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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)

OMB No 1545-0047 2008

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

| | For th | e 2008 calend | dar year, d | or tax year beginning Sep 1 | , 200 | 8, and | lending | Aug | 31 | | , 20 | 9 | |
|------------------------------------|-------------------|---|-------------------------|---|---|------------------------|---------------------------|----------------------------|---|----------|-------------------------|------------------------|---------------|
| В | Check if | applicable | | C Name of organization | | | | | D Employ | yer ider | ntıfication | Number | |
| | Add | dress change | Please use IRS label | Family Promise of 1 | Las Vegas, NV | | | 1 | 88- | 035 | 2350 | | |
| | | me change | or print or type | Number and street (or P O box if m | | | Room/suite | , | E Teleph | one nur | nber | | |
| | | hal return | See specific | P.O. BOX 270128 | | | | 1 | 170 | 21 (| 638-8 | 8806 | |
| | | rmination | Instruc- | City, town or country | Stat | e ZIP o | code + 4 | | | <u></u> | 0.50 (| ,000 | |
| | | | tions. | J | NV | | 127 | ļ | G 0 | | e 2 | an 67 | 1 |
| | | nended return | E Name e | Las Vegas and address of principal officer | | 0 9 | | a) is this a | G Gross retu | | | | |
| | L_J Api | plication pending | ł | • • | T = = 1/2 = = = 1 | *** 0 0 | 1 | - | affiliates inc | | imates | Ye | |
| - | | | | ndemann 3532 Madrid | | V 89 | 121) | | attach a list | | struction | _{s)} ப '* | , [] " |
| <u> </u> | | exempt statu | | (c) (3) ◄ (insert no) | 4947(a)(1) or | 5 | 27 | | | | _ | | |
| <u>J</u> | | site: ► N/ | | | | | | | xemption n | | | | |
| K | | of organization | X Corpora | ation Trust Association | Other ► I | Year o | f Formation | 1997 | <u> M </u> | State of | legal do | nicile N | <u> </u> |
| PE | art I | Summa | | | | | | | · | | | | |
| | 1 | Briefly describ | be the org | anization's mission or most sig | nificant activities <u>T</u> | o_help | provide | homeless | families | with | food, | shelter, | _clothing |
| 8 | i - | | | | | | | | | | | | |
| ğ | - | | | | | | | | | | | | |
| . U.I.U Activities & Governance | i - | ~ | | | | | | | | | | | |
| Š | | Check this bo | | if the organization discontinued | | osed o | of more t | han 25% | 6 of its as | | | | |
| 8 | | | | bers of the governing body (Par | | • • • • | | | | | 8 | | |
| 63 | 1 | | | t voting members of the governi | ng body (Part VI, line | (סו פ | | | | 4 | 6 | | - |
| בַּ כּ | 1 | | | yees (Part V, line 2a) | | | | | | 5 | 8 | 10 | |
| Activ | 1 | | | eers (estimate if necessary) usiness revenue from Part VIII, | line 12 column (C) | | | | | 6 7 a | 1,50 | ,,, | 0. |
| 9 | 1 | _ | | taxable income from Form 990 | | | | | | 7 b | | | |
| 9 | | ivet unrelated | DUSITIESS | taxable income from 1 oni 390 | -1, IIIIE 3 4 | | | | | <u> </u> | | | |
| 18 | | | | | | | - | PrPr | ior Year | <u> </u> | | urrent \ | |
| Z 9 | 1 | | | ts (Part VIII, line 1h) | | | - | | 239,9 | 115. | [| 24: | 5,028. |
| Revenue | 1 | _ | | ue (Part VIII, line 2g) | 7-1\ | | - | | | - 20 | | | 167 |
| 3 € | | | | rt VIII, column (A), lines 3, 4, a | | | - | | | 30. | | | 7,167. |
| <u>u</u> – | | | | column (A), lines 5, 6d, 8c, 9 | | 10 | | | 30,4 | | | | 381. |
| | | | | ies 8 Uriough 11 (must equal Pa | | ne 12) | | | 272,9 | 921. | | 263 | 5,242. |
| 7 | | | | ounts paid (Part & column (A), | | | | | | | | | |
| <u></u> | | | 1.71 | nembers (Part IX Column (A), I | | | 1 | | | | | | |
| ව දූ | | Salaries, compensation, employee Benefits (Part IX, column (A), lines 5-10) | | | | | | | 178,073. | | <u> </u> | | 3,269. |
| 3 | 16a l | Professiohal I | undraisin | g fees (Part IX, column (A), line | : 11e) | | 1_ | | | | | 2 | 2,000. |
| ਨ Expenses | b | Total fundrais | ing expen | ses (Part IX, column (D), line 2 | 5) ► | _5,5 | 550. | | | | l | | |
| Ш | 17 (| Other expense | es (Part I) | X, column (A), lines 11a-11d, 1 | 1f-24f) | | | _ | 117,3 | 376. | | 138 | 3,092. |
| | 1 | | | nes 13-17 (must equal Part IX, c | | | Ţ | | 295,4 | | | | 3,361. |
| | | • | | Subtract line 18 from line 12 | , ,, | | | | -22,5 | | | | 3,119. |
| 88 | | | | | | | | Posin | ning of Y | | | End of Y | |
| Net Assets or Fund Balancos | 20 | Total assets (| Part X Ju | ne 16) | | | - | Degini | 146,0 | | " | | 3,450. |
| A B | l | Total liabilities | | | | | H | | | 10. | | | 694. |
| žž | ł | | | • | 20 | | ŀ | | | | | | |
| | <u>22 </u> | | re Bloc | nces Subtract line 21 from line | 20 | | | | 144,8 | 76. | <u> </u> | | ,756. |
| F | | | | | | _ | | | | | | | |
| | | Under penaltie: true, correct, a | s of perjury. | I declare that I have examined this return, Declaration of preparer (other than office | , including accompanying sc ir) is based on all informatio | hedules in of which | and statem ch preparer | ents, and to has any kr | o the best o nowledge | of my kr | owledge | and belief. | ıt ıs |
| c: | | | 4. | 1.4.4.6. | | | | ı | m / | ى ، ر | /- | | |
| Sig He | jii | Signature | my of officer | / widemen | <u> </u> | | | Date | | | | 210 | |
| 110 | 16 | | (. | | | | | Date | | / | | | |
| | | | / Linde | | | | | | | /_ | | | |
| _ | | Type or pri | int name and | title | | - | | | | | | | |
| _ | | | |) 190- | | Date | | Che self | ck if | [6 | reparer s see instru | identifying ctions) | number |
| Pa | | Preparer s | 1/ | | | ./ | 1 | | ployed P | } | | | |
| Pre | | signature | Dani | M. Riddle, CPA | | | 12010 | 2 | | | | | |
| Da Us | rer's | Firm's name (o | n Dani | ny M. Riddle, CPA, Ch | td. | | | | | | | | |
| On | | yours if self- employed). | 373 | | | | | EIN | • | | | | |
| JII | ·'y | address, and ZIP + 4 | Las | Vegas | NV 891 | 21 | | | ne no 🕨 | | | | |
| May | the IR | | | outh the preparer shown above? | | | | | | | x | Yes | No |
| _ | | | | work Reduction Act Notice, see | | tions. | | | TEEA0101 | 04/23 | | | (2008) |

