Form

Department of the Treasury

For the 2015 calendar year, or tax year beginning

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

07-01 , 2015, and ending

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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06-30 ,2016

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		► N/A		 					Τ				Group exe			<u> </u>
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is or	20	Total assets	(Part V line	16)							Beg	Jinning	of Currer		 	nd of Year
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May	the IRS	3 discuss this	return with t		shown above? (structions)						• • • •			Yes X No
					separate instru										~	Form 990 (2015)

Form	1990 (2015) FLAGSTAFF SHELTER SERVICES	20-4921369	Page 2
	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		···· <u> </u>
1	Briefly describe the organization's mission		
	FLAGSTAFF SHELTER SERVICES SAVES AND CHANGES THE LIVES OF HOMELESS INDIVIDU	ALS BY OFFER	RING
	THEM SHELTER AND PATHWAYS INTO LIVES OF DIGNITY THAT BENEFIT THE COMMUNITY		
			
	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	□ Yes	x No
	If "Yes," describe these new services on Schedule O		ME
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	· · · · 🔲 Yes	x 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 measure	ed by	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of	thers,	
	the total expenses, and revenue, if any, for each program service reported		
4a	(Code:) (Expenses \$621,992 including grants of \$) (Revenue	\$)
	FLAGSTAFF SHELTER SERVICES SAVES AND CHANGES THE LIVES OF HOMELESS INDIVIDU	ALS BY OFFEI	RING
	THEM SHELTER AND PATWAYS INTO LIVES OF DIGNITY THAT BENEFIT THE COMMUNITY		
			
			
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4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
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	1		
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
	Other program convece (Decembe in Schodule O.)		
4d	Other program services (Describe in Schedule O) (Expenses \$,	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 621,992		
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		1 01	

5) FLAGSTAFF SHELTER SERVICES
Checklist of Required Schedules

•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	_	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	_4_		<u>X</u>
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 Revenue Procedure 98-197 If "Yes," complete Schedule C,	_		3.5
•	Part III	5		_X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	•		
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			_
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	_X	
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more		,	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	44.		3.7
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes." complete Schedule D. Part IX	44.4		v
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		<u>X</u> _
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	•••		- 11
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on]	
•-	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	 	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.		,,
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10]	_v
	If "Yes," complete Schedule G, Part III	19		X 2015)

5) FLAGSTAFF SHELTER SERVICES
Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			_==_
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	L	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			_
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI · · · · · · · · · · · · · · · · · ·	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			1
	19? Note. All Form 990 filers are required to complete Schedule O · · · · · · · · · · · · · · · · · ·	38	X	<u> </u>
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Form	990 (2015) FLAGSTAFF SHELTER SERVICES 20-492	1369	Р	age :
io.	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
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	7		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	· 1c	Х	
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	. 9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	- 2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	• 3a		_X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	- 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		- 1	
	account)?	- 4a		X
b	If "Yes," enter the name of the foreign country	-		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
F	(FBAR)	5-		37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	• 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	• 5b		X
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	. 50		
va	organization solicit any contributions that were not tax deductible as charitable contributions?	- 6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	· Ua		
	gifts were not tax deductible?	. 6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
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?	. 7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	. 7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	· 7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	. 7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	. 7h	Х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	- 8]	Χ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	- 9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	· 9b		Χ
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them) · · · · · · · · · · · · · · · · · ·			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	· 13a_		
_	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

X

14a

14b

14a

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 in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 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 in Schedule O Enter the number of voting members included in line 1a, above, who are independent b 1b 3 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? 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 Χ Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following Χ 8a Each committee with authority to act on behalf of the governing body? Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Х Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Χ Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 13 14 X 14 Did the organization have a written document retention and destruction policy? 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? X The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a X 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 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 ROSS ALTENBAUGH (928)225-2533, 4185 E HUNTINGTON DROVE, FLAGSTAFF, AZ 86004

