with workforce development, financial planning, finding a health home and launching to permanent housing.
- Permanent Supportive Housing: helping chronically homeless with a mental or physical disability, providing housing and wrap around services to ensure success in maintaining stable housing.
- Rapid Re-Housing: rehousing homeless off the streets providing short-term emergency financial assistance with long-term wrap around services in permanent housing.
- FAM's wrap around services include: food, employment related assistance, mental health and substance abuse referrals, life skills classes, financial counseling, health home, early childhood developmental screenings, and other stabilizing assistance as needed.
- Walk-in Resource Center: FAM's hunger and homeless prevention programs provide assistance through emergency, diversion, and prevention services: offering food, utility, shelter, education, health insurance, rent, transportation, workforce development, counseling, and other basic needs. A case manager works with every client, providing basic financial instruction and helping to create a customized budget and go-forward financial plan.

FAM's primary sources of revenue consist of grants, gifts-in-kind, and tax-deductible contributions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

The financial statements of FAM have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. The significant accounting policies adopted by FAM are described below.

FAMILY ASSISTANCE MINISTRIES

Notes to Financial Statements

June 30, 2022 and 2021

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, continued:

CASH AND CASH EQUIVALENTS

Cash and cash equivalents consist primarily of checking and savings accounts at banks and cash on hand. These accounts may, at times, exceed federally insured limits. For the years ended June 30, 2022 and 2021, FAM's cash balances exceeded federally insured limits by approximately \$752,000 and \$3,478,000, respectively. FAM does not believe these funds to be at substantial risk of loss due to the federal insurance coverage.

PREPAID RENTAL ASSISTANCE

Prepaid rental assistance primarily consists of advances to subrecipients associated with the Emergency Rental Assistance (ERA) program. During the year ended June 30, 2022, the term of the ERA program concluded.

PROPERTY AND EQUIPMENT

All expenditures of \$1,000 or more for property and equipment are capitalized at cost. Donated items are recorded at fair market value on the date of the gift. Depreciation is computed on the straight-line method over the estimated useful lives of the assets, ranging from 3 to 27.5 years.

NET ASSETS

The financial statements report amounts by class of net assets:

Net assets without donor restriction are currently available at the discretion of the board for use in the operations and those resources invested in property and equipment.

Net assets with donor restriction are contributed with donor stipulations for specific programs and purposes, as well as grants not yet received.

All contributions are considered without donor restriction unless specifically restricted by the donor.

SUPPORT, REVENUE, AND EXPENSES

Contributions are recorded when cash or unconditional promises-to-give have been received, or ownership of donated assets is transferred to FAM. Conditional promises-to-give are recognized as revenue when the conditions on which they depend are substantially met.

Contributions are recorded as net assets with donor restriction if they are received with donor stipulations that limit their use through purpose and/or time restrictions. When donor restrictions expire, that is when the purpose restriction is fulfilled or the time restriction expires, the net assets are reclassified from net assets with donor restriction to net assets without donor restriction and reported in the statements of activities as net assets released from restrictions. FAM has adopted a policy with respect to these funds of reporting the conditional contributions in which the restriction is met in the same fiscal year as revenue without donor restrictions in accordance with the simultaneous release option.

FAMILY ASSISTANCE MINISTRIES

Notes to Financial Statements

June 30, 2022 and 2021

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, continued:

SUPPORT, REVENUE, AND EXPENSES, continued

For contributions restricted by donors for the acquisition of property or other long-lived assets, the restriction is considered to be met when funds are spent to purchase or construct the property or other long-lived asset.

Revenue is recorded when earned. Expenses are recorded when incurred in accordance with the accrual basis of accounting.

Gifts-in-kind

FAM receives various forms of gifts-in-kind (GIK) including food, non-food items such as gift cards, diapers, toiletries and other miscellaneous personal care items, and in-kind services. GIK are reported as contributions at their estimated fair value on the date of receipt and reported as expense when utilized. See Note 7 for further disclosure.

FUNCTIONAL ALLOCATION OF EXPENSES

The costs of providing the various program services and supporting activities have been summarized on a functional basis on the statements of activities. Accordingly, certain costs, such as depreciation and payroll, have been allocated in the program services and supporting activities. For the years ended June 30, 2022 and 2021, expenses that are allocated include depreciation, interest, and office and occupancy, which are allocated on a square footage basis, as well as salaries and benefits, which are allocated on the basis of estimates of time and department. Currently, there are no joint costs that have been allocated among program, general and administrative, and fundraising functions.

USE OF ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires that management make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

INCOME TAX STATUS

FAM is qualified as a California nonprofit public benefit corporation under Section 501(c)(3) of the Internal Revenue Code (IRC) and corresponding California provisions. No provision for federal or state income taxes have been included in the financial statements. Contributions by the public are deductible for income tax purposes. However, FAM is subject to federal income tax on any unrelated business taxable income. In addition, FAM is not classified as a private foundation within the meaning of Section 509(a) of the IRC.

FAM files informational tax returns in the U.S. and California. FAM is subject to income tax examinations for the current year and certain prior years based on applicable laws and regulations.

FAMILY ASSISTANCE MINISTRIES

Notes to Financial Statements

June 30, 2022 and 2021

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, continued:

RECENTLY ADOPTED ACCOUNTING STANDARDS

During the year ended June 30, 2022, FAM adopted Accounting Standards Update (ASU) No. 2020-07, *Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets* (Topic 958 of the FASB Accounting Standards Codification). ASU 2020-07 increases transparency of contributed nonfinancial assets for not-for-profit (NFP) entities through enhancements to presentation and disclosure. The standard did not have a material impact on the financial statements with the exception of increased disclosure.