| | 1 990 (2008) | | | | of Las Veg | | | | 88-0 | 35235 | 50 | | Page 2 |
|------------------|---------------------|--------------|-------------------|---------------|------------------|------------------------|-----------------|------------------|-----------------|----------------|------------------|--------------------------|-----------------|
| Par | | | | | | mplishments (se | e instruc | tions) | | | | | |
| 1 | Briefly desi | | - | | | | | | | | | | |
| | To help | 5 bron | ide home | eless. | families | with food, s | helter, | , <u>clothin</u> | g and oth | er _ne | ces | siti | <u>.es.</u> |
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| | | | | ~ | | | | | | - - | | | |
| | <u> </u> | | | | | | | | | | | | |
| 2 | Form 990 c | | | ny signi | ficant program | services during the y | ear which w | vere not listed | on the prior | | V | 6 7 | |
| | | | , se new servi | (| Calcadula O | | | | | Ш | Yes | X | No |
| , | | | | | | | | | | \Box | V | X | A1 - |
| 3 | - | | se changes (| _ | = | ant changes in how i | conducts, | any program: | services, | لــا | Yes | $\langle \nabla \rangle$ | No |
| 4 | | | | | | the organization's th | ree largest i | Drooram sarviv | see by expens | s Sacti | on 50. | (~)(3) | |
| - | and 501(c) | (4) organi | zations and | section - | 4947(a)(1) trust | ts are required to rep | ort the amo | ount of grants | and allocations | to othe | rs, the | total | , |
| | expenses, | and reven | ue, if any, fo | or each | program service | e reported | | | | | | | |
| | | | | | | | | | | | | | |
| 4 a | (Code |) | (Expenses | \$ | 326,696 | . including grants of | f \$ | 0 | _) (Revenue | \$ | 45 | 5,2 | <u>56.</u>) |
| | see sta | atemen | t | | | | | | | | | | |
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| 46 | (Code |) | (Expenses | ş | | including grants o | f \$ | |) (Revenue | \$ | | |) |
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| 4.0 | · (Code | ١ | (Evnenses | s | | including grants o | f Ġ | |) (Revenue | s | | | , |
| 70 | . (Code | | (Expenses | ٧ | | _ including grants o | ' Y | | _) (Nevenue | ٧ | | | ' |
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| 44 | Other progr | am servic | es (Describ | e in Sch | nedule ()) | | | | | | | | |
| 70 | (Expenses | \$ | US (DESCRIU | . ni J(l) | including gran | nts of \$ | |) (Revenue | s \$ | | | , | |
| 40 | Total progr | | e eypercer | - 0 | | 5,696. (Must equ | al Part IV | | | | | / | |
| _ 4 e | rotal progr | ani Servic | e exhenses | - 3 | 320 | , 050. (Must equ | arrania, L | LITIE 25, COIUM | (P)) | | | | |

| _ | | | | |
|------|---|------------|-------------------|----------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A | 1 | x | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II | 4 | | X |
| 5 | Section 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III | 8 | ! | X |
| 9 | Did the organization report an amount in Part X, line 21, 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 hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V | 10 | | X |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable | 11 | х | |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII | 12 | х | |
| 13 | is the organization a school described in section $170(b)(1)(A)(ii)$? If 'Yes,' complete Schedule E | 13 | | _X |
| 14 a | Did the organization maintain an office, employees, or agents outside of the U.S.? | 14a | | <u> </u> |
| t | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I | 14b | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II | 15 | | Х |
| | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III | 16 | | х |
| _ | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II | 18 | X | |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III | 19 | | X |
| 20 | Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H | 20 | | X |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J | 23 | | x |
| 24 a | 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No, go to question 25 | 24- | | v |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24a 24b | | <u> </u> |
| | 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? | 24c | -+ | |
| | | | | |
| | Section 501(c)(3) and 501(c)(4) 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 | \dashv | X |
| | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I | 25b | \longrightarrow | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II | 26 | | _x |
| | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III | 27 | | X |
| ΔΔ | | Form | 000 (| /በበወነ |

Form 990 (2008) Family Promise of Las Vegas, NV

Part IV | Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|---|------|-------|----------|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee | | | |
| 4 | a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV | 28a | | _x |
| ı | b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV | 28b | | _x |
| (| c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | 32 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | Х |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35 | | х |
| 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 | | х |
| 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 | | <u>x</u> |
| RΔΔ | | Form | agn / | 20081 |

Form **990** (2008)

| Part V | Statements Regarding Other IRS Filings and Tax Compliance | | | | |
|-------------------------|--|--------------|-----|--------|-------------|
| | | | ` | Yes | No |
| | r the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S mation Returns Enter -0- if not applicable 1a | 0 | | | |
| b Enter | r the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 0 | | | l |
| c Did th (gam | he organization comply with backup withholding rules for reportable payments to vendors and reportable gai bling) winnings to prize winners? | | 1 c | x | |
| 2a Enter t | the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the ar year ending with or within the year covered by this return | 8 | | | |
| 2b If at I | least one is reported on line 2a, did the organization file all required federal employment tax returns? | | 2Ь | x | 1 |
| Note. | . If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions | s) | | | |
| | he organization have unrelated business gross income of \$1,000 or more during the year covered by eturn? | | 3 a | | Х |
| b If 'Ye | s' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O | <u></u> | 3Ь | | |
| 4a At an financ | ly time during the calendar year, did the organization have an interest in, or a signature or other authority of cial account in a foreign country (such as a bank account, securities account, or other financial account)? | | 4a | | _x |
| b If 'Ye | s,' enter the name of the foreign country | | | | |
| | the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and included a counts | | | ļ | 1 |
| 5a Was 1 | the organization a party to a prohibited tax shelter transaction at any time during the tax year? | <u> </u> | 5 a | | _X |
| b Did a | iny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | <u> </u> | 5 b | | X |
| c If 'Ye Prohi | s,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding bited Tax Shelter Transaction? | L. | 5 c | | L— |
| 6a Did th | ne organization solicit any contributions that were not tax deductible? | | 6 a | | Х |
| | s,' did the organization include with every solicitation an express statement that such contributions or gifts v ctible? | | 6 b | | _ |
| 7 Orga | nizations that may receive deductible contributions under section 170(c). | | | T | |
| a Did th | ne organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? | | 7 a | | X |
| b If 'Ye | s,' did the organization notify the donor of the value of the goods or services provided? | | 7 b | | |
| | ne organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 8282? | | 7 c | | Х |
| d If 'Ye | s,' indicate the number of Forms 8282 filed during the year 7d | | | - | |
| | ne organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal fit contract? | | 7 e | | х |
| f Did th | ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7 f | | X |
| g For a | Il contributions of qualified intellectual property, did the organization file Form 8899 as required? | | 7 g | | |
| h For a | Il contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as requ | ured? | 7h | [| |
| 8 Section Suppose | on 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) orting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, has business holdings at any time during the year? | ave | | | x |
| | on 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | | \neg | |
| | ne organization make any taxable distributions under section 4966? | | a | Ī | Х |
| | ne organization make any distribution to a donor, donor advisor, or related person? | | ь | | <u> </u> |
| | on 501(c)(7) organizations. Enter | | | \neg | |
| | tion fees and capital contributions included on Part VIII, line 12 | 1 | 1 | 1 | |
| | s Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | - 1 | |
| | on 501(c)(12) organizations. Enter | | | } | |
| | s income from other members or shareholders | | | l | |
| b Gross | s income from other sources (Do not net amounts due or paid to other sources against ints due or received from them.) | | | | |
| | on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12 | 2a | | |
| | s,' enter the amount of tax-exempt interest received or accrued during the year 12b | | | | _ |