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FLAGSTAFF SHELTER SERVICES

20-4921369

Page 7

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related	dorganization	comp	ensa	ated	any	currer	nt of	ficer, director, or tru	ıstee	
				(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and Title	Average					han one s both a		Reportable	Reportable	Estimated
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	related	or ma	Ins	Officer	<u>6</u>	en H	Former	organization	(W-2/1099-MISC)	from the
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DIRECTOR	- =	Х		х				o	o	o
(2) ALLISON ECKERT	2.00							-		
DIRECTOR		Х		X				0	o	o
(3) TARA BOYTIN	2.00									
DIRECTOR		Х		X				0	0	0_
(4) ROSS ALTENBAUGH	40.00									
CHIEF EXECUTIVE OFFICER			_	X				60,108	0	00
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Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Did the organization list any former officer, director, or trustee, key-employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	1h	Sub-total	<u> </u>	<u> </u>			L		<u> </u>			 	
d Total (add lines 1b and 1c)						• •	•		•		1	+	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \(\) \\ 3 Did the organization list any former officer, director, or trustee, key-employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual \(\). 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual \(\). 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person \(\). 5 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) (B) Description of services Comper							• •		•	60 100		 	0
Terportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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) (B) (C) Name and business address Description of services Compensation											i U		
3 Did the organization list any former officer, director, or trustee, key-employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	_		10 01030 11310	o abo	v G) v	WIIO	1000	ived ii	10101	man \$100,000 O	0		
employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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) (B) (C) Name and business address Comper	_	reportable componibilities to organization										Ye	s No
employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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) (B) (C) Name and business address Comper	3	Did the organization list any former officer, director,	or trustee, k	ey em	ploye	ee, o	r hic	hest o	omp	ensated			
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual		employee on line 1a? If "Yes," complete Schedule J	for such indi	vidual						<i></i> .		3	X
Individual	4	For any individual listed on line 1a, is the sum of rep	ortable comp	oensat	ion a	and o	othei	r comp	ensa	tion from the			
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		organization and related organizations greater than	\$150,000? If	"Yes,"	com	nplet	e So	hedul	e J fo	or such			
for services rendered to the organization? If "Yes," complete Schedule J for such person		ındıvıdual • • • • • • • • • • • • • • • • • • •										4	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) (B) (C) Name and business address Description of services Comper	5	Did any person listed on line 1a receive or accrue of	ompensation	from a	any ι	unrel	ated	l orgar	nizatio	on or individual			
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) (B) (C) Name and business address Description of services Comper			complete Sch	edule	J for	suc	h pe	rson		<u>' </u>		5	X
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Description of services Comper	Secti												
year (A) (B) (C) Name and business address Description of services Comper	1	• •	-										
(A) (B) (C) Name and business address Description of services Comper		compensation from the organization. Report compe	nsation for th	e cale	ndar	yea	r en	ding w	ıth or	r within the organi	zation's tax		
Name and business address Description of services Comper													
										l	l l	(C)	
		Name and business address								Description of	services	Compens	ation
										-			
			-							 			
										 			
													
2 Total number of independent contractors (including but not limited to those listed above) who		Total number of independent contractors (including	hut not limite	d to th	000	liste	d ah	ove) 14	/hc				

