



**CITY OF RANCHO SANTA MARGARITA  
2024-2025 COMMUNITY DEVELOPMENT BLOCK GRANT  
PUBLIC SERVICE GRANT APPLICATION**

**APPLICATION DUE DATE - 3:00 PM JANUARY 26, 2024**

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](mailto: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.

**DO NOT MODIFY THE APPLICATION FORM**

Organization Legal Name: Family Assistance Ministries

Proposed Program Name: Housing Continuum

CDBG Amount Requested: \$20,000

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

**SUBMIT THE FOLLOWING MATERIALS AS PDF FILES ON A USB DATA STORAGE DEVICE (NO CD-ROMS)**

☒ .... 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)

**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, Census Tract/Block Group, etc.): FAM's Resource Center in San Clemente, mini Resource Center in Mission Viejo, and satellite locations in SJC, DP and LN
- H. Person to contact regarding this application:
- Name: Delia Van Kampen      Email Address: delia@lovetfam.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: Anna Conti      Title: Chief Executive Officer
- Name: Delia Van Kampen      Title: Director of Finance

## **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 shelter serves single unhoused women and unhoused mothers with children. FAM's 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 12 former chronically unhoused individuals through our Permanent Supportive Housing. 2022 U.S. Census data indicates that approximately 3.9% of RSM residents live in poverty. Although there appeared to be some relief in 2023 from the harsh impact of the pandemic over previous years, eviction protections and SNAP benefits that expired created additional hardship for the residents of RSM. City median rents increased 8.3% from the prior year and currently stand at \$2,441 (U.S. Census 2022), 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 2,157 encounters helping to ensure housing stability for 257 RSM residents. 257 RSM residents were provided 446 hours of case management resulting in \$37,640 in rental assistance. FAM's lease costs in RSM for the Permanent Supportive Housing program totaled an additional \$237,150.
- 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 the last two years, FAM helped 45 individuals who found themselves unhoused in Orange County. 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 27,362 people with 2.5 million pounds of food through 174,280 encounters. As an essential part of FAM's overall success and cost efficiency, 2,237 volunteers provided 38,148 hours to FAM's programs in 2023, equivalent to \$1,423,683 (CA Volunteer Rate, Independent Sector, 2022), 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 **7/1/2024 and 6/30/2025**:
1. How many unduplicated individuals will benefit from the proposed activity **regardless of City of residence**? 30,000 Individuals
  2. How many unduplicated RSM residents will the proposed activity assist? 283 Individuals
  3. How many unduplicated lower-income RSM residents will the proposed activity assist with the requested CDBG funds? 31 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	<b>TOTAL</b>

PROPOSED PERFORMANCE PLAN	
RSM Residents	Type of Service Provided
20	Case Management with CDBG funds
11	Client Aid with CDBG funds
31	<b>TOTAL</b>

- 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 people with disabilities.
- ☐ 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 25 years, serving over 27,000 people in need last year through 174,280 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 Dir. of Client Programs with a Masters in Social Work who brings over 20 years of experience in the nonprofit sector. Our Housing Sustainability Manager brings over 6 years of experience working and advocating on clients' behalf. Our Lead Housing Cse manager has spent over 11 years assisting clients through crisis management. Other case managers include a veteran with over 15 years of housing supportive services.

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	2024	\$10,000	Housing Continuum
City of Mission Viejo	2024	\$7,565	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 Lake Forest	CDBG	\$15,000
City of Mission Viejo	CDBG	\$15,000
City of Laguna Niguel	CDBG	\$15,000

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 2,237 volunteers providing 38,148 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 2.5 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):

- 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 ☐
- 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. 2024-2025 CDBG Grant Funds Requested:   | <u>\$20,000</u>     |
| 2. Total 2024-2025 Program Budget:   | <u>\$2,735,841</u>  |
| 3. Total 2024-2025 Budget for <b><u>all programs offered by your agency:</u></b> | <u>\$11,048,609</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. \$15,000 will subsidize direct financial assistance, including rental assistance and utility payments, in our Rancho Santa Margarita housing program. \$5,000 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>17</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: Anna Conti

