OMB No 1545-0047

294931810191 Return of Organization Exempt From Income Tax

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

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

2017 Open to Rublic

		nue Service			ov/Form990 for in	structions	and the latest inf	ormatio	n		Inspection
<u>A</u>	For the 2017 calendar year, or tax year beginning , 2017, and ending									, 20	
В	Check if	applicable	C Name of organization	Phoenix In	ner City Kid	is					D Employer identification no.
П	Address	change	Doing business as								86-1043473
ñ	Name ch	•									E Telephone number
ñ	Initial reti	-	20 S 9th A			.000,		, Kooii	- DOGRO	- 1	(602) 651-1075
Ħ		um/terminated	·		d 7(D as face as a sate) as					-	
H			•	•	d ZIP or foreign postal co	ode				- 1	Gross receipts
H	Amended		Phoenix, A								\$ 165,155
u	Applicati	on pending	F Name and address of		Joan Gray			H(a	a) is this a group	return fo	r subordinates? Yes X No
			·	5th Dr, Pe	<u>oria, AZ 853</u>	83	-2	H(/	b) Are all subo	rdinate	sincluded? Yes No
<u></u>	Tax-exen	mpt status X	501(c)(3) 501(c)() ◀ (mse	rt no) 4947(a)	1) or	527		If "No," a	attach a	list. (see instructions)
<u>J</u>	Website.	. > www	.phoenixinne:	rcitykids.	org			H(e	c) Group exer	nption	number 🕨
K	Form of o	organization 🏻	Corporation Trust	Association	Other ►		L Year of formation	2002	M State	of lega	I domicile AZ
Pa	rt 🖹	Summar	y								
	1	1 Briefly describe the organization's mission or most significant activities Consistent Intervention With								th A	at Risk Youth
a)		-	•		J						<u></u>
Š											
'n											
Ne.		Check this h					-5	-(.)-			
Activities & Governance	2		ox ► ☐ if the organ			or aisposea	of more than 25%	or its ne	et assets I	_	1
∞5−	3		oting members of the	•	, , ,					_3_	5
es-	, 4		ndependent voting m	•	overning body (Part	VI, line 1b)	<u>/ </u>			4	5
. <u>\$</u> €	∌ 5	Total number	r of individuals emplo	oyed in calendar	year 2017 (Part V,	line 2a)				_5	0
. S	6 ای	Total number	r of volunteers (estim	nate if necessary	<i>'</i>)		155 169			6	15
⋖=	⊋ 7a	Total unrelate	ed business revenue	from Part VIII, o	column (C), line 12	/c\(\)	%	:\		7a	1
•	p p	Net unrelated	d business taxable in	ncome from Form	n 990-T. line 34 🔪		. 2. This	.)		7b	1
(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	J	7	Prior Year		Current Year
Revenue) ₈	8 Contributions and grants (Part VIII, line 1h)								006	
	9		al number of individuals employed in calendar year 2017 (Part V, line 2a) al number of volunteers (estimate if necessary) al unrelated business revenue from Part VIII, column (C), line 12 t unrelated business taxable income from Form 990-T, line 34 Prior Year antributions and grants (Part VIII, line 1h) gram service revenue (Part VIII, line 2g)								103,134
<u> </u>	3 40	-	ment income (Part VIII, column (A), lines 3, 4, and 7d)								
8	5 10		ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								
X						. \ /	·				0
	12	Total revenue	e - add lines 8 throug	gh 11 (must equa	al Part VIII, column	(A), line 12)		L	171	098	165,155
	13	Grants and s	imilar amounts paid	(Part IX, column	(A), lines 1-3)		<i>.</i>				0
	14	14 Benefits paid to or for members (Part IX, column (A), line 4)									0
	15	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)									0
Expenses	16a	Professional	fundraising fees (Pa	rt IX, column (A)), line 11e)		·				0
ē			sing expenses (Part I				4,180	10 4			
X	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)							761	70,140
	18	•	es Add lines 13-17	• • •	•						
	19	· ·	s expenses Subtrac			•				761	
		Revenue less	s expenses Submac	stime to nomin	16 17	· · · · · ·	 	 		337	
Net Assets or	<u> </u>							Beginni	ng of Current	Year	End of Year
Set	20		(Part X, line 16)			• • • • • •	· · · · · · · · · ·	 	496,	064	513,245
t As	21	Total liabilities	s (Part X, line 26)		• • • • • • • •		· · · · · · · · · ·	<u> </u>	306,	742	296,092
Ž	22		r fund balances Sub	otract line 21 from	m line 20 · · · ·			l	189,	322	217,153
Pa	rt IIt	Signatu	re Block								
Und	er penalti	es of penury, I dec	clare that I have examined	this return, including	accompanying schedule	s and statemer	nts, and to the best of n	y knowled	ge and belief, i	t is	
true,	correct,	and complete. Dec	claration of preparer (other	than officer) is base	d on all information of wh	ich preparer ha	as any knowledge			\ <u>\</u>	
	,	\mathbf{X}	XOn/S	ALA I						Λ	5/14/18
Sig	n	Signature	e of officer	A						Date	0,,,,,
	Joan Gray, President Type or print name and title										
								<u></u>			
.	_1	Print/Type pre	parer's name		signature		Date		Check X	ų b	TIN
Paid Gary L Dillon Vary h. Sellow 05-12-2018 self-employed						<u> </u>	P01225967				
Preparer Firm's name ► Gary L Dillon, Tax Preparer Firm's EIN ►						EIN >					
Use	Only	Firm's address	9015	W Sierra	Pinta Dr			Phone	no'\		
		1		ia AZ 8538				- (*	2-7	43-7729
Mav	the IRS	S discuss this r	return with the prepa)					· · · X Yes No
			on Act Notice, see t			<u></u>			11	au	Form 990 (2017)
				,	·· - ·				1		· our ago Xeò Li

