

# Shoebox Ministry Annual Report for Fiscal Year 2008/2009

## **Mission Statement:**

Shoebox Ministry is a non-profit service organization with an ongoing program for the collection and distribution of personal hygiene kits to the homeless and working poor in the Greater Phoenix Area.

## **Description of Organizational Activities:**

Shoebox Ministry attempts to meet the needs of the homeless and working poor individuals in the Maricopa County area by:

- Distributing (free of charge) personal hygiene kits to homeless and working poor agencies for distribution to their clients.
- Providing Domestic Violence Agencies and Family Shelters with gift filled purses for moms on Mother's Day.
- Hosting drive for new undergarments during the month of October that are given to local homeless and working poor agencies.
- Supplying new socks during the Christmas Holiday to local homeless and working poor agencies.

## **Agency Accomplishments:**

Shoebox Ministry '08-'09 achievements:

- Toiletry Kits – 11,311
- Toiletry Kit Value - \$149,306
- Clients Served – 27,569
- Volunteers – 513
- Volunteer Hours – 2,216 valued at \$44,874
- Mother's Day Purses – 2,873 valued at \$144,855
- Undie Sundie – 3,348 items valued at \$6,446
- Holiday Sock Drive – 31,111 pairs new socks valued at \$77,778
- In-Kind Donations – Toiletries (kits), clothing, misc. household items and special event donations valued at \$358,179
- 227 deliveries made to agencies (some duplication).

## **Board of Directors Meetings and Listing**

- Sunday, July 20, 2008, 2:00 p.m.
- Sunday, September 7, 2008, 2:00 p.m.
- Sunday, November 16, 2008, 2:00 p.m.
- Sunday, January 11, 2009, 2:00 p.m.
- Sunday, April 4 2009, 2:00 p.m.

*Members of the governing body:*

Cathy Cato  
Juvenile Probation Officer, Masters Professional Counselor  
Board President  
Term Expiration – Jan. 2011

Sarah Meske  
TriWest Senior Communications Specialist  
Board Vice President/Executive Director  
Term Expiration – Jan. 2011

Deborah Schauer  
Pastor Pioneer UMF  
Board Treasurer  
Term Expiration - Jan. 2011

Josh Berk  
TriWest Senior Web Designer, Graphic Artist  
Board Secretary  
Term Expiration – Jan. 2011

Peggy Casey  
Kaplan & Co. CPA  
Board Secretary  
Term Expiration - Jan. 2010

Wayne Peterson  
Costco Pharmacy Manager  
Board Member

Chuck Fitzgerald  
AZ Dept. of Economic Security Development  
Board Member

Jan Campbell  
Paradise Valley Community Church  
Board Member

Frank Borgeson  
Retired R & D Director  
Board Member

## Shoebox Ministry Profit & Loss July 2008 through June 2009

|  | <b>Jul '08 - Jun 09</b> |
|--|-------------------------|
| <b>Ordinary Income/Expense</b>             |                         |
| <b>Income</b>                              |                         |
| <b>Donations Rcvd</b>                      |                         |
| City Grants                                | 7,000.00                |
| Civic Group Donation                       | 724.00                  |
| Corporate Donation                         | 1,657.42                |
| Foundation Grants                          | 6,100.00                |
| Mesa UW Grant                              | 5,004.00                |
| Private Individuals                        | 15,951.79               |
| UW-Donor Designated                        | 24,298.37               |
| VSUW-Grant Funding                         | 10,155.00               |
| <b>Total Donations Rcvd</b>                | 70,890.58               |
| <b>Non-cash Public Contributions</b>       |                         |
| Clothing                                   | 6,442.50                |
| Household & Other Items                    | 8,281.00                |
| Mother's Day Purses                        | 110,733.00              |
| New Socks                                  | 77,777.50               |
| Toiletries                                 | 148,499.00              |
| Undie Sundie                               | 6,445.50                |
| <b>Total Non-cash Public Contributions</b> | 358,178.50              |
| <b>Other Inc</b>                           |                         |
| Anniv. Celebration                         | 2,569.00                |
| Interest                                   | 674.04                  |
| Savings Account Interest                   | 13.54                   |
| <b>Total Other Inc</b>                     | 3,256.58                |
| <b>Total Income</b>                        | 432,325.66              |
| <b>Expense</b>                             |                         |
| <b>Program Services</b>                    |                         |
| <b>Items Given Out</b>                     |                         |
| Clothing                                   | 6,442.50                |
| Donated Toiletries                         | 146,379.29              |
| Household & Other Items                    | 8,281.00                |
| Mother's Day Gift Filled Purses            | 144,855.00              |
| New Socks                                  | 77,777.50               |
| Purchased Toiletries                       | 4,828.62                |
| Undie Sundie                               | 6,445.50                |
| <b>Total Items Given Out</b>               | 395,009.41              |