*		Statement of Revenue					
•		Check if Schedule O contains a response or n	ote to any line in this	s Part VIII	<u> </u>	<u> </u>	<u></u> 🛮
				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
SS	10	Federated campaigns · · · · · · 1a		em company of the	revenue		512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Membership dues 1b					
٥٤	c	Fundraising events 1c			1. 12 mg 1 / 1 mg		
ifts Ir A	d	Related organizations 1d	-				
ອ≅	e	Government grants (contributions) - 1e	262,768				
Sir	f	All other contributions, gifts, grants,	202,700				
je j	,	and similar amounts not included above	403,734				
至	g	Noncash contributions included in lines 1a-1f \$	198,250				
and	h	Total. Add lines 1a-1f		666,502			
			Business Code				
Program Service Revenue	2a						
Je ve	b						
8	С	,			r		
Ser	d						
Ë	e						
Ď	f	All other program service revenue • • • • • •					
	g	Total. Add lines 2a-2f	· · · · · · •				
	4	Investment income (including dividends, interest, and other similar amounts)	eeds				
	b b	Gross rents	(ii) Personal				
	ļ	Net rental income or (loss) · · · · · · · ·	1		70 2000 17 400 1		
	7a	Gross amount from sales of (i) Securities assets other than inventory	(II) Other		4-17	t ja ji Massaria. Katabasa	
		Less cost or other basis and sales expenses · · · ·					
	1	Gain or (loss)	<u> </u>				
	d	Net gain or (loss) · · · · · · · · · · · · · · · · · ·	· · · · · · •				
nge -	8a	Gross income from fundraising					
Š	ı	events (not including \$					
Other Reven	1	of contributions reported on line 1c)	1				
E E		See Part IV, line 18 a	1,162				
ō	1	Less direct expenses · · · · · · · b	11,926				
		The transfer of the sea to the se	· · · · · · · · · · · · · · · · · · ·	(10,764		in the second	(10,764
	9a	Gross income from gaming activities	1	+ 5			
		See Part IV, line 19 · · · · · · · a					
		Less: direct expenses b Net income or (loss) from gaming activities					
		• • •					
		Gross sales of inventory, less returns and allowances · · · · · · · · a					
	1	Less. cost of goods sold b					
	c	Net income or (loss) from sales of inventory · ·	· · · · · · · · · · · · · · · · · · ·		* . <. *		
	<u> </u>	Miscellaneous Revenue	Business Code				
	11a						
	b			-			
	C			 	 		
		All other revenue		-	* * * * * * * * * * * * * * * * * * *	to part of the part of the second	·
	ı	Total. Add lines 11a-11d					/
	12	Total revenue. See instructions	. .	655,738	sı O	l o	(10,764

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (D) Do not include amounts reported on lines 6b, 7b, (C) Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 5 Compensation of current officers, directors, trustees, and key employees 60,108 48,688 5,710 5,710 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 254,557 206,191 24,183 24,183 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 14,695 11,903 1,396 1,396 10 25,173 20,390 2,392 2,391 11 Fees for services (non-employees) а Legal b Accounting C 13,539 13,539 d Lobbying Professional fundraising services See Part IV, line 17 f Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) ... 