	rtille Statement of Brogram Service Accomplishments
1 pd	Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
•	Briefly describe the organization's mission
	Consistent Intervention With At Risk Youth
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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? · · · · · · · · · · · · · · · · · · ·
	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 \$38,918 including grants of \$) (Revenue \$)
	Church Camp Attended By At Risk Youth
4b	(Code) (Expenses \$ 23,297 including grants of \$) (Revenue \$)
	Weekly Intervention For At Risk Youth - Provide Support and Direction To Youth In At Risk
	Neighborhoods
4c	(Code) (Expenses \$2,939 including grants of \$) (Revenue \$)
	Field Trip For At Risk Youth
4.4	Otherwise and (Paranhau Cahadala O.)
4d	Other program services (Describe in Schedule O)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 65,154
4e	Total program service expenses 65,154

Partily Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X 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 Х 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 Х 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 98-19? If "Yes," complete Schedule C, 5 Х 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 6 X 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 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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 Х 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Х endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Х 11b 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 167 If "Yes," complete Schedule D, Part VIII Х 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Х 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a 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 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X X 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Х 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Х 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Х 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19

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Checklist of Required Schedules (continued)

Yes No 20a Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H 20a 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 1? If "Yes," complete Schedule I, Parts I and II 21 X 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 23 Х 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 Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 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? 25b Х 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 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 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) 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Х 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 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 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 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Х 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X 36 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, X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

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Form 990 (2017)

14a

Form 990 (2017) Phoenix Inner City Kids 86-1043473 Statements Regarding Other IRS Filings and Tax Compliance PartiV Check if Schedule O contains a response or note to any line in this Part V Yes 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b | X b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? За X 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 4a Х **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 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 If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с X Х Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f Х If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X Х If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter-b 11 Section 501(c)(12) organizations. Enter-Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 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 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

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

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

14a

Joan Gray (602) 651-1075, 23123 N 105th Dr. Peoria, AZ 85383

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" RartiVI 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 1a Enter the number of voting members of the governing body at the end of the tax year 5 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 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 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? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? Х 6 X Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х **b** Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? Х 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? The organization's CEO, Executive Director, or top management official Х Other officers or key employees of the organization Х If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Arizona 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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. Another's website Own website Other (explain in Schedule O) 19 Describe in 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