3. LIQUIDITY AND FUNDS AVAILABLE:

FAM had approximately \$1,716,000 and \$4,346,000, of financial assets available for operation expenditures within one year of the balance sheet date consisting of cash and accounts receivable for the years ended June 30, 2022 and 2021, respectively. FAM has certain donor-restricted net assets that are available for general expenditures within one year of June 30, 2022 and 2021, because the restrictions are expected to be met by conducting the normal activities of the business in the coming year. In addition, FAM has a committed line of credit in the amount of \$300,000 which it could draw upon to manage unanticipated liquidity needs.

4. PROPERTY AND EQUIPMENT:

Property and equipment consist of:

	June 30,	
	2022	2021
Land	\$ 1,247,965	\$ 1,247,965
Buildings and improvements	1,525,563	1,525,563
Leasehold improvements	192,001	98,495
Furniture and fixtures	149,181	134,810
Equipment	474,063	384,607
	<u>3,588,773</u>	<u>3,391,440</u>
Less accumulated depreciation	<u>(975,574)</u>	<u>(836,687)</u>
	<u>\$ 2,613,199</u>	<u>\$ 2,554,753</u>

FAMILY ASSISTANCE MINISTRIES

Notes to Financial Statements

June 30, 2022 and 2021

5. LOANS PAYABLE:

Loans payable consists of:

	June 30,	
	2022	2021
Debt maturing in 2031 with the City of San Clemente Redevelopment Agency. The loan is subject to a pro-rata reduction of the loan amount if the property is not sold, disposed of, or refinanced and must be solely used as a homeless shelter. There is no stated interest rate unless FAM violates the requirements. The annual forgiveness is stated at \$34,000 for the year ending June 30, 2022.	\$ 306,000	\$ 340,000
Debt maturing in 2036 with the First 5 Orange County (the Commission), formerly known as Children and Families Commission of Orange County, to secure property to use as a shelter. The Commission will forgive the funded amount at a rate of \$550 per occupied unit of housing, per month, increasing at a rate of 3% each year. As of June 30, 2022, \$39,270 has been forgiven at the Commission's discretion.	805,730	845,000
In July 2016, FAM secured a \$300,000 line of credit from a bank with an interest rate of 5.5% maturing in August 2024.	8,850	11,350
	<u>\$ 1,120,580</u>	<u>\$ 1,196,350</u>

Loans payable will be forgiven as follows:

<u>Year Ending June 30,</u>	
2023	\$ 34,000
2024	34,000
2025	34,000
2026	34,000
2027	34,000
Thereafter	941,730
	<u>1,111,730</u>

Future minimum payments for loans payable is as follows:

<u>Year Ending June 30,</u>	
2023	8,850
	<u>\$ 1,120,580</u>

LOAN COVENANTS

There are no specific covenants required for any of the loans payable.

FAMILY ASSISTANCE MINISTRIES

Notes to Financial Statements

June 30, 2022 and 2021

6. NET ASSETS WITH DONOR RESTRICTIONS:

Net assets with donor restrictions consist of:

	June 30,	
	2022	2021
Client Aid	\$ 323,890	\$ 207,523
Capital Campaign - equipment	97,900	25,414
Family House	40,000	40,000
	<u>\$ 461,790</u>	<u>\$ 272,937</u>

7. IN-KIND CONTRIBUTIONS:

In-kind contributions consist of:

	June 30,	
	2022	2021
Food	\$ 3,917,145	\$ 8,704,752
Personal care items	282,319	170,083
Professional services	132,451	208,642
	<u>\$ 4,331,915</u>	<u>\$ 9,083,477</u>

Food includes the following main categories: proteins, produce, dairy, bread, and shelf stable products. Contributed items received by FAM are recorded as gift-in-kind contributions. Expenses are recognized when the items are utilized or distributed. Donated items that are unusable by FAM are not recorded. FAM utilized three gift-in-kind valuation methods during the years ended June 30, 2022 and 2021. These methods include (1) food is valued at \$1.79 per pound for food donations for the year ended June 30, 2022 and \$1.74 per pound for the year ended June 30, 2021, as determined using pricing studies involving estimating the average price per pound using wholesale pricing; (2) personal care items consist primarily of donated gift cards to be used to purchase personal care items, and other donations that are valued at retail value; (3) professional services are valued for the services being provided based on market data and vendor information.

FAMILY ASSISTANCE MINISTRIES

Notes to Financial Statements

June 30, 2022 and 2021

8. LEASES:

FAM leases permanent supportive housing, a resale boutique, and a refrigerated truck under operating leases ending through October 2024. FAM also leases office and warehouse space under an operating lease which is subject to annual increases based on the Consumer Price Index ending April 2023. Therefore, the future payments below are disclosed at the monthly lease price at June 30, 2022. Lease expense for the years ended June 30, 2022 and 2021, was approximately \$389,000 and \$345,000, respectively.

The minimum future payments are:

<u>Year Ending June 30,</u>	
2023	\$ 413,920
2024	109,836
2025	<u>23,100</u>
	<u>\$ 546,856</u>

9. RISKS AND UNCERTAINTIES:

PAYCHECK PROTECTION PROGRAM LOAN

During the year ending June 30, 2020, FAM received a Paycheck Protection Program loan of \$250,300. This loan was eligible for forgiveness based on FAM incurring various qualifying expenses such as normal payroll costs and utilities. During the year ended June 30, 2021, FAM received notice from the Small Business Administration that the balance and related interest of the loan was forgiven.

