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DLN: 93492104005111

OMB No 1545-1150

2009

Form 990-EZ

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

			, or	tax year beginning 09-01-2009 , ar	nd ending	g 08-31	-2010				
_		applicable Please	e	C Name of organization FAMILY PROMISE OF SOUTHERN NEVADA				D E	mplo	yer i	identification number
	ddress c	change use II	RS					8	8-03	5235	0
	ame cha	■ nrint		Number and street (or P O box, if mail is not delive PO BOX 270128	ered to stre	eet addre	ss) Room/suite	E Te	lepho	one r	number
_	eminat	type.								(70	2) 638-8806
_		Speci I return Instru		City or town, state or country, and ZIP + 4							nption
Γ_{A}	plicatio	on pending tions.		LAS VEGAS, NV 891274128				Nι	ımbe	r	▶
♣ Se	ction .			ns and 4947(a)(1) nonexempt charitable t mpleted Schedule A (Form 990 or 990-EZ). 🥄	_	G	Accounting m Other (specify		<u>ا</u>	Ca	ash Accrual
		- \AAAAA/		MICEL V. COM		н	Check ►	- ıf t	he c	raa	nızatıon
J Ta		mpt status (check only		ne)—	or Г 52	27	ıs not requir Schedule B	ed to	atta	ach	90-EZ, or 990-PF)
	neck 🕨	_		s not a section 509(a)(3) supporting organiza							
				n 990 return is not required, but if the organiz etermine gross receipts, if \$500,000 or more, file Form				De St		0 1110	381,834
	rt I			nses, and Changes in Net Assets or						ns fo	·
	1			rants, and similar amounts received					Т	1	379,848
	2	Program service re	ver	nue including government fees and contracts						2	
	3	Membership dues a	and	assessments					r	3	
	4	Investment income	3						┢	4	11
	5a	Gross amount from	ısa	le of assets other than inventory		_{5a}			F	-	
Φ.	ь			sis and sales expenses		5b			\dashv		
Ξ	, ,			le of assets other than inventory (Subtract line	e 5h fron				_	5c	
Revenue	6	, ,		tivities (complete applicable parts of Schedul			•	ming	⊢		
	a	•	tino	cluding \$ 13,697 of contributions							
	"	reported on line 1)		stating \$\frac{15,657}{25,657} or contributions		6a	. 1	1,97			
		•		other than fundraising expenses		-		1,97			
	b	•		• ,	• na 6 h fra	6b		1,97	\dashv		
	c			rom special events and activities (Subtract lir	ne ob no	1	1	•	\vdash	6c	
	7a .			ory, less returns and allowances	•	7a			\dashv		
	Ь	Less cost of goods				_ 7b	1		-		
	C		-	from sales of inventory (Subtract line 7b from	line 7a)	•			\vdash	7c	
	8	Other revenue (des)	\vdash	8	270.050
	9			es 1, 2, 3, 4, 5c, 6c, 7c, and 8			· · · •		+	9	379,859
	10			ounts paid (attach schedule)					\vdash	10	4,428
	11	Benefits paid to or				•		•	┝	11	
_	12	·		nsation, and employee benefits		•			L	12	121,863
Š	13	Professional fees a	nd	other payments to independent contractors		•		•	L	13	52,327
Expenses	14	Occupancy, rent, u	ıtılıt	ties, and maintenance		•		•	L	14	63,592
<u>~</u>	15			postage, and shipping		•		•	L	15	783
	16	Other expenses (d	esc	ribe 🛌)	L	16	186,457
	17	Total expenses. A d	ld lı	nes 10 through 16				•	\perp	17	429,450
Ř	18	Excess or (deficit)	for	the year (Subtract line 17 from line 9) .				•	L	18	-49,591
Net Assets	19	Net assets or fund	bal	ances at beginning of year (from line 27, colu	mn (A))	(must a	gree with				
ત્ વ		end-of-year figure	rep	orted on prior year's return)						19	101,756
ž	20	Other changes in n	et a	assets or fund balances (attach explanation)						20	
	21	Net assets or fund	bal	ances at end of year Combine lines 18 through	gh 20			-		21	52,165
Pa	rt II	Balance Shee	ts-	—If Total assets on line 25, column (B) are \$:	1,250,00	00 or m	ore, file Form	990 ı	nste	ado	of Form 990-EZ
		/0 -	م د ا.	no instructions for Part II \	Г	/ - > -				,-	2) End af
	C = - !	·		ne instructions for Part II)		(A) B	eginning of ye	_	22	(E	3) End of year
		, savings, and inves	ıme	ents	. }		4/	742	22		14,804
		and buildings	روس		·			700	23		27.500
		r assets (describe 🕨	<u>(29)</u>		——,		<u>'</u>		24		37,598
		assets	.		• [}				25		52,402
		liabilities (describe	_	(line 27 of column (B) must agree with line 21	<u>, </u>			756	26		52 165

