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GOVERNMENT COPY

### BRANTLEY JANSON 909 SOUTH 336TH STREET - SUITE 201 FEDERAL WAY, WA 98003 (253) 838-3484

November 10, 2021

New Phoebe House PO Box 5245 Tacoma, WA 98415

New Phoebe House:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

### FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 15, 2021.

We prepared return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Michael Gintz, CPA

Michael Gintz, CPA

## TAX RETURN FILING INSTRUCTIONS

**FORM 990** 

### FOR THE YEAR ENDING

December 31, 2020

P	rep	ar	ed	F	n	r.

New Phoebe House PO Box 5245 Tacoma, WA 98415

## Prepared By:

BRANTLEY JANSON 909 SOUTH 336TH STREET - SUITE 201 FEDERAL WAY, WA 98003

#### **Amount Due or Refund:**

Not applicable

## Make Check Payable To:

Not applicable

## Mail Tax Return and Check (if applicable) To:

Not applicable

## Return Must be Mailed On or Before:

Not applicable

### **Special Instructions:**

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 15, 2021.

## IRS e-file Signature Authorization for an Exempt Organization

OMB No. 15	45-0047
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For calendar year 2020, or fiscal year beginning

, 2020, and ending

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization or person subject to tax

Taxpayer identification number

NEW PHOEBE HOUSE	33-1023012
Name and title of officer or person subject to tax	

LISA TALBOTT

EXECUTIVE DIRECTOR

Part I	Type of Return and Return Information (Whole Dollars Only)
<u> </u>	

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Forr	n 990 check here ▶ 🔼 b Total revenue	e, if any (Form 990, Part VIII, column (A), line 12)	1b	920,429.
2a Forr	n 990-EZ check here 🕨 🔲 b Total revo	enue, if any (Form 990-EZ, line 9)	2b	
3a Forr	n 1120-POL check here 🕨 🔲 b Total	tax (Form 1120-POL, line 22)	3b	
4a Forr	n 990-PF check here 🕨 🔲 b Tax base	d on investment income (Form 990-PF, Part VI, I	ine 5) <b>4b</b>	
5a Forr	n 8868 check here	due (Form 8868, line 3c)	5b	
6a Forr	n 990-T check here    D  D  Total tax	(Form 990-T, Part III, line 4)	6b	
		(Form 4720, Part III, line 1)		
Part I	Declaration and Signature Aut	horization of Officer or Person Subjec	t to Tax	
Under p	enalties of perjury, I declare that 🗓 I am an o	officer of the above organization or 🔲 I am a p	person subject to tax	with respect to
(name of	organization)	, (EIN)_	and	that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IAS (a) an acknowledgement of receipt or réason for rejection of the transmissión, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

X I authorize	BRANTLEY	JANSON		to enter my PIN	64700
			ERO firm name		Enter five numbers, bu do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies)

regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax **Certification and Authentication** Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification 91379200001 number (EFIN) followed by your five-digit self-selected PIN.

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date = 11/10/21ERO's signature