BAA

Form 990 (2008) Family Promise of Las Vegas, NV 88-0352350 Page

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| Sec | tion A. | Governing Body and Management | | | | | | | | |
|-----|---|--|--|----------|------------|-------------|--|--|--|--|
| | For each | 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, de s, or changes in Schedule O See instructions | scribe the circumstances, | | Yes | No | | | | |
| 1. | • | number of voting members of the governing body | 1a 8 | | | | | | | |
| | | number of voting members that are independent | 1b 6 | | | | | | | |
| 2 | Did any officer, d | officer, director, trustee, or key employee have a family relationship or a business relairector, trustee or key employee? | itionship with any other | 2 | | х | | | | |
| 3 | Did the o | rganization delegate control over management duties customarily performed by or units, directors or trustees, or key employees to a management company or other person | der the direct supervision | 3 | | х | | | | |
| 4 | Did the o | rganization make any significant changes to its organizational documents | | 4 | | Х | | | | |
| | since the | prior Form 990 was filed? | | | | | | | | |
| 5 | Did the c | rganization become aware during the year of a material diversion of the organization's | s assets? | 5 | | <u> </u> | | | | |
| 6 | Does the | organization have members or stockholders? | | 6 | | X | | | | |
| 7: | Does the governin | organization have members, stockholders, or other persons who may elect one or mog body $^{\circ}$ | ore members of the | 7 a | _X_ | <u> </u> | | | | |
| Į | b Are any | decisions of the governing body subject to approval by members, stockholders, or other | er persons? | 7b | <u> </u> | ļ | | | | |
| 8 | Did the o | rganization contemporaneously document the meetings held or written actions undertooning $oldsymbol{w}$ | aken during the year by | | | | | | | |
| | • | rning body? | | 8a 8b | X | | | | | |
| | b Each committee with authority to act on behalf of the governing body? | | | | | | | | | |
| | 9a Does the organization have local chapters, branches, or affiliates? | | | | | | | | | |
| | and bran | does the organization have written policies and procedures governing the activities of s ches to ensure their operations are consistent with those of the organization? | • | 9ь | | | | | | |
| | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 | | | | | | | | | |
| | 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O | | | | | | | | | |
| Sec | tion B. | Policies | | | | · · · · · | | | | |
| | | | | 10. | Yes | No | | | | |
| | | organization have a written conflict of interest policy? If 'No,' go to line 13 | | 12a | <u>X</u> _ | ļ | | | | |
| | to conflic | | _ | 12Ь | X | | | | | |
| | Schedule | organization regularly and consistently monitor and enforce compliance with the police O how this is done | cy? If 'Yes,' describe in | 12c | X | | | | | |
| | | organization have a written whistleblower policy? | | 13 | | Х | | | | |
| 14 | | organization have a written document retention and destruction policy? | | 14 | <u> </u> | | | | | |
| | persons, | rocess for determining compensation of the following persons include a review and ap comparability data, and contemporaneous substantiation of the deliberation and decisions are also as a second contemporaneous. | pproval by independent sion | | | | | | | |
| | | nization's CEO, Executive Director, or top management official? | | 15a | _X_ | | | | | |
| , | | the green of Key employees of the organization? | | 156 | | <u> X</u> | | | | |
| | | the process in Schedule O (see instructions) | | | | | | | | |
| | entity du | rganization invest in, contribute assets to, or participate in a joint venture or similar ai ring the year? | v | 16a | | х | | | | |
| ı | in joint v | nas the organization adopted a written policy or procedure requiring the organization to enture arrangements under applicable federal tax law, and taken steps to safeguard the th respect to such arrangements? | evaluate its participation ne organization's exempt | 16 b | | | | | | |
| Sec | | Disclosures | | 1 (4 4) | | | | | | |
| | | tates with which a copy of this Form 990 is required to be filed ▶ | | | | | | | | |
| | Section 6 | in 104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and in Indicate how you make these available. Check all that apply | 1 990-T (501(c)(3)s only) av | aılable | for pu | blic | | | | |
| | Own | website Another's website X Upon request | | | | | | | | |
| 19 | Describe statemer | in Schedule O whether (and if so, how) the organization makes its governing documents available to the public | nts, conflict of interest polic | y, and i | inanc | ıal | | | | |
| 20 | | name, physical address, and telephone number of the person who possesses the boo | ks and records of the organ | ization | | | | | | |
| (| The o | rganization Las Vegas, NV Las Vegas, N | <u>V _ 89127 (7</u> | 02)_6 | 38-8 | <u> 806</u> | | | | |
| BAA | | | · | Form | 990 (| 2008) | | | | |

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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) or more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| Check this box if the organization did not | compens | ate ar | y of | | | rector, | trus | stee, or key employee | | | | | |
|--|------------------|---------------------|-----------------------|----------|--------------|--------------------------------|----------|----------------------------------|---|---|--|--|--|
| (A) | (B) | | | | c) | | | (D) (E) (F) | | | | | |
| Name and Title | Average hours | | tion (| | k all t | hat app | | Reportable compensation from | Reportable | Estimated | | | |
| | per week | ardividi el frustee | anstitutionel trustee | Offi 1 | Key amployee | Highest contra-isated employee | rome | the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations | | | |
| Jennifer Cohen | | | | | | | | N | | | | | |
| President | 10.00 | | | Х | | | | o. | 0. | 0. | | | |
| Claudia Widhalm | | | | | | | | | | | | | |
| Vice President | 10.00 | | | Х | | | | 0. | 0. | 0. | | | |
| David Stahl | | | | | | | | | | | | | |
| Treasurer | 10.00 | | | X | | | | 0. | 0. | 0. | | | |
| Cindy Jensen | | | | | | | | | _ | | | | |
| Secretary | 10.00 | | | X | | | | 0. | 0. | 0. | | | |
| Terry Lindemann | | | | | | | | | | | | | |
| Director | 40.00 | Χ | | | Х | Х | | 48,685. | 0. | 0. | | | |
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| Form 990 (2008) Family Promise of Las Vec | gas, | NV | | | | | | | 88-035235 | 0 | F | Page l |
|---|-------------------|-----------------|-------------|--------------|-------------|------------------------------|-------|---|--|-----------------------|--|-------------------------|
| Part VII Section A. Officers, Directors, Trust | | ∖ey ↓ | Em | | | es, | an | | | loyee | | <u>int.)</u> |
| (A) | (B) Average | Posi | tion (| - | c) | hat a | nnlıv | (D) | (E) | _ | (F) | |
| Name and Title | hours per week | | | Officer | | Highest compensated employee | | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W 2/1099 MISC) | amo cor or a | istimater bunt of o npensati from the ganization nd relate panizatio | ther ion on ed |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| 11 7-1-1 | | | ı | | | | | 40.605 | | | | |
| 2 Total number of individuals (including those in 1a) where the property of t | no rece | ived | mor | e th | an \$ | 100 | ,000 | 48,685.) O in reportable con | 0.) pensation from the | | | 0 |
| organization • | | | | _ | | | | | | | Yes | No |
| 3 Did the organization list any former officer, director of on line 1a? If 'Yes,' complete Schedule J for such ind 4 For any individual listed on line 1a, is the sum of report | lividual | | _ | • | - | | - | | • | 3 | | х |
| the organization and related organizations greater the | an \$150 | 0,000 | 7 f | 'Yes | s' co | mpl | ete | Schedule J for suc | h | 4 | | х |
| 5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete Sche | mpensa dule J | ation for si | fron Jch | n an pers | y ur son | nrela | ated | organization for s | ervices | 5 | | x |
| Complete this table for your five highest compensated compensation from the organization | d indep | ende | nt c | ontr | acto | rs tl | hat i | received more than | \$100,000 of | | | |
| (A) Name and business address | S | | | | | | | (B) Description o | f Services | (Compe | C) ensatio | on . |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent contractors (including the compensation from the organization ► | nose in | 1) w | ho r | ecei | ved | mor | re th | nan \$100,000 in | | | | |

| <u>ira</u> | rt VIII Statement of Revenue | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512, 513, or 514 | | |
|---|--|----------------------|--|---|--|--|--|
| <u> </u> | 1a Federated campaigns 1a | | rovendo | | 3.2, 313, 0/ 314 | | |
| NA STA | b Membership dues 1b | | | | | | |
| 35 | c Fundraising events 1c | | | | 1 | | |
| TS. | d Related organizations | | | | | | |
| ₫₫ | e Government grants (contributions) 1e 105, 977. | | | | | | |
| SES | e dovernment grants (contributions) | | | | | | |
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | f All other contributions, gifts, grants, and similar amounts not included above 1f 139,051. | | | | | | |
| ξõ | g Noncash contribns included in lns 1a-1f \$ 15,785. | | | | | | |
| | h Total. Add lines 1a-1f | 245,028. | | | | | |
| PROGRAM SERVICE REVENUE | Business Code | | | - | | | |
| VEN | 2a | | | | | | |
| 2 | b | | | | _ | | |
| VICI | c | | | | | | |
| SER | d | | | | | | |
| Σ | e | | | | | | |
| 85 | f All other program service revenue | | | | | | |
| Æ | g Total. Add lines 2a-2f | | | | | | |
| | Investment income (including dividends, interest and other similar amounts) | 388. | 388. | 0. | 0. | | |
| | 4 Income from investment of tax-exempt bond proceeds | 300. | | | | | |
| | 5 Royalties | | | | | | |
| | (i) Real (ii) Personal | | | | | | |
| | 6a Gross Rents | | | | | | |
| | b Less rental expenses | | | | , | | |
| | c Rental income or (loss) | ٠ | | | | | |
| | d Net rental income or (loss) | | | ' | | | |
| | (i) Securities (ii) Other | - | _ | · · · · · · · · · · · · · · · · · · · | | | |
| | 7a Gross amount from sales of assets other than inventory 9,000. 0. | , | | • | • | | |
| | | | | | | | |
| | b Less cost or other basis and sales expenses 7,113. 11,442. | | | | | | |
| | c Gain or (loss) 1,88711,442. | | • | | | | |
| | d Net gain or (loss) | -9,555. | -9,555. | 0. | 0. | | |
| | · | | 3,333. | <u> </u> | | | |
| NOE | 8a Gross income from fundraising events (not including \$ | | - | | • | | |
| OTHER REVEN | of contributions reported on line 1c) | | | | | | |
| 8 | See Part IV, line 18 a 36, 255. | • | | | | | |
| E | b Less direct expenses b 6,874. | | | | | | |
| Ĭ | c Net income or (loss) from fundraising events | 29,381. | 29,381. | 0. | 0. | | |
| | 9a Gross income from gaming activities See Part IV, line 19 | | | | | | |
| | b Less direct expenses b | , | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| | 10a Gross sales of inventory, less returns | | | | | | |
| | and allowances a | | | | | | |
| İ | b Less cost of goods sold b | | | | | | |
| } | c Net income or (loss) from sales of inventory | | | | | | |
| } | Miscellaneous Revenue Business Code | | | • | | | |
| ł | 11a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | | | | |
| l | 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e | 265,242. | 20,214. | 0. | 0. | | |
| | | | 20,213. | | <u></u> | | |