10. SUBSEQUENT EVENTS:

Subsequent events have been evaluated through November 18, 2022, which is the date the financial statements were available to be issued.

FEDERAL AWARDS



**INDEPENDENT AUDITORS' REPORT ON
SUPPLEMENTAL INFORMATION**

Board of Directors
Family Assistance Ministries
San Clemente, California

We have audited the financial statements of Family Assistance Ministries as of and for the years ended June 30, 2022 and 2021, and our report thereon dated November 18, 2022, which expressed an unmodified opinion on those financial statements, appears on page 1.

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards on pages 15 - 17, is presented for purposes of additional analysis as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards* (Uniform Guidance), and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Brea, California
November 18, 2022

FAMILY ASSISTANCE MINISTRIES

Schedule of Expenditures of Federal Awards

Year Ended June 30, 2022

Federal Grantor/Pass Through Grantor/Program or Cluster Title	Federal Assistance Listing Number	Agreement Number	Pass Through Entity Identifying Number	Passed Through to Subrecipients	Federal Expenditures
U.S. DEPARTMENT OF TREASURY					
COVID-19 Emergency Rental Assistance Program	21.023		MA-042-21011068	\$ 3,880,665	\$ 4,057,960
Pass through from County of Orange			2021-010	-	2,713
Pass through from United Way Orange County					<u>4,060,673</u>
Total U.S. Department of Treasury					<u>4,060,673</u>
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT					
CDBG Entitlement Grants Cluster:					
Community Development Block Grant/Entitlement Grants	14.218				
Pass through from City of Aliso Viejo			B-21-MC-06-0606	-	2,200
Pass through from City of Laguna Niguel			B-21-MC-06-0590	-	10,359
Pass through from City of Lake Forest			B-20-MC-06-0584	-	48,042
Pass through from City of Lake Forest			B-21-MC-06-0584	-	8,250
Pass through from City of Mission Viejo			B-21-MC-06-0585	-	8,750
Pass through from City of Rancho Santa Margarita			B-21-MC-06-0598	-	5,065
Pass through from City of San Clemente			B-21-MC-06-0599	-	15,508
					<u>98,174</u>

See notes to schedule of expenditures of federal awards

FAMILY ASSISTANCE MINISTRIES

Schedule of Expenditures of Federal Awards

Year Ended June 30, 2022

Federal Grantor/Pass Through Grantor/Program or Cluster Title	Federal		Pass Through Entity Identifying Number	Passed Through to Subrecipients	Federal Expenditures
	Assistance Listing	Agreement Number			
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT, continued					
CDBG Entitlement Grants Cluster, continued:					
COVID-19 Community Development Block Grant/Entitlement Grants	14.218				
Pass through from City of Aliso Viejo			B-20-MW-06-0606	-	52,013
Pass through from City of Laguna Niguel			B-20-MW-06-0590	-	135,479
Pass through from City of Lake Forest			B-20-MW-06-0584	-	11,547
Pass through from City of Mission Viejo			B-20-MW-06-0585	-	37,276
Pass through from City of Rancho Santa Margarita			B-20-MW-06-0598	-	54,276
Pass through from City of San Clemente			B-20-MW-06-0599	-	18,412
Total CDBG Entitlement Grants Cluster					<u>309,003</u>
					<u>407,177</u>
Continuum of Care Program	14.267				
Pass through from Mercy House Living Centers			MOU	-	<u>299,662</u>
Total U.S. Department of Housing and Urban Development					<u>706,839</u>

See notes to schedule of expenditures of federal awards

FAMILY ASSISTANCE MINISTRIES

Schedule of Expenditures of Federal Awards

Year Ended June 30, 2022

Federal Grantor/Pass Through Grantor/Program or Cluster Title	Federal Assistance Listing Number	Agreement Number	Pass Through Entity Identifying Number	Passed Through to Subrecipients	Federal Expenditures
U.S. DEPARTMENT OF AGRICULTURE					
Food Distribution Cluster:					
Emergency Food Assistance Program (Food Commodities)	10.569			-	262,525
Passed through Second Harvest Food Bank					
Total U.S. Department of Agriculture					262,525
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES					
Aging Cluster:					
COVID-19 Special Programs for the Aging, Title III, Part C Nutrition Services	93.045				
Passed through from County of Orange			MA-012-22011234	-	20,000
Total U.S. Department of Health and Human Services					20,000
U.S. DEPARTMENT OF HOMELAND SECURITY					
Emergency Food and Shelter National Board Program	97.024				
Passed through from United Way Phase 37			078600052	-	(12,000)
Passed through from United Way Phase 38			078600052	-	35,500
					23,500
Total U.S. Department of Homeland Security					23,500
Total Expenditures of Federal Awards					\$ 5,073,537

See notes to schedule of expenditures of federal awards

FAMILY ASSISTANCE MINISTRIES

Notes to Schedule of Expenditures of Federal Awards

June 30, 2022

1. BASIS OF PRESENTATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

The accompanying schedule of expenditures of federal awards (the schedule) includes the federal grant activity of Family Assistance Ministries (FAM) under programs of the federal government for the year ending June 30, 2022. The information in the schedule is presented in accordance with the requirements of the Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Therefore, some amounts presented in the schedule may differ from amounts presented in, or used in the preparation of, the basic financial statements. Expenditures in the schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Negative amounts shown on the schedule represent adjustments or credits made in the normal course of business to amounts reported as expenditures in prior years. If FAM is required to match certain federal assistance, as defined by the grant agreements, no such matching has been included as expenditures in the schedule.