|                                      |                           |
|--------------------------------------|---------------------------|
| <b>Payroll Expenses</b>              |                           |
| Empl. Health Ins.                    | 4,838.00                  |
| FICA                                 | 3,647.84                  |
| Wages                                | 47,684.12                 |
| Worker's Compensation                | 1,001.00                  |
| Payroll Expenses - Other             | <u>18.35</u>              |
| <b>Total Payroll Expenses</b>        | <b>57,189.31</b>          |
| <b>Postage</b>                       | <b>885.10</b>             |
| <b>Printing</b>                      | <b>907.70</b>             |
| <b>Program Supplies</b>              | <b>500.80</b>             |
| <b>Public Relations</b>              | <u>287.79</u>             |
| <b>Total Program Services</b>        | <b>454,780.11</b>         |
| <b>Supporting Services</b>           |                           |
| Anniv. Celebration                   | 3,360.51                  |
| Board Meeting                        |                           |
| Board Development                    | 239.46                    |
| Board Meeting - Other                | <u>363.46</u>             |
| <b>Total Board Meeting</b>           | <b>602.92</b>             |
| <b>Business Insurance</b>            | <b>750.00</b>             |
| <b>Meals &amp; Entertainment</b>     | <b>42.61</b>              |
| <b>Office Expense &amp; Supplies</b> | <b>641.32</b>             |
| <b>Office Rent</b>                   | <b>9,000.00</b>           |
| <b>Postage</b>                       | <b>257.90</b>             |
| <b>Printing</b>                      | <b>118.17</b>             |
| <b>Professional Fees</b>             | <b>2,625.00</b>           |
| <b>Subscriptions</b>                 | <b>258.00</b>             |
| <b>Travel, Training, Conferences</b> | <b>376.34</b>             |
| <b>Utilities</b>                     |                           |
| Electric                             | 900.00                    |
| Telephone                            | <u>986.14</u>             |
| <b>Total Utilities</b>               | <b>1,886.14</b>           |
| <b>Web/Internet</b>                  | <u>437.47</u>             |
| <b>Total Supporting Services</b>     | <b>20,356.38</b>          |
| <b>Total Expense</b>                 | <u><b>475,136.49</b></u>  |
| <b>Net Income</b>                    | <u><b>-475,136.49</b></u> |

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

# 2008

Open to Public Inspection

Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

|  |   |   |  |  |
|--|---|---|--|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Termination<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | <b>C</b> Name of organization<br><b>SHOEBOX MINISTRY, INC</b>   |  | <b>D</b> Employer identification number<br><b>86-0690847</b> |
|  |   | Number and street (or P.O. box, if mail is not delivered to street address) Room/suite<br><b>7902 E WOOD DR</b> |  | <b>E</b> Telephone number<br><b>480-905-1610</b>             |
|  |   | City or town, state or country, and ZIP + 4<br><b>SCOTTSDALE, AZ 85260</b>                                      |  | <b>F</b> Group Exemption Number ▶                            |

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ **WWW.SHOEBOXMINISTRY.ORG**

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J** Organization type (check only one) —  501(c)(3) (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **432,326.**