Title: Chief Executive Officer

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Signature

Date

# ATTACHMENT A

## PROPOSED 2024-2025 PROGRAM BUDGET

BUDGET CATEGORY	CDBG FUNDS	OTHER FUNDS	TOTAL FUNDS
Agency Administration Staff Salaries & Benefits	\$0.00	\$0.00	\$0.00
Program Staff Salaries & Benefits	\$5,000.00	\$1,687,694.00	\$1,692,694.00
Program Supplies	\$0.00	\$21,600.00	\$21,600.00
Rent/Lease	\$0.00	\$0.00	\$0.00
Communications	\$0.00	\$0.00	\$0.00
Utilities	\$0.00	\$53,341.00	\$53,341.00
Insurance	\$0.00	\$9,840.00	\$9,840.00
Professional Services (Specify) Fees, consulting	\$0.00	\$17,300.00	\$17,300.00
Other (Specify) Client Aid	\$15,000.00	\$863,827.00	\$878,827.00
Other (Specify) Maintenance, travel, etc.	\$0.00	\$47,250.00	\$47,250.00
Other (Specify) Miscellaneous	\$0.00	\$14,920.00	\$14,920.00
Other (Specify)	\$0.00	\$0.00	\$0.00
<b>TOTAL</b>	<b>\$20,000.00</b>	<b>\$2,715,841.00</b>	<b>\$2,735,841.00</b>

### 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	\$74,500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Fundraising/Private Foundations	\$59,100.00	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Government Grants	\$2,571,441.00	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other (Program Fees)	\$30,800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>TOTAL</b>	<b>\$2,735,841.00</b>	

**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	\$57,262.00	\$4,381.00	\$61,643.00	\$3,000.00	4.90%
Intake Coordinator	\$52,416.00	\$4,010.00	\$56,426.00	\$2,000.00	3.50%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

**PROGRAM CONTRACT STAFF**

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

2180945

ENDORSED - FILED  
IN THE OFFICE OF THE  
SECRETARY OF STATE  
OF THE STATE OF CALIFORNIA

OCT 27 1999

HILL JONES, SECRETARY OF STATE

**ARTICLES OF INCORPORATION  
OF  
FAMILY ASSISTANCE MINISTRIES  
A CALIFORNIA PUBLIC BENEFIT CORPORATION**

**ONE:** The name of this corporation is Family Assistance Ministries

**TWO:** This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for charitable purposes. The specific purposes for which this corporation is organized are to provide aid in the form of food, rental assistance and other necessary services.

**THREE:** The name and address in the State of California of this corporation's initial agent for service of process is Arthur Simpson 616 El Camino Real Suite L San Clemente Ca 92672.

**FOUR:** (a) This corporation is organized and operated exclusively for public benefit purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code.

(b) Notwithstanding any other provision of these Articles, the corporation shall not carry on any other activities not permitted to be carried on (1) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code or (2) by a corporation contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code.

(c) No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate or intervene in any political campaign (including the publishing or distribution of statements) on behalf of, or in opposition to, any candidate for public office.

**FIVE:** The names and addresses of the persons appointed to act as the initial Directors of this corporation are:

Name	Address
Judith Ferguson	616 El Camino Real Ste L San Clemente Ca
Sandra Schuerman	616 El Camino Real Ste L San Clemente Ca
Arthur Simpson	616 El Camino Real Ste L San Clemente Ca

SIX: The property of this corporation is irrevocably dedicated to Family Assistance Ministries and no part of the net income or assets of the organization shall ever inure to the benefit of any director, officer or member thereof or to the benefit of any private person.

On the dissolution or winding up of the corporation, its assets remaining after payment of, or provision for payment of, all debts and liabilities of this corporation, shall be distributed to a nonprofit fund, foundation, or corporation which is organized and operated exclusively for charitable purposes and which has established its tax-exempt status under Section 501(c)(3) of the Internal Revenue Code.

Date: 8-5-89

[Signature] Director  
[Signature] Director  
[Signature] Director

We, the above-mentioned initial directors of this corporation, hereby declare that we are the persons who executed the foregoing Articles of Incorporation, which execution is our act and deed.

[Signature] Director  
[Signature] Director  
[Signature] Director



A0708563



**ENDORSED - FILED**  
in the office of the Secretary of State  
of the State of California

JUL 26 2010

## CERTIFICATE OF AMENDMENT OF ARTICLES OF INCORPORATION

### *Board of Directors*

Al Beuerlein  
Ken Caresio  
Andrew Donchak  
Bob Harnar  
Rev. Jim King  
Larry Leisenring  
Nick Mastroni  
Bart McCorvey  
Jan McKay  
Fred Meyer  
Julie Puentes  
Allen Riebau

Gretchen Hesse  
*Executive Director*

The undersigned certify that:

1. They are the president and the secretary, respectively, of Family Assistance Ministries, a California corporation.
2. Article SIX of the Articles of Incorporation of this corporation is amended to read as follows:

**The property owned by this organization is irrevocably dedicated to charitable purposes and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer or member thereof or the benefit of any private person.**

3. The foregoing amendment of Articles of Incorporation has been duly approved by the board of directors.
4. The corporation has no members.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Date: 6/23/10

Nick Mastroni, President

Fred Meyer, Secretary

2180945

ENDORSED - FILED  
IN THE OFFICE OF THE  
SECRETARY OF STATE  
OF THE STATE OF CALIFORNIA

OCT 27 1999

HILL JONES, SECRETARY OF STATE

ARTICLES OF INCORPORATION  
OF  
FAMILY ASSISTANCE MINISTRIES  
A CALIFORNIA PUBLIC BENEFIT CORPORATION

ONE: The name of this corporation is Family Assistance Ministries

TWO: This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for charitable purposes. The specific purposes for which this corporation is organized are to provide aid in the form of food, rental assistance and other necessary services.

THREE: The name and address in the State of California of this corporation's initial agent for service of process is Arthur Simpson 616 El Camino Real Suite L San Clemente Ca 92672.

FOUR: (a) This corporation is organized and operated exclusively for public benefit purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code.

(b) Notwithstanding any other provision of these Articles, the corporation shall not carry on any other activities not permitted to be carried on (1) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code or (2) by a corporation contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code.

(c) No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate or intervene in any political campaign (including the publishing or distribution of statements) on behalf of, or in opposition to, any candidate for public office.

FIVE: The names and addresses of the persons appointed to act as the initial Directors of this corporation are:

Name	Address
Judith Ferguson	616 El Camino Real Ste L San Clemente Ca
Sandra Schuerman	616 El Camino Real Ste L San Clemente Ca
Arthur Simpson	616 El Camino Real Ste L San Clemente Ca

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OCT 27 1999

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**FIVE:** The names and addresses of the persons appointed to act as the initial Directors of this corporation are:

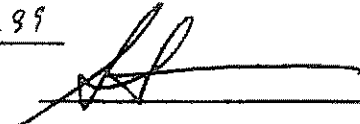
Name	Address
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Sandra Schuerman	616 El Camino Real Ste L San Clemente Ca
Arthur Simpson	616 El Camino Real Ste L San Clemente Ca

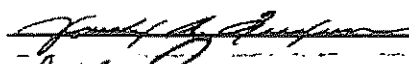



SIX: The property of this corporation is irrevocably dedicated to Family Assistance Ministries and no part of the net income or assets of the organization shall ever inure to the benefit of any director, officer or member thereof or to the benefit of any private person.

On the dissolution or winding up of the corporation, its assets remaining after payment of, or provision for payment of, all debts and liabilities of this corporation, shall be distributed to a nonprofit fund, foundation, or corporation which is organized and operated exclusively for charitable purposes and which has established its tax-exempt status under Section 501(c)(3) of the Internal Revenue Code.


Date: 8-5-99


  
\_\_\_\_\_, Director

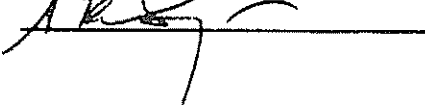
  
\_\_\_\_\_, Director

  
\_\_\_\_\_, Director

We, the above-mentioned initial directors of this corporation, hereby declare that we are the persons who executed the foregoing Articles of Incorporation, which execution is our act and deed.

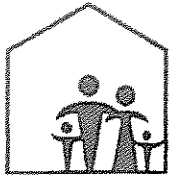
  
\_\_\_\_\_, Director

  
\_\_\_\_\_, Director

  
\_\_\_\_\_, Director



A0708563



**FAMILY  
ASSISTANCE  
MINISTRIES**

**ENDORSED - FILED**  
in the office of the Secretary of State  
of the State of California

JUL 26 2010

**CERTIFICATE OF AMENDMENT OF ARTICLES OF INCORPORATION**

***Board of Directors***

Al Beuerlein  
Ken Caresio  
Andrew Donchak  
Bob Harnar  
Rev. Jim King  
Larry Leisenring  
Nick Mastroni  
Bart McCorvey  
Jan McKay  
Fred Meyer  
Julie Puentes  
Allen Riebau

Gretchen Hesse  
***Executive Director***

The undersigned certify that:

1. They are the president and the secretary, respectively, of Family Assistance Ministries, a California corporation.
2. Article SIX of the Articles of Incorporation of this corporation is amended to read as follows:

**The property owned by this organization is irrevocably dedicated to charitable purposes and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer or member thereof or the benefit of any private person.**

3. The foregoing amendment of Articles of Incorporation has been duly approved by the board of directors.
4. The corporation has no members.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Date: 6/23/10

Nick Mastroni, President

Fred Meyer, Secretary

2180945

ENDORSED - FILED  
IN THE OFFICE OF THE  
SECRETARY OF STATE  
OF THE STATE OF CALIFORNIA

OCT 27 1999

HILL JONES, SECRETARY OF STATE

**ARTICLES OF INCORPORATION  
OF  
FAMILY ASSISTANCE MINISTRIES  
A CALIFORNIA PUBLIC BENEFIT CORPORATION**

**ONE:** The name of this corporation is Family Assistance Ministries

**TWO:** This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for charitable purposes. The specific purposes for which this corporation is organized are to provide aid in the form of food, rental assistance and other necessary services.

**THREE:** The name and address in the State of California of this corporation's initial agent for service of process is Arthur Simpson 616 El Camino Real Suite L San Clemente Ca 92672.

**FOUR:** (a) This corporation is organized and operated exclusively for public benefit purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code.

(b) Notwithstanding any other provision of these Articles, the corporation shall not carry on any other activities not permitted to be carried on (1) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code or (2) by a corporation contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code.

(c) No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate or intervene in any political campaign (including the publishing or distribution of statements) on behalf of, or in opposition to, any candidate for public office.

**FIVE:** The names and addresses of the persons appointed to act as the initial Directors of this corporation are:

Name	Address
Judith Ferguson	616 El Camino Real Ste L San Clemente Ca
Sandra Schuerman	616 El Camino Real Ste L San Clemente Ca
Arthur Simpson	616 El Camino Real Ste L San Clemente Ca

SIX. The property of this corporation is irrevocably dedicated to Family Assistance Ministries and no part of the net income or assets of the organization shall ever inure to the benefit of any director, officer or member thereof or to the benefit of any private person

On the dissolution or winding up of the corporation, its assets remaining after payment of, or provision for payment of, all debts and liabilities of this corporation, shall be distributed to a nonprofit fund, foundation, or corporation which is organized and operated exclusively for charitable purposes and which has established its tax-exempt status under Section 501(c)(3) of the Internal Revenue Code.

Date: 8-5-88

[Signature] Director

[Signature] Director

[Signature] Director

We, the above-mentioned initial directors of this corporation, hereby declare that we are the persons who executed the foregoing Articles of Incorporation, which execution is our act and deed.

[Signature] Director

[Signature] Director

[Signature] Director





## FAM Board of Directors' Roster

### **Executive Committee**

#### ***Chair***

**Jay Pederson**

Chief Executive Officer, Blockchain

#### ***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***

**Sara Sullivan**

Community Volunteer

### **Members of the Board**

#### **Mark Brooks**

Associate Director of Hospital Sales, Merck and Co., Retired

#### **Ari Ebneyousef**

President, 900, Inc.

#### **Al Filger**

President, Filger Manufacturing



## FAM Board of Directors' Roster

**Dev Ghose**

Chief Financial Officer, Reading International Inc, Retired

**Carolyn McOwen**

Presbyterian Pastor Honorably Retired

**Chris Morrow**

Founding Partner SMTD LAW, LLP

**Cassandra Ondryas**

Philanthropist

**Julie Solliday**

Chief Customer Officer, LogicMonitor

**Nancy St. Pierre**

Retired Educator/Philanthropist

**C. Kirk Steele**

Chief Executive Officer Nationwide Insurance, Retired

**Dick Veale**

Sales Executive, Retired



# 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

2023 HUD INCOME LIMITS								Effective 05/15/23
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 + Person
0%-30%	\$ 30,150	\$ 34,450	\$ 38,750	\$ 43,050	\$ 46,500	\$ 49,950	\$ 53,400	\$ 56,850
30%-50%	\$ 50,250	\$ 57,400	\$ 64,600	\$ 71,750	\$ 77,500	\$ 83,250	\$ 89,000	\$ 94,750
50%-80%	\$ 80,400	\$ 91,850	\$ 103,350	\$ 114,800	\$ 124,000	\$ 133,200	\$ 142,400	\$ 151,550

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 0000.00 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](http://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