Page 10

Form 990 (2008) Family Promise of Las Vegas, NV

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Dо . 6Ь, | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|-------------|--|-----------------------|------------------------------|-------------------------------------|-----------------------------------|
| 1 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 48,684. | 36,513. | 12,171. | 0. |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 96,478. | 93,958. | 0. | 2,520. |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 8,364. | 7,424. | 881. | 59. |
| 10 | Payroll taxes | 14,743. | 11,057. | 3,414. | 272. |
| 11 | Fees for services (non-employees) | | | | , |
| | a Management | | | , | |
| I | b Legal | | | | |
| (| c Accounting | 34,962. | 0. | 34,962. | 0. |
| (| d Lobbying | | | | |
| | e Prof fundraising svcs. See Part IV, In 17 I Investment management fees | 2,000. | | | 2,000. |
| | Other | 1,332. | 0. | 1,332. | 0. |
| | Advertising and promotion | 9,184. | 6,848. | 2,296. | 40. |
| 13 | Office expenses | 5,339. | 3,898. | 1,334. | 107. |
| 14 | Information technology | 983. | 504. | 479. | 0. |
| 15 | Royalties | | - '- | | |
| 16 | Occupancy | 4,132. | 3,512. | 620. | 0. |
| 17 | Travel | | • | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 9,362. | 7,958. | 1,404. | 0. |
| 23 24 | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| | a Van expenses | 16,542. | 12,230. | 3,981. | 331. |
| Į | Insurance | 4,748. | 3,395. | 1,187. | 166. |
| | CUtilities | 3,236. | 2,751. | 485. | 0. |
| | d Bank charges | _631. | 473. | 158. | 0. |
| (| Affiliate_fee | 5,446. | 5,446. | 0. | 0. |
| | All other expenses | 42,195. | 38,500. | 3,640. | 55. |
| _25 | Total functional expenses Add lines 1 through 24f | 308,361. | 234,467. | 68,344. | 5,550. |
| 26 | Joint Costs. Check here L If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |
| BAA | L | | | | Form 990 (2008) |

| <u> </u> | <u> </u> | Dalance Sheet | | | (A) | | (B) | | | | |
|-------------|-------------|--|-----------------------------------|--------------------------|--------------------------|-------------|------------------------|--|--|--|--|
| | | | | | Beginning of year | | End of year | | | | |
| | 1 | Cash — non-interest-bearing | | | 7,791. | 1_1_ | 13,859 | | | | |
| | 2 | Savings and temporary cash investments | | | 93,506. | 2 | 33,883 | | | | |
| | 3 | Pledges and grants receivable, net | | Ļ | | 3 | | | | | |
| | 4 | Accounts receivable, net | | } | | 4 | | | | | |
| | 5 | Receivables from current and former officers, directors or other related parties. Complete Part II of Schedule I | s, truste - | ees, key employees, | | 5 | | | | | |
| | 6 | Receivables from other disqualified persons (as define | d unde | r section 4958(f)(1)) | | | | | | | |
| ۸ | } | and persons described in section 4958(c)(3)(B) Comp | lete Pa | art II of Schedule L | | 6 | | | | | |
| A S S E T S | 7 | Notes and loans receivable, net | | 1 | | 7 | | | | | |
| Ě | 8 | Inventories for sale or use | | 1 | | 8 | | | | | |
| Ś | 9 | Prepaid expenses and deferred charges | | ļ | | 9 | 2,486. | | | | |
| | 10 a | Land, buildings, and equipment cost basis | 10a | 88,631. | | | | | | | |
| | b | Less accumulated depreciation Complete Part VI of | | | | 1 | | | | | |
| | } | Schedule D | 10b | 30,409. | 37,276. | 10 c | 58,222. | | | | |
| | 11 | Investments — publicly-traded securities | | | | 11 | | | | | |
| | 12 | Investments – other securities See Part IV, line 11 | | 1 | · | 12 | | | | | |
| | 13 | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| | 14 | Intangible assets | | | | 14 | | | | | |
| | 15 | Other assets See Part IV, line 11 | | <u> </u> | 7,513. | + | 0. | | | | |
| | 16 | Total assets Add lines 1 through 15 (must equal line | 34) | | 146,086. | 16 | 108,450. 6,694. | | | | |
| | 17 | | | | | | | | | | |
| | 18 | Grants payable | | | 18 | | | | | | |
| | 19 | Deferred revenue | | | | 19 | | | | | |
| LIABILITIES | 20 | Tax-exempt bond liabilities | | Ĺ | | 20 | | | | | |
| | 21 | Escrow account liability Complete Part IV of Schedule | | - | | 21 | | | | | |
| | 22 | Payables to current and former officers, directors, trus highest compensated employees, and disqualified pers | ey employees, complete Part II | | | | | | | | |
| Ė | - | of Schedule L | | | 22 | | | | | | |
| S | 23 | Secured mortgages and notes payable to unrelated the | ra part | ies | | 23 | | | | | |
| | 24 | Unsecured notes and loans payable | | H | | 24 | | | | | |
| | 25 | Other liabilities Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 | | - | 1 210 | 26 | 6 604 | | | | |
| | 26 | Organizations that follow SFAS 117, check here | V 25 | d complete lines | 1,210. | 26 | 6,694. | | | | |
| Ĕ | } | 27 through 29 and lines 33 and 34. | A an | u complete lines | | | | | | | |
| | 27 | Unrestricted net assets | | | 140,171. | 27 | 101,756. | | | | |
| ASSE | 28 | Temporarily restricted net assets | | - | 4,705. | 28 | 0. | | | | |
| Ĭ | 29 | Permanently restricted net assets | | | 4,705. | 29 | | | | | |
| Q R | 23 | Organizations that do not follow SFAS 117, check her | ۰ ۲ | and complete | | - | | | | | |
| | | lines 30 through 34. | • | and complete | | l í | | | | | |
| FUZD | 30 | Capital stock or trust principal, or current funds | | Ì | | 30 | | | | | |
| | 31 | Paid-in or capital surplus, or land, building, and equipment of the surplus of th | nent fu | and - | | 31 | | | | | |
| Ę | 32 | Retained earnings, endowment, accumulated income, | | <u>-</u> | | 32 | | | | | |
| Ñ | 33 | Total net assets or fund balances. | 01 01110 | | 144,876. | 33 | 101,756. | | | | |
| BALAZCES | 34 | Total liabilities and net assets/fund balances | | - | 146,086. | 34 | 108,450. | | | | |
| | rt X | | | | 140,000. | 1 34 1 | 100,430. | | | | |
| | <u> </u> | T manejar statements and reporting | _ | | | | Yes No | | | | |
| 1 | Acc | counting method used to prepare the Form 990 X C | ash | Accrual (| Other | | 1.00 | | | | |
| 2 | a We | re the organization's financial statements compiled or re | eviewe | d by an independent acc | countant? | | 2a X | | | | |
| | b We | re the organization's financial statements audited by an | ındepe | endent accountant? | | | 2b X | | | | |
| | rev | Yes' to 2a or 2b, does the organization have a committe lew, or compilation of its financial statements and selec | tion of | an independent accoun | tant? | | 2c X | | | | |
| 3 | a As | a result of a federal award, was the organization require dit Act and OMB Circular A-133? | ed to u | ndergo an audit or audit | s as set forth in the Si | ngle | | | | | |
| | | on Act and OMB Circular A-1337 fes,' did the organization undergo the required audit or | audite 2 | | | | 3a X 3b | | | | |
| RΔ | | ics, and the organization undergo the required addition | addits ' | | | | Form 990 (2008) | | | | |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008