15,866 15,866 12 224 224 13 Office expenses 1,356 1,356 14 293 292 12,189 11,604 15 16 26,030 22,698 1,666 1,666 17 601 601 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 1,834 1,834 20 21 2,408 22 Depreciation, depletion, and amortization 30,771 2,408 35,587 23 Insurance 17,855 15,420 1,218 1,217 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) SUPPLIES AND FOOD 206,570 206,570 DUES AND SUBSCRIPTIONS 1,086 1,086 13,251 <u>13,25</u>1 C CLIENT SERVICES d All other expenses e Total functional expenses. Add lines 1 through 24e 25 700,521 621,992 39,265 39,264 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 following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or note to any	line in	this Part X	<u> </u>	• • •	<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			4,999	1	7,604
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		[3	
ļ	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former off	cers, c	directors,			
		trustees, key employees, and highest compensated emp	loyees	3			
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as	define	d under section			· · · · · · · · · · · · · · · · · · ·
		4958(f)(1)), persons described in section 4958(c)(3)(B), and cor	tributin	g employers and			
		sponsoring organizations of section 501(c)(9) voluntary employe	es' ber	neficiary			
		organizations (see instructions) Complete Part II of Schedule L		6			
6	7	Notes and loans receivable, net		ī		7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			2,257	9	4,262
ĺ	10a	Land, buildings, and equipment cost or				,	
Ì		other basis Complete Part VI of Schedule D	10a	1,146,503	, g5		
	b	Less accumulated depreciation	10b	161,314	1,031,916	10c	985,189
	11	Investments - publicly traded securities				11	
	12	Investments - other securities See Part IV, line 11		[12	
	13	Investments - program-related See Part IV, line 11 .		[13	
l	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34			1,039,172	16	997,055
	17	Accounts payable and accrued expenses · · · · ·	22,906	17	103,885		
	18	Grants payable · · · · · · · · · · · · · · · · · · ·		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of				21	
Liabilities	22	Loans and other payables to current and former officers,		•			li.
iii		trustees, key employees, highest compensated employe	es, an	d		·	'
Lial		disqualified persons Complete Part II of Schedule L	• • •			22	
_	23	Secured mortgages and notes payable to unrelated third		s	553,577	23	527,148
	24	Unsecured notes and loans payable to unrelated third pa				24	
	25	Other liabilities (including federal income tax, payables to					
		parties, and other liabilities not included on lines 17-24)	•				
		of Schedule D		ŀ		25	
	26	Total liabilities. Add lines 17 through 25 · · · · ·			576,483	26	631,033
Ş		Organizations that follow SFAS 117 (ASC 958), check	(nere	► ⊠ and			1
nce	07	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets			405.000	27	255 222
ala	27	Temporarily restricted net assets			437,238	27	366,022
g G	28 29	Permanently restricted net assets			25,451	29	
Ë	29	Organizations that do not follow SFAS 117 (ASC 958			,	25	
7		complete lines 30 through 34.), CIIC	ck liele P allu			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds · · ·			30		
SSE	31	Paid-in or capital surplus, or land, building, or equipment	fund			31	
Ϋ́	32	Retained earnings, endowment, accumulated income, o		funds		32	
ž	33	Total net assets or fund balances	462,689	33	366,022		
	34	Total liabilities and net assets/fund balances · · · ·			1,039,172	34	997,055