Form 990 (201		86-1043473 Page
PartiVII	Compensation of Officers, Directors, Trustees, Key Employees, Highe	st Compensated Employees, an
	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 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

EEA

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 dotted line)	box	unle er an	Po neck n ss pe id a di	rson i	han one s both a r/trustee	in	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Sally Natalino Secretary	20.00	х						0	0	0
(2) Scott Thurber Board Member	8.00	Х						0		0
(3) Debbie Williams Board Member	5.00	Х						0	0	0
(4) Karen Yost Board Member	5.00	X						0	0	0
(5) Joan Gray President	50.00			Х				o	0	0
(6)										
<u>(7)</u>			-							
(8)										
(9)										
(10)										
(11)										
(12)				-						
(13)										
(14)										

Form 990 (2017)

Partivill 6ection A. Officers, Directors, Trustees,	Key Employ	ees, a	nd H	ligh	est	Comp	ensa	ted Employees (d	continued)	
				(0						
(A)	(B)	(B) Position (do not check more than one			(D)	(E)	(F)			
Name and title	Average hours per	box, ı	ınless	s pers	on is	both an		Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any					(trustee)	\vdash	from	related	other
	hours for related	Individual trustee or director	Instit	Officer	Ę	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	ecto idual	Institutional trustee	띡	Key employee	l se est	¤	(W-2/1099-MISC)	(***271039-111100)	organization
	below dotted	ารู	al to		oyee	l "ĝ	ΙI			and related
	["""	8	ıstee			ensa				organizations
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(25)							-			
53/2			- [- {	- {					1
1b Sub-total			• • •				▶			
c Total from continuation sheets to Part VII, Section	n A						•			
d Total (add lines 1b and 1c)	· · · · · ·					· · ·	•	0	0	0
2 Total number of individuals (including but not limited	to those liste	d abov	e) w	ho r	ecei	ved m	ore t	han \$100,000 of		
reportable compensation from the organization									0	
					_					Yes No
3 Did the organization list any former officer, director,			•		_		•			
employee on line 1a? If "Yes," complete Schedule J 4 For any individual listed on line 1a, is the sum of repr								ton from the		3 X
organization and related organizations greater than \$	-									
individual										4 X
5 Did any person listed on line 1a receive or accrue co										
for services rendered to the organization? If "Yes," c			-			_				5 X
Section B. Independent Contractors										
1 Complete this table for your five highest compensate	d independe	nt cont	ract	ors t	hat	receive	ed m	ore than \$100,000	of	
compensation from the organization Report comper	sation for the	calen	dar	year	end	ling wi	th or	within the organization	ation's tax	
year										
(A)								(B)	{	(C)
Name and business address								Description of s	services	Compensation
								 		
								 		
								 		
					_					
Total number of independent contractors (including by	ut not limited	to tho	se li	sted	abo	ve) w	10	·		WHEN THE SE
received more than \$100,000 of compensation from			<u> </u>							

· Statement of Revenue **PartiVIII** Check if Schedule O contains a response or note to any line in this Part VIII (B) Total revenue Related or Unrelated business Revenue excluded from tax exempt function under sections 512-514 Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts 16 C Fundraising events 1c 2,421 Related organizations 1d 1e Government grants (contributions) . . f All other contributions, gifts, grants, and similar amounts not included above 1f 162,733 g Noncash contributions included in lines 1a-1f. \$ 165,154 **Business Code** Revenue 2a Service f All other program service revenue · · · · · · g Total. Add lines 2a-2f Investment income (including dividends, interest, Income from investment of tax-exempt bond proceeds 6a Gross rents b Less' rental expenses · · · · c Rental income or (loss) . . . d Net rental income or (loss) . . (i) Secunties 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$_ of contributions reported on line 1c) See Part IV, line 18 a **b** Less direct expenses **b** c Net income or (loss) from fundraising events · · · · · · ▶ 9a Gross income from gaming activities See Part IV, line 19 a ${\bf b}$ Less direct expenses \cdots ${\bf b}$ c Net income or (loss) from gaming activities · · · · · · · ▶ 10a Gross sales of inventory, less returns and allowances a **b** Less cost of goods sold · · · · · · b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11a e Total. Add lines 11a-11d