| Name of t | he organization | | | | | | | Employe | r identifica | tion number | | |
|-----------|---|-------------------------------|--|--|--|------------------|--|----------------|--------------|--------------|----------|------|
| Fami. | ly Promise of | Las Vegas, N | V | _ | | | | 88-0 | 352350 | 00 | | |
| Part I | Reason for Pu | blic Charity Statu | is (All organizations | must | comple | ete this | part. | (see | ınstruc | tions) | | |
| The org | anization is not a priv | ate foundation becau | se it is (Please check on | ly one o | rganızat | ion) | | | | | | |
| 1 [| A church, convention | on of churches or asso | ociation of churches descri | ribed in | section | 170(b)(1 | (AXi). | | | | | |
| 2 | ₹ | | A)(ii). (Attach Schedule E | | | ``` | ,,,, | | | | | |
| 3 | = | , , , , , | e organization described i | • | n 170(b | γ1γΔγί | i). (Atta | ich Sche | dule H) | | | |
| 4 | = | • | d in conjunction with a ho | | | | - | | | ar the hospi | tal's | |
| ٦ ـ | name, city, and sta | | a in conjunction than a ne | ospitai u | CSCIIDCO | 111 3000 | | יראיאט | (111) | i inc nospi | iai s | |
| 5 | | erated for the benefit | of a college or university | owned o | or operat | ed by a | governi | mental i | ınıt descr | ibed in sec | tion | |
| 6 | A federal, state, or | local government or g | governmental unit describ | ed in se | ction 17 | '0(b)(1)(| A)(v). | | | | | |
| 7 🛚 | in section 170(b)(1 |)(A)(vi). (Complete Pa | | • | | ernmen | tal unit | or from t | he gener | ral public d | escrib | ed |
| 8 _ | A community trust | described in section 1 | 1 70(b)(1)(A)(vi). (Complete | e Part II |) | | | | | | | |
| 9 [| 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). (see instructions) | | | | | | | | | | | |
| 10 | An organization org | ganized and operated | exclusively to test for pub | olic safet | y See s | section ! | 509(a)(4 |). (see | instructio | ns) | | |
| 11 _ | An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h | | | | | | | | | | | |
| | a Type I b Type II c Type III — Functionally integrated d Type III — Other | | | | | | | | | | | |
| e [| By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) | | | | | | | | | | | |
| f | , , , , | received a written dete | ermination from the IRS t | hat is a | Type I, | Гуре II о | r Type | III suppo | rting org | anızatıon, | | |
| g | Since August 17, 2 | 006, has the organiza | tion accepted any gift or | contribu | ition fror | n any of | the foll | owing p | ersons? | | | |
| | | | | | | | | | | | Yes | No |
| | below, the go | verning body of the su | controls, either alone or to upported organization? | ogether | with pers | sons des | scribed | ın (ıı) an | ıd (ııı) | 11 g (i) | | |
| | · · | iber of a person desc | * * | | | | | | | 11 g (ii) | | |
| | | | described in (i) or (ii) ab | | | | | | | 11 g (iii) | | l |
| h | Provide the following | ng information about the | ne organizations the orga | nızatıon | support | s | | | | | | |
| | (i) Name of Supported Organization | (ii) EIN | (III) Type of organization (described on lines 1 9 above or IRC section (see instructions)) | organiza (i) listei gove | ls the tion in cold in your erning ment? | the organ | ou notify ization in (i) of ipport? | organizat | zed in the | (vii) Amoun | t of Sup | port |
| | | | | Yes | No | Yes | No | Yes | No | | | |
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| Total | Dalum and And | name of Dadis at | A Made | | | 200 | | | 1.5 | .000 | 0.57 | 2000 |
| BAA FO | or Privacy Act and Pa | perwork Reduction A | ct Notice, see the Instruc | ctions fo | r Form ! | 99 0. | ; | schedul | e A (Forr | n 990 or 99 | ひ-ヒ乙) | 2008 |

| 14 | Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) | 14 | 99.22% |
|----|---|----|--------|
| 15 | Public support percentage for 2007 Schedule A, Part IV-A, line 26f | 15 | 99.22% |

16a 33-1/3 support test — 2008. If the organization did not check the box on line 13, and the 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 — 2007. 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

17 a 10%-facts-and-circumstances test — 2008. 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

b 10%-facts-and-circumstances test — **2007.** 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

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

X

Part III 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 yr beginning in) (a) 2004 **(b)** 2005 (c) 2006(d) 2007 (e) 2008 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt Gross receipts from activities that are 3 not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1-5 7a Amounts included on lines 1. 2, 3 received from disqualified persons 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 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 10 a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) 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 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 % 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 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

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

| Part IV | upplemental Information. Complete this part to provide the explanation required by Part II, line 10; art II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions) |
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

| lame | of the organization | | | | Employer | Identification | number |
|------|--|--|--|-------------------------|---------------------------|-----------------------------|------------------------|
| Fan | nily Promise of Las Vegas, NV | _ | | | 88-03 | 52350 | |
| Par | Organizations Maintaining Dono the organization answered 'Yes' | | | or Acc | ounts C | omplete | ıf |
| | | (a) Donor advised | funds | (b) | Funds and | other acco | ounts |
| 1 | Total number at end of year | | | | | | |
| 2 | Aggregate contributions to (during year) | | | | | | <u></u> |
| 3 | Aggregate grants from (during year) | | | | | | |
| 4 | Aggregate value at end of year | | | | | | |
| 5 | Did the organization inform all donors and don funds are the organization's property, subject to | | | idvised | [| Yes | ☐ No |
| 6 | Did the organization inform all grantees, donor used only for charitable purposes and not for timpermissible private benefit?? | rs, and donor advisors in writing the benefit of the donor or dono | g that grant funds ma r advisor or other | y be | ſ | Yes | □No |
| Par | t II Conservation Easements Compl | ete if the organization an | swered 'Yes' to I | orm 9 | 90. Part | | |
| 1 | | | | | , | 1111111 | ··· |
| | Preservation of land for public use (e.g., re | , i | Preservation of ar | n historic | ally import | ant land a | rea |
| | Protection of natural habitat | · · · · · · · · · · · · · · · · · | Preservation of ce | | | | |
| | Preservation of open space | | | | | | |
| 2 | Complete lines 2a-2d if the organization held a of the tax year | a qualified conservation contrib | ution in the form of a | conserva | ation ease | ment on th | e last day |
| | | | | | Held at | the End of | the Year |
| a | Total number of conservation easements | | | 2a | | | |
| Ŀ | Total acreage restricted by conservation easer | ments | | 2 b | | | |
| C | Number of conservation easements on a certif | ied historic structure included ii | n (a) | 2c | | | |
| c | Number of conservation easements included in | n (c) acquired after 8/17/06 | | 2d | | | |
| 3 | Number of conservation easements modified, | transferred, released, extinguis | hed, or terminated by | the orga | anization d | luring the t | axable |
| | year ► | | | | | | |
| | Number of states where property subject to co | | | | | | |
| 5 | Does the organization have a written policy recenforcement of the conservation easement it have | olds? | , | | | Yes | ☐ No |
| | Staff or volunteer hours devoted to monitoring, | | | _ | | | |
| 7 | Amount of expenses incurred in monitoring, in | specting, and enforcing easemi | ents during the year | • \$ | | | |
| 8 | Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? | n line 2(d) above satisfy the req | uirements of section | | | Yes | ☐ No |
| 9 | In Part XIV, describe how the organization rep- include, if applicable, the text of the footnote to conservation easements | orts conservation easements in the organization's financial st | its revenue and expeatements that describ | ense stat es the o | ement, an rganızatıor | d balance n's account | sheet, and ing for |
| Par | Complete if the organization ans | ections of Art, Historical wered 'Yes' to Form 990 | Treasures, or Ot , Part IV, line 8. | her Sin | nilar Ass | sets | |
| 1 a | If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial statemen | ic exhibition, education, or rese | revenue statement ar earch in furtherance o | id balanc f public s | e sheet we service, pr | orks of art, ovide, in P | historical art XIV, |
| t | If the organization elected, as permitted under treasures, or other similar assets held for publ amounts relating to these items | ic exhibition, education, or rese | evenue statement ar earch in furtherance o | id balanc f public s | service, pr | ovide the fo | ollowing |
| | (i) Revenues included in Form 990, Part VIII, | line 1 | | | ▶\$ | | |
| | (ii) Assets included in Form 990, Part X | | | | ►\$ | | |
| 2 | If the organization received or held works of ar amounts required to be reported under SFAS 1 | t, historical treasures, or other 116 relating to these items | similar assets for fina | ancial ga | ın, provide | the follow | ing |
| а | Revenues included in Form 990, Part VIII, line | 1 | | | ► \$ | _ | |
| b | Assets included in Form 990, Part X | | | | ▶\$ | | |
| | | | | | | | |