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

## Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts

Name of exempt organization or other filer, see instructions.	All corpo	rations required to file an income tax return other than F	orm 990-T	(including 1120-C filers), partnerships	s. REMICs	s. and trusts		
Name of exempt organization or other filer, see instructions.  NEW PHOBBE HOUSE  Number, street, and room or suite no. If a P.O. box, see instructions.  PO BOX 5245  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  TACOMA, WA 98415  Enter the Return Code for the return that this application is for (file a separate application for each return)  Return Application  Form 990 or Form 990-EZ  O1 Form 990-EZ  O1 Form 990-EZ  O1 Form 990-EZ  O1 Form 1041-A  O8 Form 4720 (individual)  O3 Form 4720 (other than individual)  O9-Form 990-T (sec. 401(a) or 408(a) trust)  Form 990-T (trust other than above)  O6 Form 8870  11 Individual  IT Is a TALBOTT  The books are in the care of P PO BOX 5245 - TACOMA, WA 98415  Telephone No. P 253 - 383 - 7710  If this organization does not have an office or place of business in the United States, check this box  If this for part of the group, check this box  If this organization named above. The extension is four digit Group Exemption Number (GEN)  It request an automatic 6-month extension of time until NOVEMBER 15, 2021  If the tax year entered in line 1 is for less than 12 months, check reason:  If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  3	-	·		, , , , , , , , , , , , , , , , , , , ,	,	.,		
NEW PHOEBE HOUSE    New Phoebe House   Number, street, and room or suite no. If a P.O. box, see instructions.		1						
NEW PHOEBE HOUSE   Number, street, and room or suite no. If a P.O. box, see instructions.	Type or	Name of exempt organization or other filer, see instru	uctions.		Taxpayer	Taxpayer identification number (TIN)		
Number, street, and room or suite no. If a P.O. box, see instructions.   PO BOX 5245	print							
Number, street, and room or suite no. If a P.O. box, see instructions.    Number, street, and room or suite no. If a P.O. box, see instructions.	File bu the	NEW PHOEBE HOUSE				33-10230	12	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.  TACOMA, WA 98415  Enter the Return Code for the return that this application is for (file a separate application for each return)  Application  S For  Code  Form 990 or Form 990 EZ  O1 Form 990 or Form 990 EZ  O1 Form 990 or Form 990 EZ  O2 Form 1041 A  D8  Form 4720 (individual)  O3 Form 4720 (other than individual)  O9  Form 990 T (sec. 401(a) or 408(a) trust)  Form 990 T (trust other than above)  O6 Form 8870  112  LISA TALBOTT  The books are in the care of P P0 BOX 5245 - TACOMA, WA 98415  Telephone No. > 25 3 - 38 3 - 7710  If the organization does not have an office or place of business in the United States, check this box  If it is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If fit is for part of the group, check this box   In request an automatic 6-month extension of time until the organization amed above. The extension is for the organization's return for:  X Calendar year 2020 or  Take year entered in line 1 is for less than 12 months, check reason:   Initial return   Final return    Change in accounting period  If this application is for Forms 990-FF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  B If this application is for Forms 990-FF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  B If this application is for Forms 990-FF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  B A Taxing	due date for filing your		see instruct	tions.				
Application Series Ser	return. See instructions		oreign add	ress, see instructions.				
Application s For		TACOMA, WA 98415						
S For   Code   Is For   Code   S For   S	Enter the	Return Code for the return that this application is for (file	le a separat	te application for each return)			0 1	
Form 990 or Form 990-EZ  Form 990-T (corporation)  O7  Form 990-BL  O2 Form 1041-A  O8  Form 4720 (individual)  O3 Form 4720 (other than individual)  O9  Form 990-PF  O4 Form 5227  O6  Form 990-T (sec. 401(a) or 408(a) trust)  O5  Form 6069  O6  Form 8870  O7  Telephone No. P 253 - 383 - 7710  Fax No. P  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If the organization named above. The extension of time until  NOVEMBER 15, 2021  It the tax year entered in line 1 is for less than 12 months, check reason:  If the tax year entered in line 1 is for less than 12 months, check reason:  If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  D1  If this individual in the individual indi	Applicat	ion	Return	Application			Return	
Form 990-BL  Form 990-BL  Form 4720 (individual)  Gastern 4720 (other than individual)  Gastern 4720 (individual)  Form 5027  Form 6069  Form 6069  Form 6069  Form 8970  Fax No.	Is For		Code	Is For			Code	
Form 4720 (individual)  O3 Form 4720 (other than individual)  O9  Form 990-PF  O4 Form 5227  10  Form 990-T (sec. 401(a) or 408(a) trust)  O5 Form 6069  11  Form 990-T (trust other than above)  O6 Form 8870  12  LISA TALBOTT  The books are in the care of PO BOX 5245 - TACOMA, WA 98415  Telephone No. P 253-383-7710  Fax No. P  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for part of the group, check this box  I request an automatic 6-month extension of time until  NOVEMBER 15, 2021  I to file the exempt organization return for the organization named above. The extension is for the organization's return for:    X calendar year 2020 or   and ending   an	Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990-PF  O4 Form 5227  10  Form 990-T (sec. 401(a) or 408(a) trust)  O5 Form 6069  11  LISA TALBOTT  The books are in the care of ▶ PO BOX 5245 - TACOMA, WA 98415  Telephone No. ▶ 253-383-7710  Fax No. ▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for part of the group, check this box ▶ and attach a list with the names and TINs of all members the extension is for.  I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for:  ▶ X calendar year 2020 or  ▶ 1 tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return  Change in accounting period  If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  3a \$ 0.  If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b \$ 0.	Form 990	)-BL	02	Form 1041-A			08	
Form 990-T (sec. 401(a) or 408(a) trust)  DISA TALBOTT  The books are in the care of ▶ PO BOX 5245 - TACOMA, WA 98415  Telephone No. ▶ 253-383-7710  Fax No. ▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If it is for part of the group, check this box  I request an automatic 6-month extension of time until  NOVEMBER 15, 2021  I request an automatic 6-month extension is for the organization's return for the organization named above. The extension is for the organization's return for:  X calendar year 2020 or  Tax year entered in line 1 is for less than 12 months, check reason:  Change in accounting period  If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  Initial return  G this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  Box Form 8870  Form 8870  12  Far Mo. ▶  NA 98415  Tax No. ▶  In this is for the whole group, check this box  In this is for the whole group, check this box  In this is for the whole group, check this box  In this is for the whole group, check this box  In this is for the whole group, check this box  In this is for the whole group, check this box  In this is for the whole group, check this box  In this is for the whole group, check this box  In this is for the whole group, check this box  In this is for the whole group, check this box  In this is for the whole group, check this box  In this is for the whole group, check this box  In this is for the whole group, check this box  In this is for the whole group, check this box  In this is for the whole group, check this box  In this is for the whole group, check this box  In this is for the whole group, check this box  In this is for the whole group, check this box  In this	Form 47	20 (individual)	03	Form 4720 (other than individual)			09	
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LISA TALBOTT  The books are in the care of ▶ PO BOX 5245 - TACOMA, WA 98415  Telephone No. ▶ 253-383-7710 Fax No. ▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ and attach a list with the names and TINs of all members the extension is for.  1 I request an automatic 6-month extension of time until NOVEMBER 15, 2021 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  ▶ X calendar year 2020 or  ▶ tax year beginning , and ending  2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return  Change in accounting period  3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  3a \$ 0.  b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b \$ 0.						11		
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Telephone No. ▶ 253 – 383 – 7710  Fax No. ▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If this is for part of the group, check this box  I request an automatic 6-month extension of time until								
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e Ralance due Subtract line 3h from line 3a Include your payment with this form if required by	es	imated tax payments made. Include any prior year over	payment all	owed as a credit.	3b	\$	0.	
	с Ва	lance due. Subtract line 3b from line 3a. Include your pa	ayment witl	h this form, if required, by			_	
using EFTPS (Electronic Federal Tax Payment System). See instructions.						\$		
Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment nstructions.			l (direct del	oit) with this Form 8868, see Form 84	53-EO an	d Form 8879-EO fo	or payment	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