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

| Revenue |  | Expenses |          | Net Assets |  |
|---------|--|----------|----------|------------|--|
| 1       | Contributions, gifts, grants, and similar amounts received   | 1        | 429,069. | 10         | Grants and similar amounts paid (attach schedule)  |
| 2       | Program service revenue including government fees and contracts  | 2        |          | 11         | Benefits paid to or for members  |
| 3       | Membership dues and assessments  | 3        | 688.     | 12         | Salaries, other compensation, and employee benefits  |
| 4       | Investment income  | 4        |          | 13         | Professional fees and other payments to independent contractors  |
| 5a      | Gross amount from sale of assets other than inventory  | 5a       |          | 14         | Occupancy, rent, utilities, and maintenance  |
| b       | Less: cost or other basis and sales expenses   | 5b       |          | 15         | Printing, publications, postage, and shipping  |
| c       | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)                                  | 5c       |          | 16         | Other expenses (describe ▶ SEE STATEMENT 1)  |
| 6       | Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> |          |          | 17         | Total expenses. Add lines 10 through 16  |
| a       | Gross revenue (not including \$ of contributions reported on line 1)   | 6a       | 2,569.   | 18         | Excess or (deficit) for the year (Subtract line 17 from line 9)  |
| b       | Less: direct expenses other than fundraising expenses  | 6b       | 3,361.   | 19         | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) |
| c       | Net income or (loss) from special events and activities (Subtract line 6b from line 6a)  | 6c       | -792.    | 20         | Other changes in net assets or fund balances (attach explanation)  |
| 7a      | Gross sales of inventory, less returns and allowances  | 7a       |          | 21         | Net assets or fund balances at end of year. Combine lines 18 through 20  |
| b       | Less: cost of goods sold   | 7b       |          |            |  |
| c       | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   | 7c       |          |            |  |
| 8       | Other revenue (describe ▶ )  | 8        |          |            |  |
| 9       | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8   | 9        | 428,965. |            |  |

### Part II Balance Sheets. If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

|  | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments  | 44,650.               | 34,309.         |
| 23 Land and buildings  |                       |                 |
| 24 Other assets (describe ▶ SEE STATEMENT 2)                                   | 113,778.              | 82,834.         |
| 25 Total assets  | 158,428.              | 117,143.        |
| 26 Total liabilities (describe ▶ PAYROLL TAXES WITHHELD)                       | 425.                  | 1,949.          |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 158,003.              | 115,194.        |

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)

What is the organization's primary exempt purpose? **SEE STATEMENT 4**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

|    |  | Expenses<br>(Required for 501(c)(3)<br>and (4) organizations and<br>4947(a)(1) trusts; optional<br>for others.) |
|----|--|---|
| 28 | <b>PROVIDE HOMELESS AND WORKING POOR INDIVIDUALS WITH TOILETRY KITS, CLOTHING, AND MISC HOUSEHOLD ITEMS DONATED BY INDIVIDUALS AND COMPANIES</b> |   |
|    | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | 28a 443,384.  |
| 29 |  |   |
|    | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | 29a   |
| 30 |  |   |
|    | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | 30a   |
| 31 | Other program services (attach schedule)   |   |
|    | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | 31a   |
| 32 | <b>Total program service expenses</b> (add lines 28a through 31a)  | <b>32 443,384.</b>  |

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

| (a) Name and address  | (b) Title and average hours per week devoted to position | (c) Compensation (if not paid, enter -0-) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|---|---|--|
| CATHY CATO<br>3311 W TURNEY, PHOENIX, AZ 85017              | PRESIDENT<br>0.50  | 0.  | 0.  | 0.                                       |
| BOB NESS, 18822 N 92ND WAY,<br>SCOTTSDALE, AZ 85255         | VICE PRESIDENT/EXECUTIVE DIRE<br>0.50                    | 0.  | 0.  | 0.                                       |
| DEBORAH SCHAUER, 6249 E WALTANN LN,<br>SCOTTSDALE, AZ 85254 | TREASURER<br>0.50  | 0.  | 0.  | 0.                                       |
| PEGGY CASEY, 3751 E SUNNYSIDE DR,<br>PHOENIX, AZ 85028      | SECRETARY<br>0.50  | 0.  | 0.  | 0.                                       |
| JAN CAMPBELL, 15901 N 115TH WAY,<br>SCOTTSDALE, AZ 85259    | MEMBER<br>0.50   | 0.  | 0.  | 0.                                       |
| WAYNE PETERSON, 10919 W DEANNE DR,<br>SUN CITY, AZ 85351    | MEMBER<br>0.50   | 0.  | 0.  | 0.                                       |
| CHUCK FITZGERALD<br>7147 W VOLTAIRE AVE, PEORIA, AZ 85381   | MEMBER<br>0.50   | 0.  | 0.  | 0.                                       |
| TERRY ELLIS<br>13155 N 71ST DR, PEORIA, AZ 85381            | MEMBER<br>0.50   | 0.  | 0.  | 0.                                       |
| FRANK BORGESON<br>7902 E WOOD DR, SCOTTSDALE, AZ 85260      | MEMBER<br>0.50   | 0.  | 0.  | 0.                                       |
| SARAH MESKE, 7601 E 2ND ST, #10,<br>SCOTTSDALE, AZ 85251    | MEMBER<br>0.50   | 0.  | 0.  | 0.                                       |
| JOSH BERK, 7791 E OSBORN RD, #24E,<br>SCOTTSDALE, AZ 85251  | MEMBER<br>0.50   | 0.  | 0.  | 0.                                       |
| JUDY BORGESON<br>7902 E WOOD DR, SCOTTSDALE, AZ 85260       | MEMBER<br>0.50   | 0.  | 0.  | 0.                                       |
|   |  |   |   |  |
|   |  |   |   |  |
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|   |  |   |   |  |