2. INDIRECT COST RATE:

FAM has elected not to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance.

3. RELATIONSHIP TO FINANCIAL STATEMENTS:

The amount of total expenditures of federal awards reconciles to the revenue in the statement of activities as follows:

Total expenditures of federal awards	\$ 5,073,537
Less:	
Donated food commodities included in gifts-in-kind revenue	(262,525)
Plus:	
Other state and local grants and contracts	<u>167,396</u>
Government grants per statement of activities	<u><u>\$ 4,978,408</u></u>

4. NON-CASH ASSISTANCE:

FAM received federal non-cash assistance in the form of donated food commodities from the United States Department of Agriculture (USDA) Emergency Food Assistance Program (CFDA #10.569) to distribute through their food pantry. The donated food commodities are valued at \$1.79 per pound based on the rate established by Feed America.

5. FEDERAL INSURANCE, LOANS, AND LOAN GUARANTEES:

FAM did not receive any federal insurance, loan or loan guarantees.



**INDEPENDENT AUDITORS' REPORT
ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND
ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT
OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE
WITH *GOVERNMENT AUDITING STANDARDS***

Board of Directors
Family Assistance Ministries
San Clemente, California

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Family Assistance Ministries, which comprise the statement of financial position as of June 30, 2022, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated November 18, 2022.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Family Assistance Ministries' internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Family Assistance Ministries' internal control. Accordingly, we do not express an opinion on the effectiveness of Family Assistance Ministries' internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's consolidated financial statements will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that were not identified.

Board of Directors
Family Assistance Ministries
San Clemente, California

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether Family Assistance Ministries' financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Family Assistance Ministries' internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Family Assistance Ministries' internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



Brea, California
November 18, 2022



**INDEPENDENT AUDITORS' REPORT
ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM
AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE
REQUIRED BY THE UNIFORM GUIDANCE**

Board of Directors
Family Assistance Ministries
San Clemente, California

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Family Assistance Ministries compliance with the types of compliance requirements identified as subject to audit in the *OMB Compliance Supplement* that could have a direct and material effect on each of Family Assistance Ministries' major federal programs for the year ended June 30, 2022. Family Assistance Ministries' major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, Family Assistance Ministries complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2022.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the *Auditors' Responsibilities for the Audit of Compliance* section of our report.

We are required to be independent of Family Assistance Ministries and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of Family Assistance Ministries' compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to Family Assistance Ministries' federal programs.

Auditors' Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on Family Assistance Ministries' compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about Family Assistance Ministries' compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards* and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding Family Assistance Ministries' compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of Family Assistance Ministries' internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of Family Assistance Ministries' internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.


Report on Internal Control Over Compliance

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the *Auditors' Responsibilities for the Audit of Compliance* section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that have not been identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.



Brea, California
November 18, 2022

FAMILY ASSISTANCE MINISTRIES

Schedule of Findings and Questioned Costs

June 30, 2022

Section I - Summary of Audit Results

Financial Statements:

Type of auditors' report issued: unmodified

Internal control over financial reporting:

- Material weakness(es) identified? _____ yes ☒ no
- Significant deficiency(ies) identified that are not considered a material weakness? _____ yes ☒ none reported

Noncompliance material to financial statements noted? _____ yes ☒ no

Federal Awards:

Internal control over major programs:

- Material weakness(es) identified? _____ yes ☒ no
- Significant deficiency(ies) identified that are not considered a material weakness? _____ yes ☒ none reported

Type of auditors' report issued on compliance for major programs: unmodified

Any audit findings that are required to be reported in accordance with 2 CFR Part 200.516(a)? _____ yes ☒ no

Identification of major program(s):

Assistance Listing Numbers
21.023

Name of Federal Program or Cluster
COVID-19 Emergency Rental Assistance

Dollar threshold used to distinguish between type A and type B programs: \$750,000

Auditee qualified as low-risk auditee? _____ yes ☒ no

FAMILY ASSISTANCE MINISTRIES

Schedule of Findings and Questioned Costs

June 30, 2022

Section II - Financial Statement Findings

There are no current findings in internal control over financial reporting required to be reported in accordance with *Government Auditing Standards*.

Section III - Federal Award Findings and Questioned Costs

There are no current year findings that were considered material instances of noncompliance in accordance with Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*.

FAMILY ASSISTANCE MINISTRIES

Auditee Summary Schedule of Prior Audit Findings

June 30, 2022

Financial Statement Findings

There were no prior audit findings in internal control over financial reporting.

Federal Award Findings

There were no prior audit findings or questioned costs.