orm=		0-4921369	9	Page 12
•	Reconciliation of Net Assets			_
٠	Check if Schedule O contains a response or note to any line in this Part XI			$\cdot \cdot \Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	655,	738_
2	Total expenses (must equal Part IX, column (A), line 25)	2	700,	521_
3	Revenue less expenses Subtract line 2 from line 1	3	(44,	783)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	462	689
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Pnor period adjustments	8	(51,	884)
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10	366,	022_
	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	· · · · · ·		· · 🔲
			Yes	No
1	Accounting method used to prepare the Form 990			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
þ	Were the organization's financial statements audited by an independent accountant?		2b X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both			
С	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?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	• • • • •	3a	<u>X</u> _
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 in Schedule O and describe any steps taken to undergo such audits	<u> </u>	3b	
FFA			Form 990	(2015)

ì

SCHEDULE A

(Form 990 or 990-EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www irs.gov/form990.

OMB No 1545-0047

2015

unic	VI 1	s ordenitation					Linployer identific	ation number		
'LA	GST	AFF SHELTER SERVICES					20-49213	69		
9		Reason for Public Charity	y Status (All or	ganızations must c	omplete	this par	t.) See instructio	ns.		
he	orgai	nization is not a private foundation beca	ause it is (For lines	1 through 11, check only	one box)					
1		A church, convention of churches, or	association of churc	ches described in sectio	n 170(b)(1)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))								
3		A hospital or a cooperative hospital se	ervice organization o	described in section 170)(b)(1)(A)(i	ii).				
4		A medical research organization opera	ated in conjunction	with a hospital described	l in section	170(b)(1))(A)(iii). Enter the			
		hospital's name, city, and state								
5		An organization operated for the bene	fit of a college or ur	niversity owned or operat	ted by a go	vernmenta	al unit described in			
	_	section 170(b)(1)(A)(iv). (Complete F	Part II.)			•				
6		A federal, state, or local government of	or governmental uni	it described in section 17	70(b)(1)(A)	(v).				
7	X	An organization that normally receives	a substantial part	of its support from a gove	ernmental	unit or fron	n the general public			
	_	described in section 170(b)(1)(A)(vi)								
8		A community trust described in section	on 170(b)(1)(A)(vi).	(Complete Part II)						
9	Ш	An organization that normally receives	(1) more than 33	1/3% of its support from	contributio	ns, memb	ership fees, and gros	5		
		receipts from activities related to its ex				•				
		support from gross investment income		•		•	om businesses			
_		acquired by the organization after Jun				•				
0	님	An organization organized and operat		· · · · · · · · · · · · · · · · · · ·						
1	Ц	An organization organized and operat								
		one or more publicly supported organ					, , , ,	-леск -		
	•	the box in lines 11a through 11d that c Type I. A supporting organization	= :	· · · ·	-		=	•		
	а	the supported organization(s) the								
		organization. You must complet		•	ly or the on	ectors or t	rustees of the suppor	ung		
	b	Type II. A supporting organization			uts sunnor	ted organi	zation(s) by having			
	-	control or management of the sur	•		• •	•		1		
		organization(s) You must comp	·	•			go and dappened			
	С	Type III functionally integrated.			ection with	, and funct	tionally integrated with	١,		
		its supported organization(s) (see						•		
	d	Type III non-functionally integra		· ·				(s)		
		that is not functionally integrated								
		requirement (see instructions) You	ou must complete	Part IV, Sections A and	D, and Pa	art V.				
	е	Check this box if the organization	received a written	determination from the IF	RS that it is	a Type I,	Type II, Type III			
		functionally integrated, or Type III	non-functionally int	egrated supporting organ	nızatıon					
	f	Enter the number of supported organi	zations							
	g	Provide the following information about	t the supported or	ganization(s)				<u> </u>		
	(i) Name of supported organization	(II) EIN	(III) Type of organization	(iv) is the o	-	(v) Amount of monetary	(vi) Amount of		
				(described on lines 1-9 above (see instructions))	listed in you docum	ir governing ient?	support (see instructions)	other support (see instructions)		
				<i>"</i>						
					Yes_	No				
A)										
		2000			 	 			—	
B)										
C)						,				
D)									_	
(E)										
_,					<u></u> _					
-	.1						1			
Tota	11							L		

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

Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	579,938	706,688	632,857	50,268	655,738	2,625, 4 89
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	27,852	27,852				55,704
4	Total. Add lines 1 through 3	607,790	734,540		50,268	655,738	2,681,193
5	The portion of total contributions by	007,730	734,340	032,037	30,208	033,736	2,001,193
•	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)					1.	59,701
6	Public support. Subtract line 5 from line 4 • •		7.	∳ :== ;==,	engal and a second a	right was a second	2,621,492
Sec	tion B. Total Support			<u> </u>		<u> </u>	2,021,452
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	607,790	734,540		50,268		2,681,193
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			27	8		35
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10				7 (a 1		2,681,228
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here		<u></u>				▶ 🗌
Sec	tion C. Computation of Public Su	· · 					
14	Public support percentage for 2015 (line 6, c			f)) • • • • • •			97.77 %
15	Public support percentage from 2014 Sched			• • • • • • • •			00.00 %
16a	33 1/3% support test - 2015. If the organization	ation did not check	the box on line 13,				
	box and stop here. The organization qualifie			•		· · · · · · · · · · · ·	· · · · > X
b	33 1/3% support test - 2014. If the organization	ation did not check	a box on line 13 or	•	•		_
	check this box and stop here. The organiza	•		•			· · · · ▶ 📙
17a	10%-facts-and-circumstances test - 2015	. If the organization	did not check a bo	ox on line 13, 16a, o	or 16b, and line 14 i	is	
	10% or more, and if the organization meets				•		
	Part VI how the organization meets the "fact		_				_
	organization · · · · · · · · · · · · · · · · · · ·						· · · · ▶ ∐
b	10%-facts-and-circumstances test - 2014	_				е	
	15 is 10% or more, and if the organization m			•	•		
	Explain in Part VI how the organization mee			•	•	-	_
						• • • • • • • • • • • • • • • • • • • •	▶ ⊔
18	Private foundation. If the organization did						
	instructions	<u> </u>	<u> </u>		• • • • • • • • •		· · · · <u> </u>