## EXTENDED TO NOVEMBER 15, 2021

**Return of Organization Exempt From Income Tax** 

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

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

<u> </u>	01 111	s 2020 Calefluar year, or tax year beginning	enuing	1	
<b>B</b> c	heck if pplicabl	C Name of organization		D Employer identific	cation number
	Addre				
	Name chang	Doing business as		33-10230	12
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	 r
	Final return	PO BOX 5245		253-383-	7710
	termin ated			G Gross receipts \$	931,187.
L	Ameno	TACOMA, WA 98415		H(a) Is this a group re	
	Application pendir	F Name and address of principal officer: DISA IADBOIL		for subordinates	
		SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	
		empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1)	or 527	1	list. See instructions
		te: NEWPHOEBEHOUSE.ORG	1	H(c) Group exemptio	
	orm of art I	organization: X Corporation	L Year	of formation: ∠UU∠  N	State of legal domicile; WA
	1	Briefly describe the organization's mission or most significant activities: THRO	UGH HO	USING, SERV	ICES,
Activities & Governance		SUPPORT, AND TREATMENT, WE SERVE PIERCE C	OUNTY	MOTHERS AND	CHILDREN
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
ove	ı			3	11
ر م		Number of independent voting members of the governing body (Part VI, line 1b)			11
es 9		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			15
ΞĒ		Total number of volunteers (estimate if necessary)			12
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Prior Year 997,328.	Current Year 874,096.
Revenue	l	Contributions and grants (Part VIII, line 1h)		30,422.	21,960.
Ven	l	Program service revenue (Part VIII, line 2g)		0.	21,900.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		63,808.	24,373.
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,091,558.	920,429.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	l			0.	0.
	4.5	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		578,263.	726,062.
ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		3,960.	3,173.
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25)   47,66	66.	2/2001	5/=/5/
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		328,977.	291,499.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		911,200.	1,020,734.
	19	Revenue less expenses. Subtract line 18 from line 12		180,358.	-100,305.
Net Assets or				ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		806,712.	675,401.
ASS	21	Total liabilities (Part X, line 26)		420,638.	389,632.
	22	Net assets or fund balances. Subtract line 21 from line 20		386,074.	285,769.
	rt II	Signature Block			
	•	lties of perjury, I declare that I have examined this return, including accompanying schedules		•	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
		Signature of officer		 Date	
Sign		, -		Dale	
Her	е	LISA TALBOTT, EXECUTIVE DIRECTOR  Type or print name and title			
			1	Date Check	PTIN
Paid	I	Print/Type preparer's name   Preparer's signature   MICHAEL GINTZ, CPA   MICHAEL GINTZ, C		1/10/21 of self-employ	
Prep		Firm's name BRANTLEY JANSON	A		91-0998786
	Only	Firm's address 909 SOUTH 336TH STREET - SUITE 2	201	I IIIII 3 LIIV	22 0330700
	<b>,</b>	FEDERAL WAY, WA 98003	<del>-</del>	Phone no 25	3-838-3484
May	the IF	RS discuss this return with the preparer shown above? See instructions		1. 110110 110.20	X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THROUGH HOUSING, SERVICES, SUPPORT, AND TREATMENT, WE SERVE PIERCE
	COUNTY MOTHERS AND CHILDREN IMPACTED BY CHEMICAL DEPENDENCY,
	HOMELESSNESS, AND TRAUMA. WE HELP MOTHERS ACHIEVE AND MAINTAIN SAFE
	REUNIFICATION THROUGH CLEAN AND SOBER LIVING, HEALING, AND
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?
Ū	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.  (Code:) (Expenses \$ 818,403 • including grants of \$) (Revenue \$ \$ 21,960 •)
4a	(Code:) (Expenses \$818,403. including grants of \$) (Revenue \$21,960.) THE NEW PHOEBE HOUSE ASSOCIATION (NPHA) SERVES HOMELESS WOMAN (18 YEARS
	AND OLDER) AND THEIR CHILDREN (UNDER AGE 7) WHOSE LIVES HAVE BEEN
	SEVERELY IMPACTED BY SUBSTANCE ABUSE. A MAJORITY OF OUR RESIDENTS ARE
	CONSIDERED HIGH RISK FOR SUBSTANCE ABUSE RE-LAPSE AND CERTAINLY ARE
	HIGH RISK FOR CHILD NEGLECT AND DOMESTIC VIOLENCE.
4b	(Code:) (Expenses \$31,154. including grants of \$) (Revenue \$)
	THE PHOEBE FOREVER AFTERCARE PROGRAM HELPS THE WOMEN TRANSITION BACK TO
	THE COMMUNITY WITH CASE MANAGEMENT SUPPORT FOR UP TO A YEAR, HOUSING
	SUBSIDIES TO KEEP THEM STABLY HOUSED, ONGOING RECOVERY MAINTENANCE
	GROUPS TO PROTECT AGAINST RELAPSE, AID IN HOUSEHOLD MANAGEMENT, CHILD
	COACHING AS NEEDED AND SUPPORT TO NAVIGATE CONTINUED STEPS TOWARD
	INDEPENDENCE.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 849,557.
	Form <b>990</b> (2020)

# Form 990 (2020) NEW PHOEBE HOUSE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	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		Х
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 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			1
0	, ,			X
_	Schedule D, Part III	8		
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_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	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_	
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	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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			
	Schedule D, Parts XI and XII	12a		X
h	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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the appropriation projection of the construction of the Light of Object	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		<del></del>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		40		_ v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			\ <sub>37</sub>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	_X_	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	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		<u> </u>
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

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Pai	Tt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	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		X
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		X
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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controll	ed		
	entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
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		
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, Part VI	37		Х
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	38	Х	L
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	7		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

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#### Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х 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 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 required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 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: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 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 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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If "Yes," complete Form 4720, Schedule O.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 11 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 11 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, 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 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? Х 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. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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 15a Х Other officers or key employees of the organization 15b 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 with a Х 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 List the states with which a copy of this Form 990 is required to be filed ▶WA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website \_\_\_ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records LISA TALBOTT - 253-383-7710

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BOX 5245,

TACOMA,

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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.