**ORGANIZATIONAL CHART**

December 1, 2023

Board of Directors

Anna Conti  
Chief Executive  
Officer  
1 FTE

Delia Van Kampen  
Director of Finance  
1 FTE

Paula Neal Reza  
Director of Client  
Services  
1 FTE

Teresa Schickling  
Director of  
Development  
1 FTE

Karen Lee  
Accounting Clerk  
1 FTE

Samantha Sovern  
Operations Manager  
1 FTE

Edgar Vargas  
Housing Stabilization  
Manager  
1 FTE

Jessica Newton  
Quality Assurance  
Manager  
1 FTE

Lina Soto-Thomas  
Housing Services  
Manager  
1 FTE

Cindy Rupp  
Store Manager  
1 FTE

Taylor Payne  
Resource Manager  
1 FTE

**OPEN**  
Billing Specialist  
1 FTE

Brooke Herbes  
Pantry Associate  
1 FTE

Briana Hamlet  
Case Manager  
1 FTE

Max Salera  
Case Manager  
1 FTE

Courtney Ressler  
Lead Case Manager  
1 FTE

Christina Kouris  
Store Associate  
.75 FTE

**OPEN**  
Volunteer Coord  
1 FTE

Lisa Lapin  
Business Systems  
Manager  
1 FTE

Jerry Smith  
Warehouse Assoc  
1 FTE

Maria Khalifia  
Case Manager  
1 FTE

Elena Ramos  
Intake Specialist  
1 FTE

Pegah Rahbaran  
Housing/Shelter  
Case Manager  
1 FTE

Susan Marquez  
Store Associate  
.5FTE

Norma Turney  
Development Coord  
.6 FTE

Desmond Daly  
Food Pantry Assoc.  
.6 FTE

Jessica Hagy  
Case Manager  
1 FTE

**OPEN**  
Intake Specialist  
1 FTE

Amanda Kinsley  
Shelter Operations  
Specialist  
1 FTE

Brooke Utterback  
Marketing Manager  
1 FTE

Terriann Izaguirre  
Warehouse Assoc.  
1 FTE

Stephanie Franklin  
Case Manager  
1 FTE

Alex Rodriguez  
Case Manager  
1 FTE

Brandon Vissing  
Landlord Engagement  
Specialist  
1 FTE

Mercy Gordon  
Housing Stability  
Case Manager  
1 FTE

Temp – Michael L.  
Food Pantry Assoc.  
.6 FTE

Abigail Celestino  
Case Manager  
1 FTE

Temp – Carson C.  
Whse/Resale  
.5 FTE

# COPY OF FORM 990

(TO BE USED, OR COPIED, FOR)

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## **\*\*PUBLIC INSPECTION ONLY\*\***

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### NOTE

Under Internal Revenue Regulations, tax-exempt charitable organizations generally must provide requesters with COPIES of:

- Its approved exemption applications, all required attachments and any related correspondence with the IRS, and
- Its three most recent annual information returns (Form 990), including all schedules and attachments (but not the names and addresses of contributors).

**In-person requests:** *A member of the public may request to inspect the documents at any principal office of the organization. The entity must provide the information requested that same day. However, if the request places an "unreasonable burden" on the organization, the staff must provide copies of the requested information no later than the next business day after the unusual circumstances cease to exist (limited to a maximum of five business days after the request).*

**Written requests:** *Written requests made by fax, mail, email, or overnight service, which include the requester's address, must be honored within 30 days of receipt.*

**Website alternative:** *Instead of providing copies, an organization may make the documents available on either its own or another organization's website. If it uses this option, it has to: (1) provide an exact replica of the document as was filed with the IRS; (2) advise requesters how to access the forms on the web; (3) the site should charge no access fee and require no special software or hardware to download. Organizations that post this information on the Internet still must honor in-person requests to view the applicable documents.*

**Permissible charges:** *Tax-exempt organizations may charge a reasonable copying fee, up to \$1 for the first page and 15 cents for each additional page, plus actual postage costs.*

**Penalties:** *An organization that fails to comply with the new disclosure requirements may be subject to the following penalties:*

- Annual Information Return – Form 990 - \$20 per day for as long as the failure continues, up to a maximum of \$10,000 for each failure to provide an annual return.
- Exemption Application - \$20 per day with no maximum.
- An organization that willfully fails to comply with these public inspection rules can be subject to an additional \$5,000 penalty.