990 or 990-EZ) 2015 FLAGSTAFF SHELTER SERVICES Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				1		
C	Add lines 7a and 7b · · · · · · · · · · · ·						
8	Public support. (Subtract line 7c from line 6)	N. C.			1		
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6 · · · · · · · · · · · · · · · · · ·				 		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					_	
C	Add lines 10a and 10b					_	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on • • •						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · · · · · · ·						
14	First five years. If the Form 990 is for the organization, check this box and stop here	-		-	s a section 501(c)(3		▶ 🗍
Sec	ction C. Computation of Public Su	pport Percen	tage				
15	Public support percentage for 2015 (line 8, co	• • • • • • • • • • • • • • • • • • • •	•))		15	%
16	Public support percentage from 2014 Schedu					16	%
	ction D. Computation of Investme			(0)		1 47 -	
17	Investment income percentage for 2015 (line		•			17	%
18	Investment income percentage from 2014 Sc				· · · · · · · · · · · ·	18	%
19a	33 1/3% support tests - 2015. If the organization is not more than 33 1/3%, check this box						▶ 📋
b	33 1/3% support tests - 2014. If the organization 18 is not more than 33 1/3%, check this l	box and stop here	. The organization	qualifies as a pub	licly supported orgai		▶ □
20_	Private foundation. If the organization did no	ot check a box on I	ine 14, 19a, or 19b	, check this box a	nd see instructions	<u> </u>	<u> ▶ ∐</u>

Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
 - **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
 - c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

⊃ar	t V.)		
		Yes	No
		-	
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	44		
	4b		
	4c		
	5a		
	Ju		
	5b		
	5c		
	6		
	· - · · · · ·		
	7		
	8		
:			
	9a		
	9b		
	90		
	9с		
	4.6		
	10a		
	10b		
A (F		or 990	EZ) 201

	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		_	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			:
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (I) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3_		<u> </u>
	tion E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	ctions	s):
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	— ···· · · · · · · · · · · · · · · · ·			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see II		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	3 , , , , , , , , , , , , , , , , , , ,			
	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	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		L
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	6:		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		<u> </u>

1 Check here if the organization satisfied the Integral Part Test as a qualifying			instructions. All
other Type III non-functionally integrated supporting organizations must cor	-		
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(0)
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	1		
collection of gross income or for management, conservation, or	-		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI).			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	•	
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions)	ly-integ	rated Type III supportii	ng organization (see

b

Breakdown of line 7:

. . . .

. . . .

c Excess from 2013d Excess from 2014

Excess from 2015

Schedule A (Form 990 or 990-EZ) 2015

EEA

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Name	e of the organization	Employer identification number
FLZ	AGSTAFF SHELTER SERVICES	20-4921369
	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	nts.
	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?	
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?	· · · · · · · · · · · · · · · · · · ·
	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)	
	Preservation of land for public use (e.g., recreation or education)	important land area
	Protection of natural habitat Preservation of a certified his	storic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cons	servation
	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	2a
þ	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	1
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	ation 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?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ements during the year
	▶\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B	^``
_	and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	
	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	or Cimilar Accets
	Organizations Maintaining Collections of Art, Historical Treasures, or Oth	ier Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	I below a short
1a		
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fur	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these item.	
b		
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fur	therance 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, p	provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	. •
a	, i ,	
Þ	Assets included in Form 990, Part X	