| Schedule D (Form 990) 2008 Fami | | | | 88-035 | | Page 2 |
|---|---|---|--|----------------------------|------------------|--------------|
| Part III Organizations Mainta | ining Collection | is of Art, Histo | rical Treasures, or | Other Similar Ass | ets (con | tınued) |
| Using the organization's accession that apply) | on and other records | , check any of the | following that are a sign | nificant use of its collec | tion items | (check all |
| a Public exhibition | | d 🔲 Loan d | or exchange programs | | | |
| b Scholarly research | | e Other | | | | |
| c Preservation for future gener | ations | | | | _ | |
| 4 Provide a description of the organ Part XIV | nization's collections | and explain how | they further the organiza | ation's exempt purpose | ın | |
| 5 During the year, did the organiza assets to be sold to raise funds r | tion solicit or receive ather than to be mai | e donations of art, ntained as part of | historical treasures, or the organization's collection | other similar ction? | Yes | No |
| Part IV Trust, Escrow and Cu IV, line 9, or reported | ustodial Arrange an amount on F | ments Completorm 990, Part | ete if organization a X, line 21. | answered 'Yes' to F | -orm 990 |), Part |
| 1a is the organization an agent, trus included on Form 990, Part X? | stee, custodian, or ot | her intermediary fo | or contributions or other | assets not | Yes | ☐ No |
| b If 'Yes,' explain the arrangement | in Part XIV and com | iplete the following | ; table | | | |
| | | | | | Amount | |
| c Beginning balance | | | | _1c | | |
| d Additions during the year | | | | 1 d | | |
| e Distributions during the year | | | | 1 e | | |
| f Ending balance | | | | 1f | | |
| 2a Did the organization include an a | mount on Form 990, | Part X, line 21? | | | ∐ Yes | ∐ No |
| b If 'Yes,' explain the arrangement | | | | | | |
| Part V Endowment Funds Co | mplete if organi | <u>zation answere</u> | ed 'Yes' to Form 99 | 0, Part IV, line 10. | | |
| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four | r years back |
| 1 a Beginning of year balance | | | | | | |
| b Contributions | | | | | | · · |
| c Investment earnings or losses | ļ | ļ | | | | |
| d Grants or scholarships | | ļ | | | ļ | |
| Other expenditures for facilities and programs | | | | | ļ | |
| f Administrative expenses | | | | | | |
| $oldsymbol{g}$ End of year balance | <u> </u> | <u> </u> | | _ <u>L</u> _ | | |
| 2 Provide the estimated percentage | e of the year end bal | ance held as | | | | |
| a Board designated or quasi-endow | vment - | ₹ | | | | |
| b Permanent endowment ► | 8 | | | | | |
| c Term endowment | 8 | | | | | |
| 3a Are there endowment funds not in organization by | n the possession of t | the organization th | at are held and adminis | tered for the | Y | es No |
| (i) unrelated organizations | | | | | 3a(i) | |
| (ii) related organizations | | | | | 3a(ii) | |
| b If 'Yes' to 3a(II), are the related of | organizations listed a | s required on Sch | edule R? | | 3b | |
| 4 Describe in Part XIV the intended | duses of the organiz | ation's endowment | t funds | | | |
| Part VI Investments—Land, B | Buildings, and E | quipment. See | Form 990, Part X, | line 10. | | |
| Description of investment | | est or other basis investment) | (b) Cost or other basis (other) | (c) Depreciation | (d) Boo | k Value |
| 1a Land | | | | | | |
| b Buildings | | | | | | |
| c Leasehold improvements | | 0. | 12,509. | 3,522. | | 8,987. |
| d Equipment | | 0. | 10,663. | 3,681. | | 6,982. |
| e Other | | 0. | 65,459. | 23,206. | | 42,253. |
| Total. Add lines 1a-1e (Column (d) sho | ould equal Form 990, | Part X, column (E | | • | | 58,222. |
| BAA | | | · · · · · · · · · · · · · · · · · · · | Sched | | m 990) 2008 |

| Schedule D | (Form 990) 2008 Family Promise of | Las Vegas, NV | 88-0352350 Pag |
|-------------------|---|------------------------------|--|
| | Investments-Other Securities See F | | 2. |
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
| | rivatives and other financial products | | |
| | l equity interests | | |
| Other | | | |
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| Total (Column | n (b) should equal Form 990 Part X, col (B) line 12) | | |
| | Investments-Program Related (See | Form 990, Part X, line | 13) |
| | (a) Description of investment type | (b) Book value | (c) Method of valuation |
| | | | Cost or end-of-year market value |
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| Total Column | (b)(should equal Form 990, Part X, Col (B) line 13) | | · |
| Part IX | Other Assets (See Form 990, Part X, | | |
| | (a) D | escription | (b) Book value |
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| | nn (b) Total (should equal Form 990, Part X, co | | > |
| Part X | Other Liabilities (See Form 990, Part | X, line 25) | |
| | (a) Description of Liability | (b) Amount | |
| Federal Inco | me Taxes | | |
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| Total Column | (b) Total (should equal Form 990, Part X, col (B) line 25) | • | |
| | | | t reports the organization's liability for uncertain tax |
| positions un | der FIN 48 | orra imanciai statements tha | it reports the organization's hability for uncertain tax |

| Sche | | -0352350 | Page 4 |
|-------------|--|----------|----------|
| Par | t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements | | |
| 1 | Total revenue (Form 990, Part VIII,column (A), line 12) | | 265,242. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | 308,361. |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | | -43,119. |
| 4 | Net unrealized gains (losses) on investments | | |
| 5 | Donated services and use of facilities | | |
| 6 | Investment expenses | | |
| 7 | Prior period adjustments | | |
| 8 | Other (Describe in Part XIV) | | |
| 9 | Total adjustments (net) Add lines 4-8 | | |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 1 | -43,119. |
| Par | t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re | turn | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 461,202. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| | Net unrealized gains on investments 2a -1,887. | | |
| | Donated services and use of facilities 2b 143,344. | | |
| | Recoveries of prior year grants 2c 5, 372. | 1 | |
| | Other (Describe in Part XIV) 2d 49,131. | | |
| _ | Add lines 2a through 2d | 2e | 195,960. |
| 3 | i i i i i i i i i i i i i i i i i i i | 3 | 265,242. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| | Investments expenses not included on Form 990, Part VIII, line 7b | 1 | |
| | Other (Describe in Part XIV) | | |
| _ | Add lines 4a and 4b Table assertion Add lines 3 and 4a China about 4 areal Force 200 Book Lines 10 and 10 and 10 and 10 area 10 and 10 and 10 and 10 area 10 area 10 and 10 area 10 area 10 and 10 area 10 ar | 4c | 265 242 |
| | Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per | | 265,242. |
| | Total expenses and losses per audited financial statements | 1 | 490,267. |
| 1 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | 490,207. |
| _ | Donated services and use of facilities 23 142,200. | i | |
| | Prior year adjustments 2b | | |
| | Losses reported on Form 990, Part IX, line 25 | 1 | |
| | Other (Describe in Part XIV) 2d 39,706. | | |
| | Add lines 2a through 2d | 2e | 181,906. |
| | Subtract line 2e from line 1 | 3 | 308,361. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investments expenses not included on Form 990, Part VIII, line 7b | | |
| b | Other (Describe in Part XIV) | | |
| c | Add lines 4a and 4b | 4c | |
| | Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18) | 5 | 308,361. |
| Par | t XIV Supplemental Information | | · |
| Pt_ | olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, line, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b XII Line 2d see attached | | |
| <u>Pt</u> _ | XIII Line 2d see attached | | |
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| Schedule D | (Form 990) 2008 | Family | Promise | of Las Ve | egas, NV | • | 8 | 8-035235 | 0 | Page ! |
|-------------------|---------------------------------|---------------|---------------|-----------|----------|-------------|------|---------------|----------------|--------|
| Part XIV | (Form 990) 2008 Supplemental | Informat | ion (continu | ued) | | | | | | |
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Open to Bublic