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Anticipated return <input type="checkbox"/> Application pending	C Name of organization Family Assistance Ministries		D Employer identification number 33-0864870
	Doing business as		E Telephone number 949-492-8477
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1030 Calle Negocio		
	City or town, state or province, country, and ZIP or foreign postal code San Clemente, CA 92673		G Gross receipts \$ 12,618,843.
	F Name and address of principal officer: Elizabeth Andrade same as C above		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: www.family-assistance.org K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other L Year of formation: 1999 M State of legal domicile: CA			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Provide housing stabilization for families and individuals.		
	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)	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	15
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	52
	6	Total number of volunteers (estimate if necessary)	1365
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 17,201,450. Current Year 12,320,882.
	9	Program service revenue (Part VIII, line 2g)	15,874. 25,298.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-12,914. -1,159.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	289,337. 140,548.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,493,747. 12,485,569.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,700,437. 8,741,186.
	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)	1,872,563. 2,174,740.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	61,205. 74,844.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	529,382.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	983,029. 1,474,869.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,617,234. 12,465,639.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	876,513. 19,930.
	20	Total assets (Part X, line 16)	Beginning of Current Year 8,738,065. End of Year 4,435,253.
	21	Total liabilities (Part X, line 26)	5,809,712. 1,486,970.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,928,353. 2,948,283.

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 <i>Elizabeth Andrade</i>	Date 12-16-22
	Elizabeth Andrade, Chief Executive Officer Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name Ashley Peabody	Preparer's signature
	Date 12/19/2022 Check <input type="checkbox"/> self-employed PTIN 201385870 Firm's EIN 36-3990892 Phone no. 505-502-2746	
Firm's name Capin Crouse LLP Firm's address 3050 Saturn Street, Suite 104 Brea, CA 92821		

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

Part III Statement of Program Service Accomplishments

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

☒ X**1** Briefly describe the organization's mission:

Family Assistance Ministries is a faith-based charitable non profit organization assisting those in need in southern Orange County with resources for food, shelter, and personalized counsel and aid, helping clients bridge the gap from dependency to self-sufficiency.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 5,407,498. including grants of \$ 4,274,221.) (Revenue \$ 3,408.)

Homeless Prevention Services: Diversion and Prevention are key components of FAM's Homeless Prevention Program. People who are unhoused are connected to family and friends through FAM's robust Homeward Bound Program. Case management including financial counsel rental assistance utility assistance transportation vouchers car repair car registration, back-to-school supplies, clothing, job search coaching, senior-specific assistance, medical, dental and prescription assistance are examples of services that are provided to clients seeking a hand-up. All services are provided as a part of an overall financial stabilizing plan. Bills are paid directly to service providers. Services are provided at FAM's Resource Center and satellites. Leveraging our long standing practice and proven approach

4b (Code) (Expenses \$ 4,557,322. including grants of \$ 3,842,509.) (Revenue \$)

Hunger Prevention Food Pantry: Emergency and ongoing nutritious food assistance is provided to families with children, seniors and individuals who are hungry. The food is part of their overall financial plan toward self-sufficiency. This program is made possible by our 7-days a week, fresh rescues from local grocery stores and farms USDA food Second Harvest Food Bank, OC Food Bank and food donations from community partners such as churches, businesses, civic organizations, schools scouts and individuals. Last year 30,187 hungry people sought FAM as a food source through 148,618 encounters. And 1,348 local volunteers make this and other FAM programs possible. Food donations are distributed at FAM's main Resource Center in San Clemente as well as at our three satellite offices a local senior center and

4c (Code) (Expenses \$ 476,948. including grants of \$ 177,213.) (Revenue \$)

Family House: Family House serves a critical role as the only emergency shelter for unhoused families in south Orange County. The program safely houses single dads, single moms dual parent households their children and pregnant women, offering them healthy food choices and connecting them to health insurance and a health home. We helped 103 individuals through the Family House program last year. Developmental screenings were offered for children 5 and under. Financial counseling, job search coaching, and other life skills classes are also available. Personal care items, clothing, diapers back-to-school supplies holiday gifts an after-school homework program that follows them when they move to permanent housing and referrals for other social services needed are also provided. FAM

4d Other program services (Describe on Schedule O.)

(Expenses \$ 807,063. including grants of \$ 447,243.) (Revenue \$ 21,890.)

4e Total program service expenses **11,248,831.**

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

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 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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	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		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
25b 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		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		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		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
28b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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		
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		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		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (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 52		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
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?		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c 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 solicit any contributions that were not tax deductible as charitable contributions?		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).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If "Yes," indicate the number of Forms 8282 filed during the year		
7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
8		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		
9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
9b		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12		
10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b		
11 Section 501(c)(12) organizations. Enter:		
a 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?		
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.		
a Is the organization licensed to issue qualified health plans in more than one state?		
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13b		
c Enter the amount of reserves on hand		
13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
If "Yes," see the instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
If "Yes," complete Form 4720, Schedule O.		
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		
17		
If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **CA**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **►**
 Delia Van Kampen - 949-492-8477
 1030 Calle Negocio, San Clemente, CA 92673