165,155

Total revenue. See instructions

PartitX 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 (A) Total expenses (B) (C) Do not include amounts reported on lines 6b, 7b, Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses expenses general 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 Compensation of current officers, directors, trustees, and key employees 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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 10 11 Fees for services (non-employees) Legal Accounting 1,045 1,045 Professional fundraising services. See Part IV, line 17 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . 12 1,322 1,322 13 14 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 16,850 16,850 21 22 Depreciation, depletion, and amortization 18,026 18,026 23 8,608 2,583 2,582 3,443 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) 8,772 Mission Support 8,772 772 Housing 772 Operations 372 7,440 3,348 3,720 Utilitíes 7,305 6,575 365 365 All other expenses Total functional expenses. Add lines 1 through 24e 25 70,140 23,645 42,315 4,180 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)

Balance Sheet

Form 990 (2017)

PartiX Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 1 18,464 31,177 2 2 3 3 4 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 7 Notes and loans receivable, net Assets 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 599,681 Less accumulated depreciation 10b 10c 477,600 117,613 482,068 11 11 12 12 Investments - other securities See Part IV, line 11 13 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 496,064 513,245 17 Accounts payable and accrued expenses 17 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 306,742 296,092 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X 25 26 26 Total liabilities. Add lines 17 through 25 306,742 296,092 Organizations that follow SFAS 117 (ASC 958), check here X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 217,153 189,322 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 189,322 33 217,153 34 496,064 513,245

	n 990 (2017) Phoenix Inner City Kids	86-1043473	Page 12
Pa	Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	165,155
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	70,140
3	Revenue less expenses Subtract line 2 from line 1	. 3	95,015
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	189,322
5	Net unrealized gains (losses) on investments	. 5	
6	Donated services and use of facilities	6	
7	Investment expenses	. 7	
8	Prior period adjustments	8	(67,184)
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	217,153
Рa	rtXIII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII	· · · · · · · ·	<u> </u>
			Yes No
1	Accounting method used to prepare the Form 990 🛛 Cash 🔲 Accrual 📗 Other		
	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		
b	Were the organization's financial statements audited by an independent accountant?		2b X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		
	separate basis, consolidated basis, or both		2.
	Separate basis Consolidated basis Both consolidated and separate basis	İ	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	1	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	· · · · · · <u>· · </u>	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 X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	[
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	;	3ь

EEA

Form 990 (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

2017

Openio Public Inspection

OMB No 1545-0047

Internal Revenue Service So to www.irs.gov/Form990 for instrument of the organization