**Private foundation exempt:** *The new disclosure rules don't yet apply to private foundations. They must still make a copy of their annual return available for public inspection at their principal office for a period of 180 days after publishing a notice of availability.*

**Donor Information:** *Please note that donor information is not open to public inspection and has been excluded from this copy.*

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

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: Provide housing stabilization for families and individuals.		
	<b>2</b> Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	15
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	15
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	52
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	1365
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	17,201,450.	12,320,882.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,874.	25,298.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-12,914.	-1,159.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,493,747.	12,485,569.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,700,437.	8,741,186.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,872,563.	2,174,740.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	61,205.	74,844.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 529,382.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	983,029.	1,474,869.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,617,234.	12,465,639.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	876,513.	19,930.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	8,738,065.	4,435,253.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	5,809,712.	1,486,970.
		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.

<b>Sign Here</b>	Signature of officer <i>Elizabeth Andrade</i>		Date <i>12-16-22</i>	
	Type or print name and title Elizabeth Andrade, Chief Executive Officer			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Ashley Peabody	Preparer's signature <i>Ashley Peabody</i>	Date 12/19/2022	Check <input type="checkbox"/> PTIN self-employed <input checked="" type="checkbox"/> P01385870
	Firm's name ▶ Capin Crouse LLP	Firm's EIN ▶ 36-3990892	Phone no. 505-502-2746	
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 AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**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)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<b>2</b> X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	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? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	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? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	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? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	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? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	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? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> 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? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	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? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b>	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)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b>	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b>	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<b>17</b> 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? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b> X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b> X	



**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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	
<b>23</b> 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	
<b>24a</b> 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
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
<b>26</b> 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
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> 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
<b>38</b> 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 Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
<b>c</b> 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	
<b>Note:</b> 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		
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?		
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?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
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?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	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?	15	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?	16	X
If "Yes," complete Form 4720, Schedule O.			
17	<b>Section 501(c)(21) organizations.</b> 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**

	1a	1b	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	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? .....	2			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? .....	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? .....	5			X
6 Did the organization have members or stockholders? .....	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body? .....	8a		X	
b Each committee with authority to act on behalf of the governing body? .....	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....	9			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? .....	10a	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? .....	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	11a	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 .....	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	12b	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 .....	12c	X
13 Did the organization have a written whistleblower policy? .....	13	X
14 Did the organization have a written document retention and destruction policy? .....	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official .....	15a	X
b Other officers or key employees of the organization .....	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	16a	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? .....	16b	

**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 Contractors**

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

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

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

 • List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.
<b>1b Subtotal</b>								334,675.	0.	9,864.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								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 **2**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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	
<b>5</b> 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		
<b>2</b> 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 Revenue**Check 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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	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	<b>Total.</b> Add lines 1a-1f .....		12,320,882.			
<b>Program Service Revenue</b>			Business Code				
	2 a	Housing fees .....	900099	25,298.	25,298.		
	b	.....					
	c	.....					
	d	.....					
	e	.....					
	f	All other program service revenue .....					
	g	<b>Total.</b> Add lines 2a-2f .....		25,298.			
<b>Other Revenue</b>	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				
	b	Less: rental expenses ...	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				
	b	Less: cost or other basis and sales expenses .....	7b	12,478. 2,500.			
	c	Gain or (loss) .....	7c	12,628. 3,591.			
	d	Net gain or (loss) .....		-150. -1,091.			
	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.			
	b	Less: direct expenses .....	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				
	b	Less: direct expenses .....	9b				
	c	Net income or (loss) from gaming activities .....					
	10 a	Gross sales of inventory, less returns and allowances .....	10a	117,661.			
b	Less: cost of goods sold .....	10b	0.				
c	Net income or (loss) from sales of inventory .....		117,661.			117,661.	
<b>Miscellaneous Revenue</b>			Business Code				
	11 a	Loan Forgiveness .....	900099	73,270.			73,270.
	b	.....					
	c	.....					
	d	All other revenue .....					
	e	<b>Total.</b> Add lines 11a-11d .....		73,270.			
12	<b>Total revenue.</b> 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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,222,237.	1,222,237.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	7,518,949.	7,518,949.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	186,516.	91,758.	77,529.	17,229.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,635,958.	1,154,665.	244,574.	236,719.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	204,742.	147,341.	40,954.	16,447.
<b>10</b> Payroll taxes	147,524.	106,727.	20,486.	20,311.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	56,819.	23,687.	33,132.	
<b>c</b> Accounting	27,830.		27,830.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	74,844.			74,844.
<b>f</b> Investment management fees				
<b>g</b> 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.	
<b>12</b> Advertising and promotion	86,056.	4,132.		81,924.
<b>13</b> Office expenses	50,150.	14,879.	15,480.	19,791.
<b>14</b> Information technology	57,603.	46,087.	11,516.	
<b>15</b> Royalties				
<b>16</b> Occupancy	314,549.	210,331.	104,218.	
<b>17</b> Travel	83,132.	79,341.	2,701.	1,090.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	11,992.		7,759.	4,233.
<b>20</b> Interest	2,159.		2,159.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	139,605.	96,321.	40,041.	3,243.
<b>23</b> Insurance	64,716.	51,675.	13,041.	
<b>24</b> 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.)				
<b>a</b> Equipment	29,472.	29,472.		
<b>b</b> Food bank	19,728.	19,728.		
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses	53,551.			53,551.
<b>25</b> Total functional expenses. Add lines 1 through 24e	12,465,639.	11,248,831.	687,426.	529,382.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,334,487.	<b>1</b>	414,698.
	<b>2</b> Savings and temporary cash investments .....	600,901.	<b>2</b>	724,465.
	<b>3</b> Pledges and grants receivable, net .....	185,704.	<b>3</b>	550,666.
	<b>4</b> Accounts receivable, net .....	224,517.	<b>4</b>	26,224.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	21,531.	<b>8</b>	56,063.
	<b>9</b> Prepaid expenses and deferred charges .....	1,816,172.	<b>9</b>	49,938.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,588,773.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 975,574.	2,554,753.	<b>10c</b> 2,613,199.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	8,738,065.	<b>16</b>	4,435,253.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	200,445.	<b>17</b>	294,390.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	4,412,917.	<b>19</b>	72,000.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,185,000.	<b>23</b>	1,111,730.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	11,350.	<b>24</b>	8,850.
	<b>25</b> 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 .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	5,809,712.	<b>26</b>	1,486,970.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	2,655,416.	<b>27</b>	2,486,493.
	<b>28</b> Net assets with donor restrictions .....	272,937.	<b>28</b>	461,790.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	2,928,353.	<b>32</b>	2,948,283.
<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	8,738,065.	<b>33</b>	4,435,253.	