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Elizabeth Andrade Chief Executive Officer	40.00			X				194,200.	0.	0.
(2) Mary Gray Perdue Chief Development Officer	40.00					X		140,475.	0.	9,864.
(3) Nancy St. Pierre Board Chair	1.00	X		X				0.	0.	0.
(4) Sara Sullivan Vice Chair	1.00	X		X				0.	0.	0.
(5) Robert Grant Treasurer	1.00	X		X				0.	0.	0.
(6) Lorraine Hoon Secretary	1.00	X		X				0.	0.	0.
(7) Edie Bly Board member	1.00	X						0.	0.	0.
(8) Al Filger Board member	1.00	X						0.	0.	0.
(9) Dev Ghose Board member	1.00	X						0.	0.	0.
(10) Irene McKeown Board member	1.00	X						0.	0.	0.
(11) Carolyn McOwen Board member	1.00	X						0.	0.	0.
(12) Chris Morrow Board member	1.00	X						0.	0.	0.
(13) Jay Pederson Board member	1.00	X						0.	0.	0.
(14) Julie Solliday Board member	1.00	X						0.	0.	0.
(15) Zachary Stangle Board member	1.00	X						0.	0.	0.
(16) C. Kirk Steele Board member	1.00	X						0.	0.	0.
(17) Richard S. Veale Board member	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) John Buckles Board member (part year)	1.00	X						0.	0.	0.
(19) Avarelle Silver-Westrick Board member (part year)	1.00	X						0.	0.	0.
1b Subtotal								334,675.	0.	9,864.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								334,675.	0.	9,864.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	8,573.				
	b	Membership dues	1b					
	c	Fundraising events	1c	576,722.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	4,978,408.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,757,179.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 4,246,623.				
	h	Total. Add lines 1a-1f		12,320,882.				
	Program Service Revenue				Business Code			
2 a		Housing fees		900099	25,298.	25,298.		
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		25,298.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			82.		82.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
			6a					
			6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a	12,478.	2,500.			
			7b	12,628.	3,591.			
	c	Gain or (loss)	7c	-150.	-1,091.			
	d	Net gain or (loss)			-1,241.		-1,241.	
	8 a	Gross income from fundraising events (not including \$ 576,722. of contributions reported on line 1c). See Part IV, line 18						
			8a	66,672.				
			8b	117,055.				
	c	Net income or (loss) from fundraising events			-50,383.		50,383.	
9 a	Gross income from gaming activities. See Part IV, line 19							
		9a						
		9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances							
		10a	117,661.					
		10b	0.					
c	Net income or (loss) from sales of inventory			117,661.		117,661.		
Miscellaneous Revenue				Business Code				
	11 a	Loan Forgiveness		900099	73,270.		73,270.	
	b							
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d			73,270.				
12	Total revenue. See instructions			12,485,569.	25,298.	0.	139,389.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,222,237.	1,222,237.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	7,518,949.	7,518,949.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	186,516.	91,758.	77,529.	17,229.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,635,958.	1,154,665.	244,574.	236,719.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	204,742.	147,341.	40,954.	16,447.
10 Payroll taxes	147,524.	106,727.	20,486.	20,311.
11 Fees for services (nonemployees).				
a Management				
b Legal	56,819.	23,687.	33,132.	
c Accounting	27,830.		27,830.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	74,844.			74,844.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	477,507.	431,501.	46,006.	
12 Advertising and promotion	86,056.	4,132.		81,924.
13 Office expenses	50,150.	14,879.	15,480.	19,791.
14 Information technology	57,603.	46,087.	11,516.	
15 Royalties				
16 Occupancy	314,549.	210,331.	104,218.	
17 Travel	83,132.	79,341.	2,701.	1,090.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,992.		7,759.	4,233.
20 Interest	2,159.		2,159.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	139,605.	96,321.	40,041.	3,243.
23 Insurance	64,716.	51,675.	13,041.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Equipment	29,472.	29,472.		
b Food bank	19,728.	19,728.		
c				
d				
e All other expenses	53,551.			53,551.
25 Total functional expenses. Add lines 1 through 24e	12,465,639.	11,248,831.	687,426.	529,382.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,334,487.	1	414,698.
	2 Savings and temporary cash investments	600,901.	2	724,465.
	3 Pledges and grants receivable, net	185,704.	3	550,666.
	4 Accounts receivable, net	224,517.	4	26,224.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	21,531.	8	56,063.
	9 Prepaid expenses and deferred charges	1,816,172.	9	49,938.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,588,773.		
	b Less: accumulated depreciation	10b 975,574.	10c	2,613,199.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,738,065.	16	4,435,253.	
Liabilities	17 Accounts payable and accrued expenses	200,445.	17	294,390.
	18 Grants payable		18	
	19 Deferred revenue	4,412,917.	19	72,000.
	20 Tax-exempt bond liabilities		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% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,185,000.	23	1,111,730.
	24 Unsecured notes and loans payable to unrelated third parties	11,350.	24	8,850.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	5,809,712.	26	1,486,970.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,655,416.	27	2,486,493.
	28 Net assets with donor restrictions	272,937.	28	461,790.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,928,353.	32	2,948,283.
	33 Total liabilities and net assets/fund balances	8,738,065.	33	4,435,253.

Form **990** (2021)

Part XI Reconciliation of Net AssetsCheck 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	12,485,569.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,465,639.
3	Revenue less expenses. Subtract line 2 from line 1	3	19,930.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,928,353.
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	2,948,283.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

Form **990** (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

Employer identification number

Family Assistance Ministries

33-0864870

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,745,953.	6,639,319.	8,666,547.	17,201,450.	12,320,882.	50,574,151.
2 Tax revenues levied for the organization'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	5,745,953.	6,639,319.	8,666,547.	17,201,450.	12,320,882.	50,574,151.
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)						8,297,236.
6 Public support. Subtract line 5 from line 4						42,276,915.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	5,745,953.	6,639,319.	8,666,547.	17,201,450.	12,320,882.	50,574,151.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	27.	60.	43.	96.	82.	308.
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.)	51,000.	52,419.	51,002.	51,002.	73,270.	278,693.
11 Total support. Add lines 7 through 10						50,853,152.
12 Gross receipts from related activities, etc. (see instructions)					12	1,128,215.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	83.14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	81.11	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