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

|     |   | Yes | No  |
|-----|---|-----|-----|
| 33  | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity  |     | X   |
| 34  | Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes  |     | X   |
| 35  | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.  |     |     |
| a   | Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?  |     | X   |
| b   | If "Yes," has it filed a tax return on Form 990-T for this year?  | N/A |     |
| 36  | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N  |     | X   |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions.   | 37a | 0.  |
| b   | Did the organization file Form 1120-POL for this year?  |     | X   |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?   |     | X   |
| b   | If "Yes," complete Schedule L, Part II and enter the total amount involved  | 38b | N/A |
| 39  | Section 501(c)(7) organizations. Enter:   |     |     |
| a   | Initiation fees and capital contributions included on line 9  | 39a | N/A |
| b   | Gross receipts, included on line 9, for public use of club facilities   | 39b | N/A |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:<br>section 4911 $\blacktriangleright$ 0. ; section 4912 $\blacktriangleright$ 0. ; section 4955 $\blacktriangleright$ 0.  |     |     |
| b   | Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I  |     | X   |
| c   | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  |     | 0.  |
| d   | Enter amount of tax on line 40c reimbursed by the organization  |     | 0.  |
| e   | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  |     | X   |
| 41  | List the states with which a copy of this return is filed. $\blacktriangleright$ AZ   |     |     |
| 42a | The books are in care of $\blacktriangleright$ DEBORAH SCHAUER Telephone no. $\blacktriangleright$ 480-905-1610<br>Located at $\blacktriangleright$ 7902 E WOOD DR, SCOTTSDALE, AZ ZIP + 4 $\blacktriangleright$ 85260  |     |     |
| b   | 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)?<br>If "Yes," enter the name of the foreign country: $\blacktriangleright$<br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | 42b | X   |
| c   | At any time during the calendar year, did the organization maintain an office outside of the U.S.?<br>If "Yes," enter the name of the foreign country: $\blacktriangleright$  | 42c | X   |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year $\blacktriangleright$ 43 N/A  |     |     |
| 44  | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  | 44  | X   |
| 45  | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ   | 45  | X   |

Form 990-EZ (2008)

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- |   | Yes | No |
|---|-----|----|
| 46 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 ..... | 46  | X  |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II .....   | 47  | X  |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....   | 48  | X  |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? .....   | 49a | X  |
| b If "Yes," was the related organization(s) a section 527 organization? .....   | 49b |    |
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE   |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
| Total number of other employees paid over \$100,000 .....      |  |                  |   |  |

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each independent contractor paid more than \$100,000      | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE  |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
| Total number of other independent contractors each receiving over \$100,000 ..... |                     |                  |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: *Deborah Schauer* (Signature of officer) Date: *9/29/09*  
 Type or print name and title: *Deborah Schauer, treasurer*

|                          |  |                        |  |  |
|--------------------------|--|------------------------|--|--|
| Paid Preparer's Use Only | Preparer's signature: <i>CONSTANCE L WALSH, CP</i>   | Date: <i>09/29/09</i>  | Check if self-employed: <input type="checkbox"/> | Preparer's Identifying Number (See Instr.): <i>P00000091</i> |
|                          | Firm's name (or yours if self-employed), address, and ZIP + 4: <i>HAMMOND TRAVERS &amp; TUTTLE PC<br/>6263 N SCOTTSDALE RD STE 250<br/>SCOTTSDALE, AZ 85250-5426</i> | EIN: <i>86-0267201</i> | Phone no.: <i>480-998-2755</i>                   |  |

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



**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 - 3 .....  |          |          |          |          |          |           |
| <b>5</b> 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) ..... |          |          |          |          |          |           |
| <b>6 Public Support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total                |
|---|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....  |          |          |          |          |          |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....   |          |          |          |          |          |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....   |          |          |          |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |          |          |          |          | 12       |                          |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ..... |          |          |          |          |          | <input type="checkbox"/> |