Department of the Treasury Internal Revenue Service

► Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

| Vame o | of the organization | | | | | Employer identification | ation number | | | |
|--------|---|---------------------------------------|-----------------------------|--|--|---|---|--|--|--|
| Fam | ily Promise of Las Veg | as, NV | | | | 88-035235 | 0 | | | |
| | I Fundraising Activities. C | | the orga | nızatıon | answered 'Yes' to | Form 990, Part IV | Ine 17. | | | |
| | Indicate whether the organization rai | | | | | | | | | |
| | Mail solicitations | | - | | Solicitation of non-g | povernment grants | | | | |
| | Email solicitations | | | | Solicitation of gover | _ | | | | |
| | Phone solicitations | | | | Special fundraising | - | | | | |
| | In-person solicitations | | | | | | | | | |
| 2- | | ! | -44l | | | -1 1 | | | | |
| ∠a | Did the organization have written or employees listed in Form 990, Part \ | orai agreemer ∕II) or entitv⊣r | nt with any n connection | naividuai on with ord | i (including officers, dire ofessional fundraising se | ctors, trustees or key | Yes No | | | |
| b | If 'Yes,' list the ten highest paid individence compensated at least \$5,000 by the | uduals or entit | ties (fundr | aisers) pui | rsuant to agreements un | der which the fundraise | | | | |
| | | | T | | ,, , | (v) Amount paid to | | | | |
| | (i) Name of individual or entity (fundraiser) | (ii) Activity | have custoo | fundraiser ly or control ibutions? | (iv) Gross receipts from activity | (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization | | | |
| | | | <u> </u> | 1 | ~ | | Organization | | | |
| | | | Yes | No | | | | | | |
| | | | | | | | | | | |
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| | Tatal | | | | | | | | | |
| | Total | | | | | | | | | |
| 3 | List all states in which the organization or licensing | on is registere | d or licens | sed to solid | cit funds or has been no | tified it is exempt from | registration | | | |
| - | | - | . – – – - | | | | | | | |
| - | | | | | | | | | | |
| _ | - | | | | | | | | | |
| - | | | . | | | | - | | | |
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| - | | | | | | | | | | |
| - | - · · | | | | | | | | | |

| Pa | rt II | | Fundraising Events. Complete if reported more than \$15,000 on F | the organization a form 990-EZ, line 6 | inswered 'Yes' to F 5a. List events with | orm 990, Part IV, I gross receipts gre | ine 18, ater th | or an \$5, | 000. |
|-----------------|-------------|-----|--|---|---|---|--------------------|-------------------------------------|----------------|
| R | | | | (a) Event #1 | (b) Event #2 | (c) Other Events NONE (total number) | (d) | Total Ev col (a) t col (c)) | ents hrough |
| RE>E2UE | | 1 | Gross receipts | | | | | | |
| Ĕ | : | 2 | Less Charitable contributions | | | | <u></u> | | |
| | : | 3 | Gross revenue (line 1 minus line 2) | | | | | | |
| | 4 | 4 | Cash prizes | | | | | | |
| D I R E C T | | 5 | Non-cash prizes | | | | | | |
| | • | 6 | Rent/facility costs | | | | <u> </u> | | |
| EXPEXSES | 7 | 7 | Other direct expenses | | | | | | |
| Ē | Ι. | | Direct expense summary Add lines 4- th | | | • | | | |
| Pa | | I | Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a | ation answered 'Ye | es' to Form 990, Pa | rt IV, line 19, or re | <u>l</u> ported | more | than |
| REVENUE | | | \$15,000 011 0111 930-E2, line oa | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (Add c | Total gar col (a) th col (c)) | hrough |
| | 1 | 1 | Gross revenue | | | | | | |
| c | 2 | 2 | Cash prizes | | | | | | |
| DIRECT | 3 | 3 | Non-cash prizes | | | | | | |
| C S T E S | 4 | 1 | Rent/facility costs | | | | | | |
| | | 5 | Other direct expenses | | | | | | |
| | 6 | 5 | Volunteer labor | Yes % | Yes % | Yes % | | | |
| | 7 | 7 | Direct expense summary Add lines 2 thro | ough 5 in column (d) | | • | | | |
| | 8 | 3 | Net gaming income summary. Combine lii | nes 1 and 7 in column (| (d) | | | | |
| 9 | En | ter | the state(s) in which the organization ope | erates gaming activities | | | | YES | NO |
| | | | e organization licensed to operate gaming ,' Explain | activities in each of the | se states? | | _ | 9a | + |
| | | | · | _ | | | | | |
| | | | any of the organization's gaming licenses | revoked, suspended of | r terminated during the t | ax year? | | 10 a | |
| _ | | | · | | | | | | |
| 11 | Do | es | the organization operate gaming activities | s with nonmembers? | | | | 1 | <u> </u> |
| 12 | ls t adi | the | e organization a grantor, beneficiary or trus | stee of a trust or a men | nber of a partnership or | other entity formed to | 1 | 2 | |
| RΔΔ | | | · — | TEE 0 2702 0 | 0/15/00 | Schedule G /For | m 000 a | v 000 E | 7) 2000 |

| Schedule G (Form 990 or 990-EZ) 2008 Family Promise of Las Vegas, NV | 88-0352350 | J | Page 3 |
|--|---------------------------------|-----------|------------|
| | | YES | NO |
| 13 Indicate the percentage of gaming activity operated in | | | |
| a The organization's facility | 13a % | İ | |
| b An outside facility | 13b % | | |
| 14 Provide the name and address of the person who prepares the organization's gaming/s | pecial events books and records | | |
| Name • | | | |
| | | | |
| Address • | | | |
| | | | - |
| 15a Does the organization have a contact with a third party from whom the organization rec | ~ ~ ~ | 15a | + |
| b If 'Yes,' enter the amount of gaming revenue received by the organization \$ of gaming revenue retained by the third party \$ | and the amount | | 1, |
| c If 'Yes,' enter name and address | | | |
| Cir res, enter hame and address | | | |
| Name [.] ► | | | ┨ . |
| | | | |
| Address • | | ľ | ' |
| | | 1 | |
| 16 Gaming manager information | | • | |
| Nove b | | | , |
| Name • | | _ | |
| Gaming manager compensation ► \$ | İ | | i ' |
| | ì | | |
| Description of services provided | | | ' |
| | | | |
| Director/officer Employee Independent con | tractor | | |
| 47 M. I. I. I. I. I. I. I. | | - | |
| 17 Mandatory distributions | | 1 | , |
| a Is the organization required under state law to make charitable distributions from the gastate gaming license? | aming proceeds to retain the | 17a | |
| b Enter the amount of distributions required under state law distributed to other exempt or | rganizations or spent in the | | T . |
| organization's own exempt activities during the tax year \$ | | | |
| BAA TEEA3703 07/18/08 | Schedule G (Form 990 | or 990-E2 | 2) 2008 |

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545 0047

2008

Open to Public Inspection

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 88-0352350 Family Promise of Las Vegas, NV Pt VI-A, Line 7a Board Pt_VI-A, Line 7b Board_ Pt VI-A, Line 10 reviewed by Board Pt VI-B, Line 12c monitored by Board Pt VI-B, Line 15 review & approval by Director & Board Pt VI-C, Line 19 Upon request

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545 0172

2008

Attachment Sequence No 67

Department of the Treasury Internal Revenue Service (99)