Schedule A (Form 990) 2021

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

☐

b **33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
11c		

Section 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) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
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.		
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
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.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

Schedule A, Part II, Line 10, Explanation for Other Income:

Loan forgiveness

2017 Amount: \$ 51,000

2018 Amount: \$ 51,000

2019 Amount: \$ 51,000

2020 Amount: \$ 51,000

2021 Amount: \$ 73,170

Other income

2018 Amount: \$ 1,119

2019 Amount: \$ 1.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

Family Assistance Ministries

Employer identification number

33-0864870

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

Employer identification number

Family Assistance Ministries

33-0864870

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
1		\$ 4,057,960.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,299,195.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 683,142.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 620,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 459,616.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 740,107.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
Family Assistance Ministries	33 0864870

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
2	Food	\$ 1,299,195.	06/29/22
3	Food	\$ 683,142.	06/30/22
5	Food	\$ 459,616.	06/30/22
6	Food	\$ 740,107.	06/30/22
		\$	
		\$	

Name of organization	Employer identification number
Family Assistance Ministries	33-0864870

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021Open to Public
Inspection

Name of the organization

Family Assistance Ministries

Employer identification number

33-0864870

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange program
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Term endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,247,965.		1,247,965.
b Buildings		1,525,563.	564,617.	960,946.
c Leasehold improvements		192,001.	96,614.	95,387.
d Equipment		623,244.	314,343.	308,901.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,613,199.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	12,700,544.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	-97,920.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	97,920.	
3	Subtract line 2e from line 1	3	12,602,624.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-117,055.	
c	Add lines 4a and 4b	4c	-117,055.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	12,485,569.	

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

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

1	Total expenses and losses per audited financial statements		1	12,680,614.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	97,920.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	117,055.	
e	Add lines 2a through 2d	2e	214,975.	
3	Subtract line 2e from line 1	3	12,465,639.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	12,465,639.	

Part XIII Supplemental Information.

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

Part XI, Line 4b - Other Adjustments:

Fundraising event expense -117,055.

Part XII, Line 2d - Other Adjustments:

Fundraising event expense 117,055.

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Family Assistance Ministries

Employer identification number

33-08648-70

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Gala (event-type)	Hunger Walk (event type)	1 (total number)	
Revenue	1 Gross receipts	379,599.	176,942.	86,853.	643,394.
	2 Less: Contributions	334,466.	173,290.	68,966.	576,722.
	3 Gross income (line 1 minus line 2)	45,133.	3,652.	17,887.	66,672.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	150.		1,403.	1,553.
	6 Rent/facility costs	16,290.			16,290.
	7 Food and beverages	28,693.		8,943.	37,636.
	8 Entertainment	1,750.			1,750.
	9 Other direct expenses	32,460.	16,449.	10,917.	59,826.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				117,055.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-50,383.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

- 16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer

☐ Employee

☐ Independent contractor

- 17 Mandatory distributions:

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

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

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

Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:

(i) Name of Fundraiser: Harvest Development Media

(i) Address of Fundraiser:

19851 Yorba Linda Blvd., Suite 204, Yorba Linda, CA 92886

(i) Name of Fundraiser: Charitable Ventures

(i) Address of Fundraiser:

1505 E. 17th Street, Ste 101, Santa Ana, CA 92705

Part IV Supplemental Information *(continued)*

Schedule G, Part I Line 2(b)(v)

Included in the \$96,551 paid to Harvest Development is \$53,551 payment
for expenses including mailing, printing and postage.

Schedule G Part II column (c)

The fundraising activity reported in this column is from a golf
tournament held by the filing organization.

Schedule G, Part II Line 11 (d)

In accordance with Schedule G instructions, the net income summary
amount reported in Line 11 (d) is negative as it excludes the portion
of Gross receipts considered a charitable contribution to the attendee.

The yearly signature events provide additional financial and public
awareness to support FAM's mission.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

Open to Public
Inspection

▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Family Assistance Ministries

Employer identification number
33-0864870

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Age Well Senior Services, Inc. 24461 Ridge Rte Dr. Laguna Hills, CA 92653	93-1163563	501(c)(3)	0.	15,918.	Price per pound	food	food distribution
Bracken's Kitchen 13941 Nautilus Drive Garden Grove, CA 92843	46-2633171	501(c)(3)	0.	29,630.	Price per pound	food	food distribution
Calvary Chapel 1031 Calle Recodo San Clemente, CA 92673	27-1568864	501(c)(3)	0.	261,399.	Price per pound	food	food distribution
Charismatic Episcopal Church of North America - 107 W. Marquita - San Clemente, CA 92672	95-3605143	501(c)(3)	0.	333,370.	Price per pound	food	food distribution
Faro Church 15 Spectrum Pointe Drive Lake Forest, CA 92630	20-0530622	501(c)(3)	0.	164,408.	Price per pound	food	food distribution
Jamboree Housing 123 Calle Amistad San Clemente, CA 92673	33-0413518	501(c)(3)	0.	41,639.	Price per pound	food	food distribution

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2021

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Food, clothing, hygiene services and other supplies for clients	148618	0.	2,977,227.FMV		Food, clothing, hygiene services and care items
Direct cash assistance to service provider on behalf of clients	2906	4,541,722.	0.		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.					