Phoenix Inner City Kids

Employer identification number

****	Reason for Public Charity Status (All organizations must complete this part.) See instructions.										
<u>P</u> a	rtill	Reason for Public Charit	y Status (All o	rganizations must o	complete	this par	t.) See instruction	ns.			
The	orgai	nization is not a private foundation bed	ause it is (For lines	s 1 through 12, check onl	ly one box)					
1	U	A church, convention of churches, or	association of chur	ches described in sectio	n 170(b)(ʻ	f)(A)(i).	<i>(</i> -	<u> </u>			
2		A school described in section 170(b)	(1)(A)(ii). (Attach S	Schedule E (Form 990 or	990-EZ))		1	. 1			
3		A hospital or a cooperative hospital s	ervice organization	described in section 170	0(b)(1)(A)(iii).) [
4	П	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	П	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		mirorany office of opera	nou by u g		ar drift doddribdd i'r				
6	П	, , , , , , , ,	e, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	図										
′	P)			a substantial part of its support from a governmental unit or from the general public							
_		described in section 170(b)(1)(A)(vi)	•	•							
8	H	A community trust described in section		•							
9	Ш	An agricultural research organization						9			
		or university or a non-land-grant colle	ge of agriculture (si	ee instructions) Enter the	e name, ci	ty, and stat	e of the college or				
	_	university									
10	Ш	An organization that normally receive	s (1) more than 33	1/3% of its support from	contribution	ons, memb	ership fees, and gros	S			
		receipts from activities related to its e	xempt functions - s	ubject to certain exception	ons, and (2) no more	than 33 1/3% of its				
		support from gross investment incom	e and unrelated but	siness taxable income (le	ess section	511 tax) f	rom businesses				
		acquired by the organization after Jur	ne 30, 1975 See se	ction 509(a)(2). (Comple	ete Part III	.)					
11		An organization organized and operat	ted exclusively to te	st for public safety See s	section 50	9(a)(4).					
12		An organization organized and operat	ted exclusively for the	he benefit of, to perform	the functio	ns of, or to	carry out the purpose	es			
		of one or more publicly supported org									
		Check the box in lines 12a through 12	2d that describes the	e type of supporting orga	inization ai	nd complet	e lines 12e, 12f, and	12g			
	а	Type I. A supporting organization									
		the supported organization(s) the						•			
		supporting organization You mu			., 0,						
	b	Type II. A supporting organization			ite elinnoi	ted organi	zation(e) by having				
	-	control or management of the sup	-		• •	•	• • •	4			
					SUIS HIAL	CONTRIOLOLI	manage the supported				
	_	organization(s) You must comp	· ·				بالمسام والمسام والمسام والمسام				
	С	Type III functionally integrated.		•			• •	1,			
		its supported organization(s) (see		- '							
	d	Type III non-functionally integra		•			• •	• •			
		that is not functionally integrated		•		-	t and an attentivenes	S			
		requirement (see instructions). Ye		•	•						
	0	Check this box if the organization				a Type I,	Type II, Type III				
		functionally integrated, or Type III	non-functionally int	egrated supporting orgai	nızatıon.						
	f	Enter the number of supported organi	zations · · · ·			• • • • •		• • • • •			
	g	Provide the following information about	ut the supported org	ganization(s)							
	(1)	Name of supported organization	(u) EIN	(III) Type of organization	(iv) is the c	rganization	(v) Amount of monetary	(vi) Amou			
			1	(described on lines 1-10	listed in you	ur governing	support (see	other suppo	•		
]	above (see instructions))	docum	Henry	instructions)	instructi	ons)		
			}		Yes	No					
A)					l	ļ]				
_			 		 	 					
B)						l					
						 					
C)			l		Į.	l					
			 		 	 		<u></u>			
D)			l l		l	[
			 	<u> </u>		 	 				
E)					ĺ	[
			1		ı	ľ]				

Total

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	135,773	161,204	167,897	171,096	165,155	801,125
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 · · · · ·	135,773	161,204	167,897	171,096	165,155	801,125
5	The portion of total contributions by					î	
	each person (other than a	;		ļ			
	governmental unit or publicly			Į.			
	supported organization) included on		·				
	line 1 that exceeds 2% of the amount	,	5			^ 6	
	shown on line 11, column (f)						127,828
6_	Public support. Subtract line 5 from line 4 · ·						673,297
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4 · · · · · · · · · · ·	135,773	161,204	167,897	171,096	165,155	801,125
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned 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 .						801,125
12	Gross receipts from related activities, etc (s	ee instructions) .				12	
13	First five years, If the Form 990 is for the or organization, check this box and stop here	<u> </u>	<u> </u>				▶□
	tion C. Computation of Public Su	· · · · · · · · · · · · · · · · · · · 					
14	Public support percentage for 2017 (line 6, c		, -	-	• • • • • • • • •		84.04 %
15	Public support percentage from 2016 Sched				L		0.10 %
16a	33 1/3% support test - 2017. If the organiza						. 🖪
	box and stop here. The organization qualified		_				▶ 🔯
b	33 1/3% support test - 2016. If the organiza						
47-	this box and stop here. The organization qua	•					▶ ⊔
17a	10%-facts-and-circumstances test - 2017.	=					
	10% or more, and if the organization meets t				•		
	Part VI how the organization meets the "facts		-				. 🗁
	organization						▶ ∐
b	10%-facts-and-circumstances test - 2016.	-					
	15 is 10% or more, and if the organization m				-		
	Explain in Part VI how the organization meet supported organization			•	•		▶ 📋
18	Private foundation. If the organization did n	ot check a box on li	ne 13, 16a, 16b, 17	7a, or 17b, check th	nis box and see		
	instructions	· · · · · · · · · · · · · · · · · · ·	<u></u>	<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	▶ 📋