Family Promise of Las Vegas, NV

Identifying number 88-0352350

| | ss or activity to which this form relati | | | | | | | | |
|--------------|--|-------------------------------------|---|-----------------------------------|--------------|------------------|----------------|--|----------------------------|
| | m 990 / Form 990 | | | 1' 170 | | | | | |
| Par | Note: If you have ar | ense Certain i v listed property | Property Under Sec complete Part V before | XION 179 Vou complete P | Part I | | | | |
| 1 | Maximum amount See the | | | | <u> </u> | | | | \$250,000. |
| | Total cost of section 179 pr | | - | | | | | | +200,00 |
| 3 | Threshold cost of section 1 | | , | | 5) | | _ | 3 | \$800,000. |
| 4 | Reduction in limitation Sub | | | | -, | | | | +000,00 |
| - | Dollar limitation for tax yea | | • | | married fil | ina | | _ | |
| | separately, see instructions | | | | | ······ | | 5 | |
| 6 | (a) | Description of property | | (b) Cost (busines | ss use only) | (C) Elected | cost | _ | |
| | <u>-</u> | | | | | | | _ | |
| | | | | <u> </u> | | | | _ | |
| | Listed property Enter the a | | | | | | - | _ | |
| | Total elected cost of section Tentative deduction Enter | , , , | • |), lines 6 and 7 | | | - 6 | | |
| | Carryover of disallowed dec | | | 52 | | | 10 | | |
| | Business income limitation | | • | | o) or line 5 | ō (see instrs) | 11 | - | |
| | Section 179 expense deduc | | • | | • | (000 | 12 | | |
| | Carryover of disallowed dec | | | | | | | | |
| Note | : Do not use Part II or Part I | Il below for listed | property Instead, use P | art V | | | | | |
| Par | t II Special Depreci | ation Allowan | ce and Other Depre | eciation (Do n | not include | listed property | /) (Se | e inst | ructions) |
| 14 | Special depreciation allowa | ince for qualified r | property (other than liste | d property) plac | ed in serv | vice during the | | | |
| 17 | tax year (see instructions) | ince for quantied p | oroperty (other than hate | a property) plac | ca iii seri | vice during the | 14 | ւ 📗 | |
| 15 | Property subject to section | 168(f)(1) election | | | | | 15 | 5 | |
| _16 | Other depreciation (including | ng ACRS) | | | | | 16 | ;]_ | |
| Par | t III MACRS Deprec | iation (Do not in | nclude listed property) (| See instructions | s) | | | | |
| | | | Section | n A | | | | | |
| 17 | MACRS deductions for asset | ets placed in servi | ice in tax years beginnin | g before 2008 | | | 17 | <u>, </u> | 2,367. |
| 18 | If you are electing to group | any assets placed | d in service during the ta | x vear into one | or more o | neneral | | | |
| | asset accounts, check here | | | | | ▶ | <u> </u> | | |
| | Section B | Assets Placed | in Service During 2008 | Tax Year Using | the Gene | ral Depreciation | n Sys | tem | |
| | (a) | (b) Month and | (c) Basis for depreciation (business/investment use | (d) | (e) | | f) hod | İ | (g) Depreciation deduction |
| | Classification of property | year placed in service | only — see instructions) | Recovery period | Conver | ntion Wet | 1100 | | aeduction |
| <u> 19 a</u> | 3-year property | ' | | | | | | | |
| b | 5-year property | , | 4,140. | 5.0 yrs | MÇ | 2 200 |)DB | | 287. |
| c | 7-year property | | 8,550. | 7.0 yrs | MÇ | 200 |)DB | | 955. |
| d | 10-year property | | | | | | | | ·· |
| е | 15-year property | | | | | | | | |
| f | 20-year property | | | | | | | | |
| 9 | 25-year property | | | 25_yrs | | S | | | |
| h | Residential rental | | | 27.5 yrs | MM | | | | |
| | property | | | 27.5 yrs | MM | 1 S | <u>'L</u> | | |
| i | Nonresidential real | | | 39 yrs | MM | | | | |
| | property | | | | MM | 1 S | <u>'L</u> | | |
| | Section C - | Assets Placed in | Service During 2008 Ta | x Year Using t | he Alterna | tive Depreciat | ion Sy | stem | <u></u> |
| 20 a | Class life | | | | | S | <u>'L</u> | | |
| b | 12-year | | | 12 yrs | | S | 'L | | |
| | 40-year | | | 40 yrs | MM | ı s, | 'L | | |
| Parl | t IV Summary (See in | structions) | | | | | | | |
| 21 | Listed property Enter amou | | | | | | 21 | | 5,753. |
| 22 | Total Add amounts from line 12, | lines 14 through 17, lin | nes 19 and 20 in column (g), ai | nd line 21 Enter he | re and on | | | | 0.000 |
| | the appropriate lines of your return | | • | ſ | | | 22 | <u> </u> | 9,362. |
| 23 | For assets shown above an | d placed in servic | e during the current year | r, enter | 23 | | | | |

| | | ment, recreàtio <i>r any vehicle fo</i> | | | he stand | ard mile | ane rat | e or | dedu | ictina lea | ise eyne | ense co | nmnlete | only 24: | a 24h | |
|--------------|--|--|---|------------------------|--------------|------------------|--|---------------|------------------|---------------------------|------------------|----------------------|------------------|-----------------------------------|------------------|-------------------------------|
| | columns | (a) through (c) | of Section A, | all of Sec | tion B, a | and Sect | ion C if | app | licabi | le le | | | Jinpiete | Ully 240 | | |
| | | n A – Deprecia | | | | | _ | nstri | | | | | | | | _ |
| 24 8 | Do you have evidence | | | | | <u> </u> | < Yes_ | | No 2 | 24b If 'Ye | T | | | | Yes | No |
| Ту | (a) rpe of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost other b | Of | (busine | (e) or deprecia ss/investn se only) | ation nent | R | (f) lecovery period | Met | d) hod/ ention | Depre | (h) eciation uction | Ele secti | (i) ected on 179 ost |
| 25 | Special depreci used more than | | | | | | ervice c | lurın | g the | tax yea | r and | 25 | | | | |
| 26 | Property used r | | r ' ' | | | | | | 1 - | | T | | | | | |
| Var | | 07/14/06 | 100.00 | | ,048. | | 21,0 | | + | 5.00 | + | B/MQ | | L , 875 | | |
| | 07 | 06/27/07 100.00 | | 18 | <u>,152.</u> | | 18,1 | 52. | 5 | 5.00 | [200D | B/MQ | | 602 | | |
| | Additional Listed | <u></u> | · | | - | <u> </u> | | | <u> </u> | | | | | 3,276 | · | |
| 27 | Property used 5 | 0% or less in a | qualified busii | ness use | | <u> </u> | | | Ι | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | L | | | | | <u></u> | | | | _ | |
| | | | | | | | | | | | | | 5,753. | | | |
| 29 | Add amounts in | column (ı), line | 26 Enter her | e and on | line 7, p | age 1 | | | | | | | | 29 | | |
| 30 | Total business/i | investment mile | s driven | (a) Vehicle 1 | | (b) Vehicle 2 | | Ė | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
| 21 | commuting mile | • | | | | | | | | | | | | | | |
| 31 32 | Total commuting mi | - | • | | | | | | | - | | | | | | |
| 33 | miles driven Total miles driven lines 30 through | | ear Add | | | | | | | | | | | | | |
| | inies 50 tillougi | 1 32 | | Yes | No | Yes | No | Ye | es | No | Yes | No | Yes | No | Yes | No |
| 34 | Was the vehicle during off-duty l | | ersonal use | | | | | | | | | | | | | |
| 35 | Was the vehicle than 5% owner | used primarily or related perso | by a more | | | | | | | | | 1 | | | | |
| | Is another vehicle available for personal use? | | | | | | | | | | | | | | | _ |
| 36 | | | | | | | _ | | | | | | | | | |
| Ansv | wer these questio | ns to determine | | • | • | | | | | | | | | are not | more t | nan |
| Ansv 5% (| | ns to determine persons (see ii | e if you meet a nstructions) | n excepti | on to co | mpleting | Sectio | n B | for ve | ehicles u | sed by | employe | | are not | more t | nan N |

| 27 | Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, | Yes | No |
|-----------|--|-----|----|
| 37 | by your employees? | | |
| 38 | Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 | Do you treat all use of vehicles by employees as personal use? | | |
| 40 | Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 | Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) | | |
| | Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles | | |
| Pai | t VI Amortization | - | |

| rai | (VI MITOTUZACION | | | | | |
|-----|---|-------------------------------------|------------------------------|------------------------|---------------------------------------|--------------------------------------|
| | (a) Description of costs | (b) Date amortization begins | (C) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
| 42 | Amortization of costs that begins during your | 2008 tax year (see | instructions) | | | |
| | | | | | | |
| 43 | Amortization of costs that began before your | 2008 tax year | | | 43 | |
| 44 | Total. Add amounts in column (f) See the in | structions for where | to report | | 44 | |

Form 4562, line 26

Additional Listed Property Statement

| (a) Type of property | (b) Date placed in service | (c) Business/ investmnt use % | (d) Cost or other basis | (e) Basis for deprecia- tion | (f) Re- covery period | (g) Method/ Con- vention | (h) Deprecia- tion deduction | (i) Elected section 179 cost |
|---|----------------------------------|---|----------------------------------|---------------------------------------|--------------------------------|-----------------------------------|---------------------------------------|---------------------------------------|
| 08 Ford Windstar 09 Van 09 Telephone Syst | 11/15/08 06/23/09 04/01/09 | $\frac{100.00}{100.00}$ $\frac{100.00}{100.00}$ | 22,176. | 5,885. 22,176. 1,000. | 5.00 5.00 7.00 | 200DB/MQ 200DB/MQ 200DB/MQ | 2,060. 1,109. 107. | |

Supporting Statement of:

Sch D, page 4/Part XII, Line 2d

| | Amount | |
|--------------------|----------------------|---------|
| Fundraising: | -1,144. | |
| Income: | 36,255.21 | |
| Expenses cash ba | asis: 6,874.35 | |
| Net: | 29,380.86 | |
| Income F/S: | 36,255.21 | |
| Expenses: | 8,018.45 | |
| Net: | 28,236.76 | |
| Contributions: | | 9,570. |
| F/S: | 132,838 | |
| Tax return: | 123,268 | |
| Net assets release | ed from restrictions | 40,705. |
| Total | | 49,131. |

Supporting Statement of:

Sch D, page 4/Part XIII, Line 2d

| Description | Amount | |
|-------------------------------------|---------|--|
| Pledges receivable | 36,000. | |
| Reverse in A/P | 3,884. | |
| Difference depreciation expense F/S | -194. | |
| other adjustment | 16. | |
| Total | 39,706 | |