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

|  |           |                          |   |
|--|-----------|--------------------------|---|
| <b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) .....   | <b>14</b> |                          | % |
| <b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....  | <b>15</b> |                          | % |
| <b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....  |           | <input type="checkbox"/> |   |
| <b>b 33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/> |   |
| <b>17a 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/> |   |
| <b>b 10% -facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/> |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....   |           | <input type="checkbox"/> |   |

**Part II Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total  |
|---|----------|----------|----------|----------|----------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 467,118. | 461,395. | 638,327. | 545,441. | 431,638. | 2,543,919. |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose       |          |          |          |          |          |            |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |            |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |            |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |            |
| <b>6 Total.</b> Add lines 1 - 5   | 467,118. | 461,395. | 638,327. | 545,441. | 431,638. | 2,543,919. |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |            |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 |          |          |          |          |          |            |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |            |
| <b>8 Public support</b> (Subtract line 7c from line 6.)   |          |          |          |          |          | 2,543,919. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total  |
|---|----------|----------|----------|----------|----------|------------|
| <b>9</b> Amounts from line 6  | 467,118. | 461,395. | 638,327. | 545,441. | 431,638. | 2,543,919. |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 17.      | 608.     | 932.     | 506.     | 688.     | 2,751.     |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |          |          |          |          |          |            |
| <b>c</b> Add lines 10a and 10b  | 17.      | 608.     | 932.     | 506.     | 688.     | 2,751.     |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |          |          |          |          |          |            |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                 |          |          |          |          |          |            |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          | 2,546,670. |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

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

|  |           |         |
|--|-----------|---------|
| <b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | 99.89 % |
| <b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g                    | <b>16</b> | 99.91 % |

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

|   |           |       |
|---|-----------|-------|
| <b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | .11 % |
| <b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h                      | <b>18</b> | .09 % |

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Name of the organization

SHOEBOX MINISTRY, INC

Employer identification number

86-0690847

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

**General Rule**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vii), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ \_\_\_\_\_

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

SHOEBOX MINISTRY, INC

86-0690847

**Part I** Contributors (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|--|--------------------------------|--|
| 1          | POPE JOHN XXIII SCHOOL<br>16235 N 60TH ST<br>SCOTTSDALE, AZ 85254                      | \$ 17,476.                     | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2          | ST MARY'S BASHA SCHOOL<br>200 W GALVESTON ST<br>CHANDLER, AZ 85225                     | \$ 5,385.                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 3          | PHILOSOPHY<br>3809 E WATKINS ST<br>PHOENIX, AZ 85034                                   | \$ 28,740.                     | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 4          | ANN SLICE<br>19422 N 73RD AVE<br>GLENDALE, AZ 85308                                    | \$ 5,145.                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 5          | BRIDGET AND MICHAEL HEIDORN<br>34522 N SCOTTSDALE RD PMB D7429<br>SCOTTSDALE, AZ 85266 | \$ 8,881.                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 6          | CENTRAL ARIZONA SHELTER SERVICES<br>230 S 12TH AVE<br>PHOENIX, AZ 85007                | \$ 12,612.                     | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |

Name of organization

Employer identification number

SHOEBOX MINISTRY, INC

86-0690847

**Part I** Contributors (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|--|--------------------------------|--|
| 7          | FAITH CHRISTIAN CENTER<br>2640 E MCDOWELL RD<br>PHOENIX, AZ 85008        | \$ 13,500.                     | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 8          | ARCADIA ICE ARENA<br>3853 E THOMAS RD<br>PHOENIX, AZ 85018               | \$ 10,180.                     | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 9          | NEELY ELEMENTARY SCHOOL<br>321 W JUNIPER AVE<br>GILBERT, AZ 85233        | \$ 5,635.                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 10         | DOT KOCEJA<br>10320 E ROSEMARY<br>SCOTTSDALE, AZ 85255                   | \$ 6,700.                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 11         | CITY OF CHANDLER<br>MAIL STOP 418 PO BOX 4008<br>CHANDLER, AZ 85244-4008 | \$ 5,000.                      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 12         | MESA UNITED WAY<br>137 E UNIVERSITY DR<br>MESA, AZ 85201                 | \$ 5,004.                      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |

|   |   |
|---|---|
| Name of organization<br><b>SHOEBX MINISTRY, INC</b> | Employer identification number<br><b>86-0690847</b> |
|---|---|