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 2017

Open collubile

	or the organization		Employer identification number
	penix Inner City Kids		86-1043473
Rai			nts.
	Complete if the organization answered "Yes" on Form 990, P	art 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 as	sets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive le	gal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing	that grant funds can be used	
	only for chantable purposes and not for the benefit of the donor or donor advis	or, or for any other purpose	
	conferring impermissible private benefit?		
Par	tilli Conservation Easements.		
	Complete if the organization answered "Yes" on Form 990, F	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)	Preservation of a historically i	important land area
	Protection of natural habitat	Preservation of a certified his	
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization held a qualified conservation of	contribution in the form of a cons-	ervation
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure included in	(a)	2c
ď	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, extinguish	ed, or terminated by the organiza	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, i	nspection, handling of	
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violation	ons, and enforcing conservation e	easements during the year
	>	-	•
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, a	and enforcing conservation ease	ments during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy the requ	irements of section 170(h)(4)(B)	(1)
	and section 170(h)(4)(B)(ıı)? $\cdots \cdots		
9	In Part XIII, describe how the organization reports conservation easements in r	ts revenue and expense stateme	ent, and
	balance sheet, and include, if applicable, the text of the footnote to the organization	ation's financial statements that d	lescribes the
	organization's accounting for conservation easements.		
Par	Organizations Maintaining Collections of Art, History	orical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to rep	ort in its revenue statement and	balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition	on, education, or research in furth	nerance of
	public service, provide, in Part XIII, the text of the footnote to its financial staten	nents that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report i	n its revenue statement and bala	ince sheet
	works of art, historical treasures, or other similar assets held for public exhibition	n, education, or research in furth	nerance 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 si		
	following amounts required to be reported under SFAS 116 (ASC 958) relating	•	
	Revenue included on Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		

	dule D (Form 990) 2017 Phoenix Inner						86-10434		age 2
₽.	rtill Organizations Maintaining (ets (continue	ed)
3	Using the organization's acquisition, accession,	and other records, cl	heck any of t	the following	ng that are a	significant	use of its		
	collection items (check all that apply)								
а	Public exhibition	d 🗌 Loa	n or exchan	ge progran	ns				
b	Scholarly research	e 🗌 Oth	er						
С	Preservation for future generations						- · · · · · · · · · · · · · · · · · · ·		
4	Provide a description of the organization's collection	ctions and explain ho	w they furthe	er the orga	nızatıon's ex	empt purpo	ose in Part		
	XIII								
5	During the year, did the organization solicit or re	ceive donations of ar	t, historical ti	reasures,	or other sım	ılar			
	assets to be sold to raise funds rather than to be		of the organi	zation's co	ollection?		<u> </u>	· Yes [] No
<u> Pa</u>	rtilV Escrow and Custodial Arran	~							
	Complete if the organization as	nswered "Yes" o	n Form 99	90, Part	IV, line 9,	or repor	ted an amoun	it on Form	
	990, Part X, line 21.								
1a	is the organization an agent, trustee, custodian								_
	•					. <i>.</i>		· Yes	_] No
b	If "Yes," explain the arrangement in Part XIII and	d complete the following	ing table:						
							Amo	unt	
C	Beginning balance								
d	Additions during the year								
e	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Form					-			_ No
	If "Yes," explain the arrangement in Part XIII Chrt. Endowment Funds.	eck here if the explai	nation has be	een provid	ed on Part)	XIII · ·	•••••	<u> </u>	
r,a	Complete if the organization ar	newered "Vee" o	n Form 00	On Dart	N/ line 10	1			
	Complete ii the organization at	,						T	
40	Beginning of year balance	(a) Current year	(b) Prior	year	(c) Two years	back (d) Three years back	(e) Four years ba	ack
1a 	Beginning of year balance	 	 						
ь						+-			
С	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	vear end balance (lir	ne 1a. colum	n (a)) held	Las				
a	Board designated or quasi-endowment	-	-	(۵// 110.0	. 40				
b	Permanent endowment > %								
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c should	equal 100%							
3a	Are there endowment funds not in the possession		that are held	d and adm	inistered for	r the			
	organization by	· ·						Yes	No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on 3a(ii), are the related organizations lis	ited as required on S	chedule R?			<i>.</i>		3b	
4	Describe in Part XIII the intended uses of the org	ganızatıon's endowme	ent funds						
Pai	Land, Buildings, and Equipm	ent.							
	Complete if the organization ar	nswered "Yes" or	Form 99	0, Part I	IV, line 11	la. See F	orm 990, Par	t X, line 10.	
	Description of property	(a) Cost or other	er basis	(b) Cost or o	other basis	(c) Aca	umulated	(d) Book value	
		(investme	ent)	(oth	ner)	depre	ciation		
1a	Land	L		7	76,000			76,0	00
b	Buildings			49	3,410		87,553	405,8	57_
С	Leasehold improvements	L			596		596		
ď	Equipment			2	29,675		29,464	2:	11
ее	Other]							
Total	Add lines 1a through 1e (Column (d) must equi	al Form 000 Part Y	column (R)	line 10c l				482 0	60