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

(A)	(B)			( <b>(</b> Pos	C)			(D)	(E)	(F)
Name and title	Average		not c	heck i	more	than o		Reportable	Reportable	Estimated
	hours per week					s both or/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				9		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			nsate		(W-2/1099-MISC)	,	organization
	organizations	trus	nal tru		oyee	o mo				and related
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	High	Fori			
(1) NAOMI VILLANO	40.00	_						100 545		
EXECUTIVE DIRECTOR	1 22	Ь		Х				128,517.	0.	0
(2) KARALYN BETTS	1.00									
PRESIDENT	1 22	Х		Х				0.	0.	0
(3) COLE MOSES	1.00									
TREASURER		Х		Х				0.	0.	0
(4) PETER BORTEL	1.00									
DIRECTOR	1 00	Х						0.	0.	0
(5) CHRISTINA FITZER	1.00									
VICE-PRESIDENT	1 22	Х		Х				0.	0.	0
(6) VENICE ROBINSON	1.00	l								
SECRETARY	1 00	Х		Х				0.	0.	0
(7) ASHLEY MOSES	1.00	-							_	•
DIRECTOR	1 00	Х						0.	0.	0
(8) LUCY RITCHIE DIRECTOR	1.00	X						0.	0.	•
(9) CHARLES SCHMIDT	1.00							0.	0.	0
DIRECTOR	1.00	x						0.	0.	0
(10) SHAUNA SCHRAFT	1.00								0.	<u> </u>
DIRECTOR	1.00	х						0.	0.	0
(11) STEPHANIE LOVE	1.00							•	•	
DIRECTOR		х						0.	0.	0
(12) CHERYL PRATT	1.00									-
DIRECTOR		Х						0.	0.	0
										-
		1								
		1								
					L	L				
		L								

Form **990** (2020)

	990 (2020) NEW PHOEE	BE HOUSE	3							33-1	<u>)23(</u>	12	Р	age 8
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	<b>(A)</b> Name and title	(B) Average hours per week (list any	box	, unle	Pos heck ss per	more rson i	than of south	an	( <b>D</b> ) Reportable compensation from	(E) Reportable compensatio from related	on d	an	(F) timate nount other	of
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org and	pensa om th anizat d relat anizati	e ion ed
											$\dashv$			
			•											
С	Subtotal  Total from continuation sheets to Part VII  Total (add lines 1b and 1c)	, Section A						<b>&gt; &gt; &gt;</b>	128,517. 0. 128,517.		0.			0. 0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th						o re		000 of reportable				1
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>										[	3	Yes	No X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4		Х
	rendered to the organization? If "Yes." compliant B. Independent Contractors	plete Schedule	e J fo	or su	ıch <u>ı</u>	pers	on .					5		Х
1	Complete this table for your five highest cor the organization. Report compensation for t (A)										ensati	ion fro		
	Name and business	address	NC	NI	3				Description of s	ervices	Co	ompei		n
2	Total number of independent contractors (ir \$100,000 of compensation from the organization from the organization)	•	ot lin	nited	d to	thos (		ted	above) who received mo	ore than		Form	990 (	2020)
													(	

032008 12-23-20

Form 990 (2020) NEW PHO
Part VIII Statement of Revenue

			Check if Schedule O contains a response or no	nte to any line	a in this Part VIII			
			Check if Schedule O contains a response of his	ote to any mie	(A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded from tax under sections 512 - 514
Grants nounts	1	b	Membership dues 1b	0,000.				
ıs, Gifts, imilar An		d	Fundraising events 1c Related organizations 1d Government grants (contributions) 1e 54	0,346.				
Contributions, Gifts, Grants and Other Similar Amounts			All other contributions, gifts, grants, and similar amounts not included above 1f 30  Noncash contributions included in lines 1a-1f 1g \$	3,750. 400.				
Co		h	Total. Add lines 1a-1f		874,096.			
				siness Code				
e	2	а	CLIENT FEES 6	24100	21,960.	21,960.		
e e		b						
Se una		С						
ran ?ev		d						
Program Service Revenue		е						
Д			All other program service revenue		01 060			
		g	Total. Add lines 2a-2f		21,960.			
	3		Investment income (including dividends, interest, a	I				
	4		other similar amounts)					
	4 5		Income from investment of tax-exempt bond proce					
	3		Royalties	) Personal				
	6	2		y r oroonar				
			Gross rents 6a Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
			` '	(ii) Other				
	-	_	assets other than inventory 7a					
		b	Less: cost or other basis					
e			and sales expenses <b>7b</b>					
en!		С	Gain or (loss) 7c					
Revenue			Net gain or (loss)					
Other			Gross income from fundraising events (not including \$ of					
			contributions reported on line 1c). See					
				5,131.				
				0,758.	24 272			04 272
			` ,	<b></b>	24,373.			24,373.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities	······· <b>P</b>				
	10	а	Gross sales of inventory, less returns and allowances 10a					
		h	Less: cost of goods sold 10b	-				
			Net income or (loss) from sales of inventory					
		<u> </u>		siness Code				
sno	11	а						
nec		b						
Miscellaneous Revenue		c						
lisc			All other revenue					
2			Total. Add lines 11a-11d					
	12		Total revenue. See instructions	<b></b>	920,429.	21,960.	0.	24,373.

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 (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 57,833. 25,703. 128,517. 44,981. 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) 512,010. 469,172. 33,318. 9,520. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 85,535. 70,375. 10,456. 4,704. 10 Payroll taxes Fees for services (nonemployees): Management Legal 10,790. 10,790. Accounting Lobbying 3,173. 3,173. Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 3,125. 3,125. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 17,789. 9,784. 5,337. 2,668. Office expenses 13 17,135. 11,994. 3,427. 1,714 Information technology 14 15 Royalties 21,265. 18,075. 3,190. 16 Occupancy 1,589. 1.112. 477. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 5,950. 4,462. 1,488. 20 Payments to affiliates 21 21,479.16,650. 4,829. Depreciation, depletion, and amortization 22 11,925. 10,136. 1,789. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 149,480. 149,480. PROGRAM EXPENSES 22,699. REPAIRS AND MAINTENANCE 23,894. 1,195. 4,117. 823. 3,294. FURNISHINGS AND APPLIAN 1,835.  $\overline{734}$ . OTHER EXPENSES 917. 184. 1,126. 449. 677. All other expenses 1,020,734. 849,557. 123,511. 47,666. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2020)

if following SOP 98-2 (ASC 958-720)