Part I. Line 2:

Case managers meet with all clients requesting cash aid and help them

create a financial budget to aid in determining whether or not it will

provide the stop gap needed to prevent homelessness and provide housing

stabilization. Proof of income or self-certification is required at the

time of each cash aid request. For non-cash aid distribution, case

managers meet with all new clients to assess their financial situation and

verify need. An action plan that includes non-cash aid in the form of

food, clothing, toiletries, school supplies, holiday gifts, and more is

Part IV Supplemental Information

initially put in place so that ongoing assistance may be provided. Proof of income is required at the time of the initial request for non-cash aid and then updated annually as needed.

For non-cash aid bulk distribution to organizations, FAM provides food clothing, and other excess goods for redistribution to partner organizations for further distribution to their clients. The organization is vetted and approved by FAM to ensure that items are being provided to low income individuals and families.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

Family Assistance Ministries

Employer identification number

33-0864870

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 7:

The organization made nonfixed payments in the form of discretionary

bonuses.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

Family Assistance Ministries

Employer identification number

33-0864870

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		316,850	Cost of comparable items
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	12,628	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	2,188,349	3,917,145	Cost of comparable items
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a		X
33		

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

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

Schedule M (Form 990) 2021

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M Part I Column (b):

The number of contributions represent the number of contributions

received not the number of items donated. The exception to this is the

food inventory. This is tracked in pounds of food. Last year, 2,188,349

lbs of food was provided for a value of \$3,917.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

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Form 990 Part III Line 4a Program Service Accomplishments:

we received federal funds to increase the total number of people
impacted by the COVID-19 pandemic. As the South Orange County agency
lead FAM disbursed payments on behalf of 436 households for rental and
utility costs in arrears to support families in maintaining their
housing.

Form 990 Part III Line 4b Program Service Accomplishments:

smaller pantry partners. FAM also partners with various local
organizations to further distribute food and personal care items to
even more low-income families and individuals in need of assistance.

Clothing, adult and children's diapers, pet food, toiletries and other
personal care items are also distributed.

Clothing, adult and children's diapers, pet food, toiletries and other
personal care items are also distributed.

Form 990 Part III Line 4c Program Service Accomplishments:

instituted a financial literacy program to assist clients as they
transition to their next housing opportunity. The goal is to help
clients graduate into their own stable housing as quickly as possible.

Form 990 Part III Line 4d Other Program Services:

FAM provides Permanent Supportive Housing (PSH) for those experiencing
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

Name of the organization

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Employer identification number

33-0864870

chronic homelessness and have a diagnosed mental or physical

disability. FAM is the master lease holder on these scattered site

apartments. Clients are provided food, personal care items, tenant

education, connection to a health home, a support team through weekly

case management and wrap around services.

Expenses \$ 436,385. including grants of \$ 275,682. Revenue \$ 21,890.

Gilchrist House: Gilchrist House serves as a women's shelter in south

Orange County. Forty-one unhoused women and mothers with children were

safely housed, offered healthy food choices, connected to health

insurance and a health home, provided financial counseling and job

search coaching as well as personal care items during the last year.

Back-to-school supplies and holiday gifts were provided by FAM's

donors. Life skills classes are offered to all clients. Referrals for

other social services needed were provided. The goal is to help clients

transition into their own stable housing as quickly as possible.

Through a new partnership with Mission Hospital, FAM assisted fifty-six

individuals who are frequent users of the hospital emergency services

and provided non-congregant shelter options. The partnership with the

hospital social worker along with FAM's housing-focused Case Manager

linked clients to permanent housing options.

Expenses \$ 370,678. including grants of \$ 171,561. Revenue \$ 0.

Form 990, Part VI, Section A, line 1a:

The Executive Committee operates on behalf of the Board of Directors when

so directed. The Executive Committee includes the Board Chair, Immediate

Past Chair, Vice Chair, Secretary, Treasurer, Program Committee Chair,

Finance & Operations Committee Chair, Resale Boutique Oversight Committee

Name of the organization

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Chair, At Large Members and the CEO. The Executive Committee provides strategic direction for the CEO and the Board of Directors. The Committee serves as the personnel committee evaluating industry pay range standards and supporting new positions as aligned with strategic direction.

Form 990 Part VI Section B line 11b:

Form 990 is prepared by an independent CPA firm and reviewed in detail by the Organization's Audit Committee and top management. The reviewed Form 990 is then provided to the Board of Directors prior to filing with the

IRS.

Form 990 Part VI Section B Line 12c:

All board members and officers are required to annually complete and sign a conflict of interest questionnaire. The Board Chair is responsible for reviewing the signed statements and ensuring that interested persons are in compliance with the conflict of interest policy. The CEO reviews the Board Chair's signed statement. Should any potential conflicts of interest be disclosed the board member or officer would be asked to refrain from participation in any deliberation or decision with regard to matters affected by the relationship.

Form 990 Part VI Section B Line 15a:

Line 15a - The process of determining compensation for the organization's Chief Executive Officer is led by the independent Executive Committee which evaluates comparability data derived from various sources. The Executive Committee recommends annual compensation adjustments as deemed necessary. Recommendations are then approved by the Board of Directors. Deliberations and final decisions are documented by the Executive Board and held by the

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Committee designee.

Line 15b - The organization does not compensate any other officers or key employees. Therefore this line was answered no in accordance with the instructions.

Form 990 Part VI Section C Line 19:

The organization makes the organizing documents conflict of interest policy, and financial statements available upon request.