Bauvu	Complete if the organization ans		art 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	denvatives		
(2) Closely-he	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)		_	
(F)			
(G)			
(H)			
Part VIII) must equal Form 990, Part X, col (B) line 12) Investments - Program Related	<u> </u>	
ACID CATE			art 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)			<u> </u>
(3)			
(4)			
(5)			
(6)			
			<u> </u>
(8)			
) must equal Form 000, Deat V, and (D) (m. 42)	-	
PartiX) must equal Form 990, Part X, col (B) line 13) Other Assets.		the same of the sa
- Section 1		wered "Yes" on Form 990. Pa	art IV, line 11d. See Form 990, Part X, line 15.
		(a) Description	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)	···············		
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col (B) lin	ne 15)	
PartiX	Other Liabilities.	wared "Vee" on Form 000 De	at IV line 44e or 44f Coe Form 000 Dort V
	line 25.	wered tes on Form 990, Pa	rt IV, line 11e or 11f. See Form 990, Part X,
			**
1. (1) Endors!	(a) Description of liability	(b) Book value	
	ncome taxes		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			A Section 1
	must equal Form 990, Part X, col (B) line 25)	•	
	uncertain tax positions In Part XIII, provide the	ne text of the footnote to the organizate	ion's financial statements that reports the
			of the footnote has been provided in Part XIII

	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
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
C	Recovenes of prior year grants	
d	Other (Describe in Part XIII)	
e	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
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
Fa	Reconciliation of Expenses per Audited Financial Statements With Expense	ber Keturn.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	, , ,
1	Total Cripshade and located per dualities interiors	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	
a	Prior year adjustments	-
D D	Other losses	-
d	Other (Describe in Part XIII)	
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3
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	
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
	Supplemental Information.	
	de 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 V, line	t X, line
2, Pa	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	
		
		
		
	 	
		,
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Schedule D (Form 990) 2017

EEA

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

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

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OMB No 1545-0047

Name of the organization Employer identification number Phoenix Inner City Kids 86-1043473 01. Governing documents, etc, available to public (Part VI, line 19) Governing documents available to the public upon request. 02. List of other expenses (Part IX, line 24e) 1.Contract Expenses 3847 2.Food 1858 3.Christmas 1983 4. Facilities and Equipment 7409 5.Auto Expense 4261 6.Office Expense 671 7.Cirriculum 2939 Total 22968