Form 990 (2020)

Part X | Balance Sheet

<u>Par</u>	t X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			303,429.	1	156,896
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net			33,431.	3	45,933
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua	lified pers	sons (as defined			
		under section 4958(f)(1)), and persons describe				6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			8,149.	9	8,975
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		614,664.	456 500		450 505
	b	Less: accumulated depreciation		· · · · · · · · · · · · · · · · · · ·	456,703.	10c	458,597
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		Г		13	
	14	Intangible assets	F 000	14	F 000		
	15	Other assets. See Part IV, line 11	5,000.	15	5,000		
_	16	Total assets. Add lines 1 through 15 (must eq			806,712.	16	675,401
	17	Accounts payable and accrued expenses			58,852.	17	34,714
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or for					
┇│		trustee, key employee, creator or founder, sub-				00	
	00	controlled entity or family member of any of the	-	, .: F	361,786.	22	354,918
	23 24	Secured mortgages and notes payable to unre Unsecured notes and loans payable to unrelate		· · · · · · · · · · · · · · · · · · ·	301,700.	24	334,310
	2 <del>4</del> 25	Other liabilities (including federal income tax, p		Г		24	
	25	parties, and other liabilities not included on line	,				
		of Schedule D	-	•		25	
	26	Total liabilities. Add lines 17 through 25			420,638.	26	389,632
		Organizations that follow FASB ASC 958, ch					
es		and complete lines 27, 28, 32, and 33.					
ဋ	27	Net assets without donor restrictions			386,074.	27	285,769
Bal	28	Net assets with donor restrictions			•	28	•
힏		Organizations that do not follow FASB ASC					
<u> </u>		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fund	S			29	
Sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated i				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			386,074.	32	285,769
_	33	Total liabilities and net assets/fund balances			806,712.	33	675,401

Pa	rt XI 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	92	0,4	<u>29.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,02		
3	Revenue less expenses. Subtract line 2 from line 1	3		0,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	38	6,0	<u>74.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	28	5,7	69.
Pa	rt XII 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
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:				
	X 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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
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		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-			
	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				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	225	
			Form	990	(2020)

032012 12-23-20

#### **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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

**Employer identification number** Name of the organization NEW PHOEBE HOUSE 33-1023012 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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 service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Calendar year (or fineal year beginning in)   Calendar year (or fineal through 3 and year)   Calendar year (or fineal through 3 and year)   Calendar year (or fineal through 3 and year)   Calendar year (or fineal year beginning in)   Calendar year (or fineal year (or fineal year beginning in)   Calendar year (or fineal year beginning in)   Calendar year (or fineal year beginning in)   C	Sec	ction A. Public Support						
membership fees received. (Do not include any "unusual grants.")  7 Tax revenues levide for the organization's benefit and either paid to or expended on its behalf corresponding to the organization benefit and either paid to or expended on the behalf corresponding to the property of th	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	(e) 2020	(f) Total
include any 'unusual grants')  2 Tax revenues levied for the organization or benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  695, 863, 472, 413, 773, 538, 997, 328, 874, 096, 3813238.  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  69 Public support, service the two line 4  8 Gross income from ine 4  8 Gross income from interest, dividends, payments received on securities loans, rents, roysities, and income from similar sources  9 Net income from unrelated business activities, etc. (see instructions)  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  12 Qross receipts from releta excitives, etc. (see instructions)  12 1 333,505.  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization of land to check the box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization organization in Part VI how the organization meets the facts-and-circumstances test. The organization organization organization organization meets the facts-and-circumstances test. The organization	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to the organization without charge furnished by a governmental unit to the organization without charge furnished by a governmental unit to the organization without charge and the portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 356,496.  8 Public support. Behales the storm line 1  8 Gross income from interest, dividends, payments received on securities loans, rents, revoluties, and income from similar sources.  9 Net income from similar sources.  9 Net income from unrelated business activities, whether or not the business is regularly carried on the sale of capital assets (Explain in Part VI)  11 Total support. Add lines 7 through 10  24 , 373 . 24 , 373 . 383 . 363 . 383 . 36		membership fees received. (Do not						
itation's benefit and either paid to or expended on its behalf or or expended on its behalf furnished by a governmental unit to the organization without charge the organization without charge the organization of total contributions by acid lines 1 through 3		include any "unusual grants.")	695,863.	472,413.	773,538.	997,328.	874,096.	3813238.
The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by sach 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)  6 Public support. Served line 8 hon line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and 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 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  12 Gross receipts from related cutvities, etc. (see instructions)  15 First 5 years. If the Form 990 is for the organization if sirst, second, third, fourth, or fifth tax year as a section 501(o)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization did not check this box and stop here. The organization meets the facts-and-circumstances test. The organization of line 13, 16a, 16b, or 17a, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization did not check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization before organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization before organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization before organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization before organization meets t	2	Tax revenues levied for the organ-						
The value of services or facilities furnished by a governmental unit to the organization without charge.  4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) include on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support, selevative 5 tron line 4 Section B. Total Support Calendar year (or flisal year beginning in) ► (a) 2016 (b) 2017 (c) 2018 (d) 2019 (d) 2019 (e) 2019 (e) 2019 (e) 2019 (e) 2019 (e) 2019 (f) Total Calendar year (or flisal year beginning in) ► (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Calendar year (or flisal year beginning in) ► (a) 2016 (b) 2017 (c) 2018 (d) 2019 (d) 2019 (e) 2020 (f) Total Calendar year (or flisal year beginning in) ► (a) 2016 (b) 2017 (c) 2018 (d) 2019 (d) 2019 (e) 2020 (f) Total Calendar year (or flisal year beginning in) ► (a) 2016 (b) 2017 (c) 2018 (d) 2019 (d) 2020 (f) Total Calendar year (or flisal year beginning in) ► (a) 2016 (b) 2017 (c) 2018 (d) 2019 (d) 2020 (f) Total Calendar year (or flisal year beginning in) ► (a) 2016 (b) 2017 (c) 2018 (d) 2019 (d) 2020 (f) Total Calendar year (or flisal year beginning in) ► (a) 2016 (b) 2017 (c) 2018 (d) 2019 (d) 2020 (f) Total Calendar year (or flisal year beginning in) ► (a) 2016 (b) 2017 (c) 2018 (d) 2019 (d) 2020 (f) Total Calendar year (or flisal year beginning in) ► (a) 2016 (b) 2017 (c) 2018 (d) 2019 (d) 2020 (f) Total Calendar year (or flisal year beginning in) ► (a) 2016 (d) 2019 (d) 2020 (f) Total Calendar year (or flisal year beginning in) ► (a) 2016 (d) 2019 (d) 2020 (f) Total Calendar year (or flisal year beginning in) ► (a) 2016 (d) 2019 (d) 2020 (f) Total Calendar year (or flisal year beginning in) ► (a) 2016 (d) 2019 (d) 2020 (f) Total Calendar year (or flisal year beginning in) ► (a) 2016 (d) 2019 (d) 2020 (f) Total Calendar year (or flisal year beginning in) ► (a) 2019 (d) 2020 (f) Total Calendar year (or flisal year beginning in) ► (a) 2019 (d) 2020 (f) Total Calenda		ization's benefit and either paid to						
tunished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3		or expended on its behalf						
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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  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2019 Schedule A, Part II, line 14  16 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  10% -facts-and-circumstances test - 2019. If the organization qualifies as a publicly supported organization  10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization  10% -facts-and-circumstances test. The organiza		activities, whether or not the						
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11 Total support. Add lines 7 through 10 3837611.  12 Gross receipts from related activities, etc. (see instructions) 12 133, 505.  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 90.08 %  15 Public support percentage from 2019 Schedule A, Part II, line 14 15 86.34 %  16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		or loss from the sale of capital						
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2020	IQ	rrivate roundation. If the organization	iii ala not check a l	oox on line 13, 168	a, 100, 17a, 0r 17b			