chedi	ule D (Form 990) 2015 FLAGSTAFF SHELT					20-4921		ge 2
	Organizations Maintaining Co						sets (continue	<u>a)</u>
3	Using the organization's acquisition, accession, a	nd other records, c	heck any of	the following that are a	significat	nt use of its		
	collection items (check all that apply)	. —						
а	Public exhibition	_		nge programs				
þ	Scholarly research	e ∐ Oth	ner					
C	Preservation for future generations							
1	Provide a description of the organization's collection	ons and explain ho	w they furth	er the organization's ex	empt pur	pose in Part		
	XIII			•				
5	During the year, did the organization solicit or rec	eive donations of a	rt, historical	treasures, or other simi	ılar			_
	assets to be sold to raise funds rather than to be		of the orga	nization's collection?	<u> </u>		· · Yes	No
	Escrow and Custodial Arrang		_				_	
	Complete if the organization and 990, Part X, line 21.	swered "Yes" c	on Form 9	990, Part IV, line 9, 	or repo	orted an amou	unt on Form	
۱a	Is the organization an agent, trustee, custodian or	r other intermediary	for contrib	utions or other assets no				
	included on Form 990, Part X?							No
b	If "Yes," explain the arrangement in Part XIII and	complete the follow	ring table					
						Arr	nount	
С	Beginning balance				1c	1		
d	Additions during the year				. 1d			
е	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 lia	ability?		· · · 🗌 Yes 📋	No
b	If "Yes," explain the arrangement in Part XIII Che	ck here if the expla	nation has	been provided on Part >	CIII -	· · · · · · · ·	<u> [</u>	<u>] </u>
<i>:</i>	Endowment Funds.							
	Complete if the organization an	swered "Yes" o	on Form 9	990, Part IV, line 10)		_ 	
		(a) Current year	(b) Pri	or year (c) Two years	back	(d) Three years back	(e) Four years bad	ck
1a	Beginning of year balance							
þ	Contributions							
С	Net investment earnings, gains, and			ı	1		}	
	losses		<u> </u>					
ď	Grants or scholarships	<u> </u>	<u> </u>					
e	Other expenditures for facilities and		į					
	programs		<u></u>					
f	Administrative expenses		<u> </u>					
g	End of year balance							
2	Provide the estimated percentage of the current y	year end balance (l	ine 1g, colu	mn (a)) held as				
а	Board designated or quasi-endowment	%						
b	Permanent endowment • %							
C	Temporarily restricted endowment	%						
	The percentages in lines 2a, 2b, and 2c should e	qual 100%		ı				
3a	Are there endowment funds not in the possession	n of the organization	n that are h	eld and administered for	r the			
	organization by					,	Yes	No_
	(i) unrelated organizations				<i>.</i>		· 3a(i)	
	(ii) related organizations						- 3a(ii)	
b	If "Yes" on 3a(ii), are the related organizations list	ted as required on	Schedule R	?			. 3b	
4	Describe in Part XIII the intended uses of the org	anization's endown	nent funds					
0	Land, Buildings, and Equipme							
	Complete if the organization an	swered "Yes" o	n Form 9	990, Part IV, line 11	Ia. See	Form 990, P	art X, line 10.	
	Description of property	(a) Cost or ot	her basis	(b) Cost or other basis	(c) A	ccumulated	(d) Book value	
		(investr	nent)	(other)	dep	recation		
1a	Land	2	15,000				215,00	00
b	Buildings		45,000			107,500	537,50	_
	•							

c Leasehold improvements 277,178 44,489 232,689 d Equipment 9,325 9,325 Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) 985,189

Schedule D*(Form 990) 2015 FLAGSTAFF SHELTER SERVICES 20-4921369 Page 3 Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (b) Book value (c) Method of valuation (including name of security) 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. (Column (b) must equal Form 990, Part X, col (B) line 12) 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) \blacktriangleright Total (Column (b) must equal Form 990, Part X, col (B) line 13) 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)	<u> </u>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X col. (B) line 15.)	

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) Feder	al 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

ched		0-4921369	Page 4
8	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	751,894
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	-	
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII)	00	
e	Add lines 2a through 2d	2e	96,156
3	Subtract line 2e from line 1	3	655,738
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b		
a b	Investment expenses not included on Form 990, Part VIII, line 7b		
C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	6FF 730
_	Reconciliation of Expenses per Audited Financial Statements With Expenses	1 - 1	655,738
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	or motalin	
1	Total expenses and losses per audited financial statements	1	796,677
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		730,011
- а	Donated services and use of facilities · · · · · · · · · · · · · · · · · · ·		
b	Prior year adjustments		
c	Other losses · · · · · · · · · · · · · · · · · ·		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	96,156
3	Subtract line 2e from line 1	3	700,521
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	700,521
٠.	Supplemental Information.		
)1	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information Other revenues not included on Form 990 (Part XI, line 2d)	1)	
MU	DRAISING EXPENSES		
			
