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Click on the question-mark icons to display help windows  
The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you.

**Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-1150  
**2016**  
**Open to Public Inspection**

Form **990-EZ**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Department of the Treasury  
Internal Revenue Service

03/15

**A** For the 2016 calendar year, or tax year beginning 2016, and ending 20

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  Phoenix Diverse Hoistecs Collaborative  
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
 1658 East 63rd place  
 City or town, state or province, country, and ZIP or foreign postal code  
 Chicago, IL 60617

**D** Employer identification number  45-3235918

**E** Telephone number 312-437-0796

**F** Group Exemption Number ▶

**G** Accounting Method  Cash  Accrual Other (specify) ▶

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

**I** Website: ▶ [www.phoenixdiversehoistecs.com](http://www.phoenixdiversehoistecs.com)

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

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**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)**  
Check if the organization used Schedule O to respond to any question in this Part I

|           |  |           |           |
|-----------|--|-----------|-----------|
| <b>1</b>  | Contributions, gifts, grants, and similar amounts received   | <b>1</b>  | 10,880.25 |
| <b>2</b>  | Program service revenue including government fees and contracts  | <b>2</b>  | 0         |
| <b>3</b>  | Membership dues and assessments  | <b>3</b>  | 0         |
| <b>4</b>  | Investment income  | <b>4</b>  | 0         |
| <b>5a</b> | Gross amount from sale of assets other than inventory  | <b>5a</b> |           |
| <b>5b</b> | Less: cost or other basis and sales expenses   | <b>5b</b> |           |
| <b>5c</b> | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  | <b>5c</b> | 0         |
| <b>6</b>  | Gaming and fundraising events  |           |           |
| <b>6a</b> | Gross income from gaming (attach Schedule G if greater than \$15,000)  | <b>6a</b> | 0         |
| <b>6b</b> | Gross income from fundraising events (not including \$202.00 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | <b>6b</b> | 202       |
| <b>6c</b> | Less: direct expenses from gaming and fundraising events   | <b>6c</b> | 110       |
| <b>6d</b> | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)   | <b>6d</b> | 92        |
| <b>7a</b> | Gross sales of inventory, less returns and allowances  | <b>7a</b> | 0         |
| <b>7b</b> | Less: cost of goods sold   | <b>7b</b> | 0         |
| <b>7c</b> | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   | <b>7c</b> | 0         |
| <b>8</b>  | Other revenue (describe in Schedule O)   | <b>8</b>  |           |
| <b>9</b>  | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  | <b>9</b>  | 10972.25  |
| <b>10</b> | Grants and similar amounts paid (list in Schedule O)   | <b>10</b> | 0         |
| <b>11</b> | Benefits paid to or for members  | <b>11</b> | 0         |
| <b>12</b> | Salaries, other compensation, and employee benefits  | <b>12</b> | 10,880.25 |
| <b>13</b> | Professional fees and other payments to independent contractors  | <b>13</b> | 2500      |
| <b>14</b> | Occupancy, rent, utilities, and maintenance  | <b>14</b> | 2400      |
| <b>15</b> | Printing, publications, postage, and shipping  | <b>15</b> | 1500      |
| <b>16</b> | Other expenses (describe in Schedule O)  | <b>16</b> | 0         |
| <b>17</b> | <b>Total expenses.</b> Add lines 10 through 16   | <b>17</b> | 17,280.25 |
| <b>18</b> | Excess or (deficit) for the year (Subtract line 17 from line 9)  | <b>18</b> | (6,400)   |
| <b>19</b> | 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)   | <b>19</b> | 0         |
| <b>20</b> | Other changes in net assets or fund balances (explain in Schedule O)   | <b>20</b> | 0         |
| <b>21</b> | <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20   | <b>21</b> |           |

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Form 990-EZ (2016)

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

Form 990-EZ (2016) questions 33-45b with Yes/No columns and checkboxes. Includes questions about significant activity, changes to documents, business income, political expenditures, and charitable trusts.

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46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

|    |     |                                     |
|----|-----|-------------------------------------|
| 46 | Yes | No                                  |
|    |     | <input checked="" type="checkbox"/> |

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's 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."

|     |     |                                     |
|-----|-----|-------------------------------------|
| 47  | Yes | No                                  |
| 48  |     | <input checked="" type="checkbox"/> |
| 49a |     | <input checked="" type="checkbox"/> |
| 49b |     | <input checked="" type="checkbox"/> |

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| NONE                                |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |

f Total number of other employees paid over \$100,000  NONE

51 Complete this table for the organization's 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 business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Yes  No

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

Signature of officer: Pamela Charly Phoenix Date: 6/19/2017

Type or print name and title: Pamela Charly Phoenix, Executive Director Date: June 19, 2017

Paid Preparer Use Only

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: \_\_\_\_\_

Firm's name: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_

Firm's address: \_\_\_\_\_ Phone no: \_\_\_\_\_

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

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Phoenix Diverse Holistics Collaborative

Employer identification number

45-3235912

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vii).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
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...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, or 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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations.
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Rows (A) through (E) and Total.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016

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**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | 0        | 0        | 21038.50 | 20346.75 | 10880.25 | 52265.50  |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   | 0        | 0        | 0        | 0        | 0        | 0         |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge   | 0        | 0        | 0        | 0        | 0        | 0         |
| 4 Total. Add lines 1 through 3  | 0        | 0        | 21038.50 | 20346.75 | 10880.25 | 52265.50  |
| 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) |          |          |          |          |          |           |
| 6 Public support. Subtract line 5 from line 4   |          |          |          |          |          | 52265.50  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4  | 0        | 0        | 21038.50 | 20346.75 | 10880.25 | 52265.50  |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   | 0        | 0        | 0        | 0        | 0        | 0         |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on   | 0        | 0        | 0        | 0        | 0        | 0         |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |          |          | 21038.50 | 20346.75 | 10880.25 | 52265.50  |
| 11 Total support. Add lines 7 through 10   |          |          |          |          |          | 52255.50  |
| 12 Gross receipts from related activities, etc. (see instructions)   |          |          |          |          | 12       | 52265.50  |
| 13 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 ▶ <input checked="" type="checkbox"/> |          |          |          |          |          |           |

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

|   |    |     |
|---|----|-----|
| 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))   | 14 | 1 % |
| 15 Public support percentage from 2015 Schedule A, Part II, line 14   | 15 | 1 % |
| 16a 33 1/3% support test—2016. 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 checked="" type="checkbox"/>  |    |     |
| b 33 1/3% support test—2015. 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"/>  |    |     |
| 17a 10%-facts-and-circumstances test—2016. 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 ▶ <input type="checkbox"/>    |    |     |
| b 10%-facts-and-circumstances test—2015. 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 ▶ <input type="checkbox"/> |    |     |
| 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 ▶ <input type="checkbox"/>  |    |     |

Schedule A (Form 990 or 990-EZ) 2016

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