Form **990** (2021)



**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	12,485,569.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	12,465,639.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	19,930.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	2,928,353.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	2,948,283.

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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	<b>2a</b>	x
<b>b</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	<b>2b</b>	x
<b>c</b> 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.	<b>2c</b>	x
<b>3a</b> 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? _____	<b>3a</b>	x
<b>b</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 _____	<b>3b</b>	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](http://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 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		
<b>Total</b>						

**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 <b>Total.</b> 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 <b>Public support.</b> 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 <b>Total support.</b> Add lines 7 through 10						50,853,152.
12 Gross receipts from related activities, etc. (see instructions) .....					12	1,128,215.
13 <b>First 5 years.</b> 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 <b>stop here</b> .....						<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 <b>33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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 <b>10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (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
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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** ..... ☐

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

**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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> 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>b</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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> 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>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> 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 <b>Part VI</b> 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.		
<b>5a</b> 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 <b>Part VI</b> , 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 <b>Part VI</b> .		
<b>7</b> 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).		
<b>8</b> 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).		
<b>9a</b> 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 <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> .		
<b>c</b> 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 <b>Part VI</b> .		
<b>10a</b> 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>b</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)

- 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?
- b A family member of a person described on line 11a above?
- 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**.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

- 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.
- 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.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

- 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).

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

- 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?
- 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).
- 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.

	Yes	No
1		
2		
3		

**Section E. Type III Functionally Integrated Supporting Organizations**

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ 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.
- 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.

**3 Parent of Supported Organizations. Answer lines 3a and 3b below.**

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in **Part VI**.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). 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 - explain in Part VI). 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	<b>Total</b> 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, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> 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		

Schedule A (Form 990) 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: \$ 51,001.

2020 Amount: \$ 51,002.

2021 Amount: \$ 73,270.

## Other income

2018 Amount: \$ 1,419.

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](http://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 <b>Family Assistance Ministries</b>	Employer identification number <b>33-0864870</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>4,057,960.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,299,195.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>683,142.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>620,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>459,616.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>740,107.</u>	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 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
7		\$ 299,662.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  Family Assistance Ministries	Employer identification number  33-0864870
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**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 <b>Family Assistance Ministries</b>	Employer identification number <b>33-0864870</b>
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**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](http://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 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:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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 ☐ Yes ☐ No  
 (ii) Related organizations ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

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				
<b>Total.</b> 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

### Supplemental Information Regarding Fundraising or Gaming Activities

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

**▶ Attach to Form 990 or Form 990-EZ.**

► Go to [www.irs.gov/Form990](http://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

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

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
- b ☒ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☒ Solicitation of non-government grants
- f ☒ Solicitation of government grants
- g ☒ Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Harvest Development Media - 19851 Yorba Linda Blvd.,	Mail Solicitations		X	251,515.	43,000.	208,515.
Charitable Ventures - 1505 E. 17th Street, Ste 101, Santa	Grant writing services		X	105,000.	31,844.	73,156.
<b>Total</b>				356,515.	74,844.	281,671.