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	ļ					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,	ļ					
	and income from similar sources	ļ					
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on	ļ					
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
	check this box and stop here						<b>&gt;</b>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	<b>)20</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2020. If the	organization did n	not check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly s	upported organiza	tion	<b>&gt;</b>
k	33 1/3% support tests - 2019. If the	organization did n	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	ind
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

## Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Yes	No
1		
•		
2		
За		
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3b		
3с		
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9с		
36		
10a		
401-		
10b		

Par	t IV   Supporting Organizations <sub>(continued)</sub>			
			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	ſ		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 line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
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? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	T
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	Type III supporting orga	anization (see
	instructions)	5		•

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continu</sub>	ıed)			
Secti	on D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2020 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ıs	(iii) Distributable Amount for 2020		
_1_	Distributable amount for 2020 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2020 (reason-						
	able cause required - explain in Part VI). See instructions.						
_3_	Excess distributions carryover, if any, to 2020						
a	From 2015						
b	From 2016						
c	From 2017						
d	From 2018						
e	From 2019						
f_	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2020 distributable amount						
<u>i</u>	Carryover from 2015 not applied (see instructions)						
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2020 from Section D,						
	line 7: \$						
<u>a</u>	Applied to underdistributions of prior years						
<u> </u>	Applied to 2020 distributable amount						
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2020, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2020. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2021. Add lines 3j						
	and 4c.						
_8_	Breakdown of line 7:						
	Excess from 2016						
<u>       b</u>	Excess from 2017						
_	Evacca from 2019						

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019e Excess from 2020

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

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

2020

OMB No. 1545-0047

Name of the organization **Employer identification number** NEW PHOEBE HOUSE 33-1023012

Organiza	Organization type (check one):					
Filers of:	:	Section:				
Form 990	or 990-EZ	X 501(c)( 3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 990-PF		501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special I	Rules					
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.				
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.				
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year				
		at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to				

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

NEW PHOEBE HOUSE

33-1023012

1	Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
1501 PACIFIC AVE #400   S   30,000.   Payroll		` ,	, ,	(d) Type of contribution
No.   Name, address, and ZIP + 4   Total contributions   Type of contributio	1	1501 PACIFIC AVE #400	\$30,000.	Payroll Noncash
930 TACOMA AVE S				(d) Type of contribution
No.         Name, address, and ZIP + 4         Total contributions         Type of contribut           3         WEYERHAUSER FOUNDATION         \$ 20,000.         Person ∑ Payroll Ononcash           Quantity of contributions	2	930 TACOMA AVE S	\$ 257,835.	Payroll Noncash
1740, 51 ELLIS ST		` ,	, ,	(d) Type of contribution
No. Name, address, and ZIP + 4  WINDERMERE FOUNDATION  12250 GREENWOOD AVE N  SEATTLE, WA 98133  (b) No. Name, address, and ZIP + 4  (c) Total contributions  (d) Tope of contribution  (e) Total contributions  (f) Total contributions  (h) Total contributions  (c) Type of contribution  (d) Type of contribution  Type of contribution  (e) Total contributions  (f) Type of c	3	1740, 51 ELLIS ST	\$\$	Payroll Noncash
WINDERMERE FOUNDATION   12250 GREENWOOD AVE N   \$ 17,729.		` ,		* *
No. Name, address, and ZIP + 4  Total contributions  Type of contribut  Type of contribut  Person X Payroll Noncash (Complete Part II for noncash contributions)  (Complete Part II for noncash contributions)  (Complete Part II for noncash contributions)  (B) No. Name, address, and ZIP + 4  SMALL BUSINESS ADMINISTRATION  SMALL BUSINESS ADMINISTRATION  2401 FOURTH AVE, SUITE 450  \$ 120,743.		WINDERMERE FOUNDATION  12250 GREENWOOD AVE N		Person X Payroll Noncash
TACOMA, WA 98402  (a) (b) (c) (d) Total contributions  6 SMALL BUSINESS ADMINISTRATION  2401 FOURTH AVE, SUITE 450  \$ 184,268.  (c) (d) Total contributions  Type of contributions  Payroll Noncash (Complete Part II for noncash contributions)  Payroll Noncash (Complete Part II for noncash contributions)  120,743.		` ,		(d) Type of contribution
No. Name, address, and ZIP + 4  Total contributions  Type of contribut  Person X Payroll  2401 FOURTH AVE, SUITE 450  \$ 120,743. (Complete Part II for	5	747 MARKET ST	\$184,268.	Payroll Noncash
2401 FOURTH AVE, SUITE 450   \$ 120,743.   Payroll   Noncash   (Complete Part II for		` ,		(d) Type of contribution
SEATULE, WA 30121 Indicasi contribution	6		\$120,743.	Payroll Noncash