**Part I Contributors** (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|--|--------------------------------|--|
| 13         | VALLEY OF THE SUN UNITED WAY<br>1515 E OSBORN RD, #1<br>PHOENIX, AZ 85014-5309 | \$ 34,453.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 14         | SEASON FOR SHARING<br>PO BOX 2244<br>PHOENIX, AZ 85002                         | \$ 5,000.                      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|            |  | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|            |  | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|            |  | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|            |  | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|            |  | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

|  |   |
|--|---|
| Name of organization<br><b>SHOEBOX MINISTRY, INC</b> | Employer identification number<br><b>86-0690847</b> |
|--|---|

**Part II Noncash Property** (see instructions)

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given   | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|------------------------------|--|--|----------------------|
| 1                            | 399 GIFT FILLED PURSES, 1,222 PAIRS OF NEW SOCKS, BOXES OF TOILETRIES AND BAGS OF CLOTHING           | \$ 17,476.                                     | VARIOUS              |
| 2                            | 2,154 PAIRS OF NEW SOCKS   | \$ 5,385.                                      | 12/19/08             |
| 3                            | 119 BOXES OF SKIN CARE AND SHAMPOO, 37 BOXES ZIPPERED POUCHES, 42 BOXES PRODUCT, 99 BOXES OF PERFUME | \$ 28,740.                                     | VARIOUS              |
| 4                            | TOOTHPASTE, MULTI-PACK RAZORS SHAMPOO, CONDITIONER AND SHAVING CREAM                                 | \$ 5,145.                                      | VARIOUS              |
| 5                            | KIDS ACTIVITY KITS, DEODERANT, SOCKS, TOYS, BAND-AIDS, SUNGLASSES AND OTHER TOILETRIES               | \$ 8,881.                                      | VARIOUS              |
| 6                            | 42 LARGE BOXES AND 26 SMALL BOXES OF TOILETRIES  | \$ 12,612.                                     | 05/19/09             |

Name of organization

Employer identification number

SHOEBOX MINISTRY, INC

86-0690847

**Part II** Noncash Property (see instructions)

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|------------------------------|--|--|----------------------|
| 7                            | 900 SHOE BOX TOILETRY KITS                   | \$ 13,500.                                     | 12/22/08             |
| 8                            | 509 FAMILY ICE SKATING PASSES                | \$ 10,180.                                     | 04/24/09             |
| 9                            | 2,254 PAIRS OF NEW SOCKS                     | \$ 5,635.                                      | 12/19/08             |
| 10                           | 5 CASES OF MARY KAY COSMETICS AND COMPACTS   | \$ 6,700.                                      | 03/05/09             |
|                              |  | \$   |                      |
|                              |  |  |                      |

| FORM 990-EZ                      | OTHER EXPENSES | STATEMENT | 1 |
|----------------------------------|----------------|-----------|---|
| DESCRIPTION                      |                | AMOUNT    |   |
| BOARD MEETINGS                   |                | 603.      |   |
| INSURANCE                        |                | 1,751.    |   |
| DUES AND SUBSCRIPTIONS           |                | 258.      |   |
| MEALS AND ENTERTAINMENT          |                | 43.       |   |
| SUPPLIES                         |                | 1,142.    |   |
| TELEPHONE                        |                | 986.      |   |
| TRAVEL, TRAINING AND CONFERENCES |                | 376.      |   |
| WEB PAGE                         |                | 437.      |   |
| DONATIONS TO THE HOMELESS        |                | 395,009.  |   |
| PAYROLL TAXES                    |                | 3,666.    |   |
| PUBLIC RELATIONS                 |                | 288.      |   |
| TOTAL TO FORM 990-EZ, LINE 16    |                | 404,559.  |   |

| FORM 990-EZ                   | OTHER ASSETS | STATEMENT   | 2 |
|-------------------------------|--------------|-------------|---|
| DESCRIPTION                   | BEG. OF YEAR | END OF YEAR |   |
| PREPAID EXPENSES              | 1,735.       | 2,746.      |   |
| INVENTORY                     | 111,191.     | 79,189.     |   |
| DEPOSIT-WORKERS COMPENSATION  | 852.         | 899.        |   |
| TOTAL TO FORM 990-EZ, LINE 24 | 113,778.     | 82,834.     |   |

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

PROVIDE HOMELESS AND WORKING POOR INDIVIDUALS WITH TOILETRY KITS, CLOTHING AND MISC HOUSEHOLD ITEMS DONATED BY INDIVIDUALS AND COMPANIES