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

[illegible]

**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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for 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 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

9.  
0.

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

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
South Shores Church 32032 Del Obispo San Juan Capistrano, CA 92675	95-2557130	501(c)(3)	0.	345,098.	Price per pound	Food	food distribution
St. Clements by-the-Sea Episcopal Church - 202 Avenida Aragon - San Clemente, CA 92672	95-2243928	501(c)(3)	0.	15,070.	Price per pound	food	food distribution

Schedule I (Form 990)



**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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. <sup>FMV</sup>		Food, clothing, hygiene services and care items
Direct cash assistance to service provider on behalf of clients	2906	4,541,722.	0.		
<b>Part IV</b> 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](http://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		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2021



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**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

- ▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.

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

<b>Part I</b>	<b>Types of Property</b>	<b>(a) Check if applicable</b>	<b>(b) Number of contributions or items contributed</b>	<b>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</b>	<b>(d) Method of determining noncash contribution amounts</b>
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

	Yes	No
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? .....		X
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? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
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 \$3,917,145.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

Family Assistance Ministries

Employer identification number

33-0864870

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

Family Assistance Ministries

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	Family Assistance Ministries	Employer identification number
		33-0864870

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

Name of the organization

Family Assistance Ministries

Employer identification number

33-0864870

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.

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

OMB No. 1545-0047

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  <b>Family Assistance Ministries</b>	Taxpayer identification number (TIN)  <b>33-0864870</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1030 Calle Negocio</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>San Clemente, CA 92673</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (Individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**Delia Van Kampen**

- The books are in the care of ► **1030 Calle Negocio - San Clemente, CA 92673**

Telephone No. ► **949-492-8477**

Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐ ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until May 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year \_\_\_\_\_ or  
► ☒ tax year beginning JUL 1, 2021, and ending JUN 30, 2022.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

# 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.

Board of Directors  
Family Assistance Ministries  
San Clemente, California

***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.

*Capin Crouse LLP*

Brea, California  
November 18, 2022



# FAMILY ASSISTANCE MINISTRIES

## Statements of Financial Position

	June 30,	
	<u>2022</u>	<u>2021</u>
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	<u>2,613,199</u>	<u>2,554,753</u>
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	<u>1,120,580</u>	<u>1,196,350</u>
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	<u>461,790</u>	<u>272,937</u>
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
	1,424,045	-	1,424,045	1,091,010	-	1,091,010
Total Expenses	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		Supporting Activities					
	Program Services	General and Administrative	Fundraising	Total	Program Services	General and Administrative	Fundraising	Total
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
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
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>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
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>
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>		
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>
<b>SUPPLEMENTAL DISCLOSURE:</b>		
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 associate 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
	3,588,773	3,391,440
Less accumulated depreciation	(975,574)	(836,687)
	<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:

	<u>June 30,</u>	
	<u>2022</u>	<u>2021</u>
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.	<u>8,850</u>	<u>11,350</u>
	<u><u>\$ 1,120,580</u></u>	<u><u>\$ 1,196,350</u></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	<u>8,850</u>
	<u><u>\$ 1,120,580</u></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.

*Capin Crouse LLP*

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
<b>U.S. DEPARTMENT OF TREASURY</b>					
COVID-19 Emergency Rental Assistance Program	21.023				
Pass through from County of Orange			MA-042-21011068	\$ 3,880,665	\$ 4,057,960
Pass through from United Way Orange County			2021-010	-	2,713
					<u>4,060,673</u>
Total U.S. Department of Treasury					<u>4,060,673</u>
<b>U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT</b>					
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 Assistance Listing Number	Agreement Number	Pass Through Entity Identifying Number	Passed Through to Subrecipients	Federal Expenditures
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					309,003
					407,177
Continuum of Care Program					
Pass through from Mercy House Living Centers	14.267		MOU	-	299,662
Total U.S. Department of Housing and Urban Development					706,839

See notes to schedule of expenditures of federal awards