Name of organization Employer identification number

## NEW PHOEBE HOUSE

33-1023012

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization **Employer identification number** NEW PHOEBE HOUSE 33-1023012 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NEW PHOEBE HOUSE

**Employer identification number** 33-1023012

Par	t I Organizations Maintaining Donor Advised Fur	nds or Other S	imilar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			·
		(a) Donor advise	d 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 he	ld in donor advised fur	nds
	are the organization's property, subject to the organization's exclus	ive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors	s in writing that gra	ınt funds can be used	only
	for charitable purposes and not for the benefit of the donor or dono	r advisor, or for an	y other purpose confe	rring
	impermissible private benefit?			
Par	Somplete il tile erganizat		s" on Form 990, Part IV	V, line 7.
1	Purpose(s) of conservation easements held by the organization (che		7	
	Preservation of land for public use (for example, recreation or	education)	7	torically important land area
	Protection of natural habitat		Preservation of a cer	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified con	nservation contribu	ution in the form of a c	
	day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			2a
b				2b
C	Number of conservation easements on a certified historic structure			2c
d	Number of conservation easements included in (c) acquired after 7/			
•	listed in the National Register			2d
3	Number of conservation easements modified, transferred, released,	extinguished, or to	erminated by the orgai	nization during the tax
4	year	in located •		
4 5	Number of states where property subject to conservation easement Does the organization have a written policy regarding the periodic n		ion bandling of	
3	violations, and enforcement of the conservation easements it holds	_		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling		d enforcing conservat	
Ū	b	ig or violations, an	a criterening correctivat	ion oddomonio ddinig tilo you
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and en	forcing conservation e	asements during the year
-	<b>▶</b> \$			accinente adming and year
8	Does each conservation easement reported on line 2(d) above satis	fv the requirement	s of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation easi			
	balance sheet, and include, if applicable, the text of the footnote to	the organization's	financial statements the	hat describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of Art,	Historical Trea	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not	to report in its reve	enue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for public exh	nibition, education,	or research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its financial st	atements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to re-	eport in its revenue	statement and balance	ce sheet works of
	art, historical treasures, or other similar assets held for public exhibit	tion, education, or	research in furtherand	ce 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 as	ssets for financial gain	, provide
	the following amounts required to be reported under FASB ASC 95			
а	Revenue included on Form 990, Part VIII, line 1			_
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions for Fo	orm 990.		Schedule D (Form 990) 2020

Pai	rt III Organizations Maintaining Coll	ections of Art, His	torical Treasures, c	r Other S	imilar Ass	ets (continu	ued)
3	Using the organization's acquisition, accession,					•	,
	collection items (check all that apply):						
а	Public exhibition	d	] Loan or exchange prog	ram			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's collection	ctions and explain how t	they further the organizati	on's exempt	purpose in P	art XIII.	
5	During the year, did the organization solicit or re	ceive donations of art, h	nistorical treasures, or oth	er similar as	sets		
	to be sold to raise funds rather than to be maint					Yes	N
Pai	rt IV Escrow and Custodial Arrange		ne organization answered	"Yes" on Fo	rm 990, Part	V, line 9, or	
	reported an amount on Form 990, Part X	, line 21.					
1a	Is the organization an agent, trustee, custodian	or other intermediary for	contributions or other as	sets not incl	uded		
	on Form 990, Part X?					Yes	N
b	If "Yes," explain the arrangement in Part XIII and						
						Amount	
С	Beginning balance				1c		
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				·	Yes	N
b	If "Yes," explain the arrangement in Part XIII. Ch						
Pai	rt V Endowment Funds. Complete if the	e organization answered	d "Yes" on Form 990, Par	t IV, line 10.			
	(a	a) Current year (b)	Prior year (c) Two ye	ars back (d)	Three years ba	ck (e) Four	years bac
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the current	year end balance (line 1	1g, column (a)) held as:				
а	Board designated or quasi-endowment	%					
b	Permanent endowment	%					
С	Term endowment ▶ %						
	The percentages on lines 2a, 2b, and 2c should	equal 100%.					
За	Are there endowment funds not in the possession	on of the organization th	at are held and administe	ered for the c	rganization		
	by:					[	Yes No
	(i) Unrelated organizations					3a(i)	
	(ii) Related organizations						
b	If "Yes" on line 3a(ii), are the related organization	ns listed as required on s	Schedule R?			3b	
4	Describe in Part XIII the intended uses of the org						
Pai	rt VI Land, Buildings, and Equipmen	t.					
	Complete if the organization answered "\	es" on Form 990, Part	IV, line 11a. See Form 99	0, Part X, line	e 10.		
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other	1 ''	umulated ciation	(d) Book	value
	Lond	טמסוס (ווועפסנווופוונ)	basis (other) 114,422.	uepre	ciation	111	,422
_	Land		444,444.	1 0	3,900.		, 444 ), 544
b	Buildings		444,444.	+ + + 0	3,900.	340	,,,,,44
C	Leasehold improvements		55,798.	<u> </u>	2,167.	2	3,631
d	Equipment		33,130.	3	Z, 10/•	3	,, 031
	Other	15 000 5 111	(D) // 10 ·	l		150	3,597
rota	I. Add lines 1a through 1e. (Column (d) must equa	ai ⊢orm 990. Part X. colu	mn (В). line 10с.)			400	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 NEW PHOEBE F	1002F	33-	-1023012 Page •
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			of veer morket value
(a) Description of Security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	un Form 000 Part IV line	11c See Form 900 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
(1)	(-)	(-,	,
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	n Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	15.)	<b>&gt;</b>	
Complete if the organization answered "Yes" of	on Form 990, Part IV. line	11e or 11f. See Form 990. Part X. line 25.	
1. (a) Description of liability	,,,		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	<b>L</b>	
2. Liability for uncertain tax positions. In Part XIII, provide the			at reports the
organization's liability for uncertain tax positions under l		-	