			
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Schedul	le D'(Form 990)	2015 FLAG	STAFF	SHELTER SER	VICE	S					20-4921	369	Page 5
	•	Supplemental	Inforn	nation (continu	ıed)								
•													
		· · · · · · · · · · · · · · · · · · ·											
n 2	Other	expenses	not	included	On	Form	gan	(Dart	YTT	line	241		
<u> </u>	OCHEL	evbenses	1100	THCTUGEG	011	FOLIII	330	TALL	VTT'	<u> </u>	<u> zu</u> /		
FUND	RAISING	EXPENSES											
				 									
													
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Employer identification number

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

FLAGSTAFF SHELTER SERVICES					20-49	21369			
Fundraising Activities				swered "Yes" on	Form 990, Part IV	/, line 17.			
Form 990-EZ filers are no lindicate whether the organization raise				tion Chark all that an					
a Mail solicitations	ed lands unough	e \Box	-	of non-government gra					
b Internet and email solicitations									
c Phone solicitations									
d 🗌 In-person solicitations									
2a Did the organization have a written or	-	-	•	=	_	_			
or key employees listed in Form 990,			-	-		es 🗌 No			
b If "Yes," list the ten highest paid indivi- compensated at least \$5,000 by the of		tunaraisers)	pursuant to a	igreements under whi	ch the fundraiser is to t	De .			
compensated at least \$5,000 by the C	ngamzation.								
(ii) Name and address of individual (iii) Did fundraiser have (iii) Grees receive (v) Amount paid to (vi) Amount paid									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody or control of contributions?		(iv) Gross receipts from activity	(or retained by) fundraiser listed in col (i)	(or retained by) organization			
		Yes	No						
1									
2									
3	-	 	† -			<u> </u>			
4		 				 			
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7		-				1			
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9	į								
10					·· <u>-</u>				
	<u> </u>		-						
Total						<u> </u>			
3 List all states in which the organization registration or licensing	ı ıs registered or l	icensed to so	olicit contribut	tions or has been notif	ied it is exempt from				
									
		·							

FLAGSTAFF SHELTER SERVICES Schedule G (Form 990 or 990-EZ) 2015 20-4921369 Fundraising Events. Complete if the organization answered "Yes" to 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)) (event type) (event type) (total number) Less Contributions Gross income (line 1 minus Cash prizes Noncash prizes Rent/facility costs · · · · · · Expenses Food and beverages Direct Entertainment Other direct expenses Direct expense summary Add lines 4 through 9 in column (d) Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities Is the organization licensed to conduct gaming activities in each of these states? If "No," explain. 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990.

Name of the organization Employer identification number FLAGSTAFF SHELTER SERVICES 20-4921369 Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable Form 990, Part VIII, line 1g items contributed noncash contribution amounts Art - Works of art 1 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications . 5 Clothing and household goods x FMV 198,250 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property · · · · · · 9 Securities - Publicly traded · · · · 10 Securities - Closely held stock . . 11 Securities - Partnership, LLC, 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 19 Food inventory 20 Drugs and medical supplies · · · 21 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 IV, Donee Acknowledgement 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 is not required 30a to be used for exempt purposes for the entire holding period? 1 x If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard Χ 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

SCHEDULE O (Form 990 or 990-EZ)

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.

90-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Citization of

Employer identification number

OMB No 1545-0047

FLAGSTAFF SHELTER SERVICES	20-4921369
01. Form 990 governing body review (Part VI, line 11)	
THE BOARD REVIEWS THE 990 AFTER IT IS FILED.	
02. Conflict of interest policy compliance (Part VI, line 12c)	
THE BOARD REGULARLY MONITORS POSSIBLE CONFLICTS OF INTEREST.	
03. Governing documents, etc, available to public (Part VI, line 19)	
NO DOCUMENTS ARE AVAILABLE TO THE PUBLIC.	
NO DOCUMENTS ARE AVAIDABLE TO THE PUBLIC.	
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