Schedule D (Form 990) 2020

Par	t XI	Reconciliation of Revenue per Audited Financial St	atements 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	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b		red services and use of facilities			
С		veries of prior year grants			
d		(Describe in Part XIII.)	1 4 . 1		
е	Add li	nes 2a through 2d		2e	
3	Subtr	act line 2e from line 1		3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add li	nes <b>4a</b> and <b>4b</b>		4c	
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)	5	
Pai	rt XII	Reconciliation of Expenses per Audited Financial S		es per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV,		ГТ	
1		expenses and losses per audited financial statements		1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а		ed services and use of facilities			
b		year adjustments			
С		losses			
d		(Describe in Part XIII.)	<u></u>		
_		nes 2a through 2d			
3		act line 2e from line 1		3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
а		ment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.)	<u></u>	4.5	
		nes 4a and 4b			
5 Par	rt XIII	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	<u> 18.)</u>	5	
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	1.4: Part IV lines 1b and 2b: Pa	rt V lino 4: Part V lino 2: Part	
		4b; and Part XII, lines 2d and 4b. Also complete this part to provide		11 v, 1110 4, 1 art A, 1110 2, 1 art A	ν,
	20 and	1 45, and 1 art xii, inites 24 and 45. 7166 complete this part to provide	arry additional information.		

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  NEW PHC	EBE HOUSE					33-1023	012
Part I Fundraising Activities	Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV, I	ine 17		
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.  1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a							
b If "Yes," list the 10 highest paid indi compensated at least \$5,000 by the		ant to	agreer	ments under which tl	ne fur	ndraiser is to be	<b>;</b>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total		•	•				
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.							

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

Schedule G (Form 990 or 990-EZ) 2020

Pa	art	Fundraising Events. Complete if the of fundraising event contributions and gr				
		or rundraising event contributions and gr	(a) Event #1 ILLUMINATING	<b>(b)</b> Event #2	(c) Other events  NONE	(d) Total events (add col. (a) through col. (c))
Ф			(event type)	(event type)	(total number)	- coi. (c)
Revenue	1	Gross receipts	31,831.	3,000.		34,831.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	31,831.	3,000.		34,831.
	4	Cash prizes				
S	5	Noncash prizes				
sued	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		609.		9,584.
	10					9,584.
D	11 art	1				25,247.
1 6	41 L	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, or r	eported more than	
	Г	ψ15,000 011 0111 930-L2, line 0a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Re	1	Gross revenue				
ses	2	Cash prizes				
xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6		Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)		<b>&gt;</b>	
a	ı İs i	ter the state(s) in which the organization conduthe organization licensed to conduct gaming and No," explain:	ctivities in each of these	states?		Yes No
	_	,				
		ere any of the organization's gaming licenses re 'Yes," explain:	· · · · · · · · · · · · · · · · · · ·			Yes No
0320	82 1	1-25-20			Schedule G (Fo	orm 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 NEW PHOEBE HOUSE	33-1023012 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity former	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	<b>13a</b>   %
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and r	
Name ▶	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the of gaming revenue retained by the third party ▶ \$	amount
c If "Yes," enter name and address of the third party:	
Name	
Address >	
16 Gaming manager information:	
Name	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp	pent in the
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) ar	nd (v): and Part III, lines 9, 9b, 10b.
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, , , , , , , , , , , , , , , , , , , ,

Sinecule (Grom 999 or 990 EZ) NEW PHOEBE HOUSE 333-1023012 Page 4  Part IV Supplemental Information (continued)	Schedule G	(Form 990 or 990-EZ)	NEW	PHOEBE	HOUSE	33-1023012	Page 4
	Part IV	Supplemental Infor	mation	(continued)			
				,			

#### **SCHEDULE 0**

(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.

Inspection

OMB No. 1545-0047

Name of the organization

NEW PHOEBE HOUSE

**Employer identification number** 33-1023012

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IMPACTED BY CHEMICAL DEPENDENCY, HOMELESSNESS, AND TRAUMA. WE HELP
MOTHERS ACHIEVE AND MAINTAIN SAFE REUNIFICATION THROUGH CLEAN AND SOBER
LIVING, HEALING, AND SELF-SUFFICIENCY.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SELF-SUFFICIENCY.
FORM 990, PART VI, SECTION A, LINE 2:
THREE OF THE BOARD MEMBERS ARE A MARRIED COUPLE AND THEIR DAUGHTER.
FORM 990, PART VI, SECTION B, LINE 11B:
TAX RETURN WAS REVIEWED AND APRPOVED BY THE EXECUTIVE DIRECTOR PRIOR TO
FILING.
FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AND SETS THE
COMPENSATION BASED ON THEIR ANALYSIS.
THE EXECUTIVE DIRECTOR REVIEWS THE PERFORMANCE OF OTHER EMPLOYEES AND
REVIEWS COMPARABLE MARKET SALARY SCALES TO SET THEIR COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19:
COPIES OF THE TAX RETURN AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE
ORGANIZATIONS WEBSITE.

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

Schedule O (Form 990 or 990-EZ) 2020