Part III Statement of Program S	Service Accomplishm	nents (See the instruction	s for Part III)		Expenses
What is the organization's primary exempt FAMILY PROMISE IS COMMITTED TO HE ACHIEVE LASTING INDEPENDENCE WE PROVIDE SAFE SHELTER, MEALS, AND STATEMENT "PARTNERING WITH FAITH FAMILIES IN THE LAS VEGAS VALLEY TO INDEPENDENCE THROUGH COMPASSION Describe what was achieved in carrying out	SSION IST ND manner,	(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)				
describe the services provided, the number program title	of persons benefited, and	other relevant informat	on for eac	h		
28 FAMILY PROMISE OF LAS VEGAS, INC THAT PROVIDES TEMPORARY HOUSING ORGANIZATION PARTNERS WITH LOCA THE FAMILIES FAMILIES ARE PROVIDE PERMANENT HOUSING, EMPLOYMENT, A ENDING AUGUST 31, 2010, FAMILY PRO PROGRAM TO APPROXIMATELY 221 FAM	FOR HOMELESS FAMILI L FAITH HOUSES THAT F D WITH COUNSELING SE AND FINANCIAL ASSISTA MISE WAS ABLE TO PRO MILY UNITS OR 703 INDI	ES IN LAS VEGAS, NE PROVIDE MEALS AND ERVICES TO HELP THE ANCE DURING THE F. VIDE ASSISTANCE UVIDUALS	VADA TH LODGING EM OBTAI ISCAL YEA NDER THI	IE G FOR N AR S		
<u>` </u>	s amount includes foreign o	, , , , , , , , , , , , , , , , , , ,		· <u> </u>	28a	281,964
29 "PROMISES TO KEEP" IS A PROGRAM PARTICIPANTS WITH CHILDREN SINCE THIS PROGRAM, 12 FAMILIES HAVE BEE (Grants \$)	MARCH 2010, WHEN FA	MILY PROMISE OF LA	SVEGAS		29a	38,432
31 O ther program services (attach schedul	s amount includes foreign o e) s s amount includes foreign o			<u>г</u>	30a 31a	
32 Total program service expenses (add line				<u>,</u>	32	320,396
Part IV List of Officers, Directors, Trus						· · · · · · · · · · · · · · · · · · ·
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	employee	ntributions benefit pl compensa	ans &	(e) Expense account and other allowances

Pa	Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 🕏	34	Yes	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		Νο
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 💆	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨			
b	Did the organization file Form 1120-POL for this year?	37b		Νo
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		Νο
	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b	↓		
39	Section 501(c)(7) organizations. Enter			
а		-		
Ь	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
_	section 4911 ▶			
Ь	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		Νo
41	List the states with which a copy of this return is filed 🕨			
42a	PO BOX 270127		2) 638- 912741	
_				
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		Νo
	If "Yes," enter the name of the foreign country 🕨			
	Section 4947 (a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	• •	▶ Г
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
	Form 990-EZ.	44		No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		Νο

Form 9	90-EZ (2009)							Page 4
Part	VI Section 501(c)(3) organ All section 501(c)(3) organ 46-49b and complete the	nizations and section	n 4947(a)(1) nonex	-			-	stions
46 D	old the organization engage in direct	or indirect political car	mpaign activities on be	ehalf of or in opp	osition to		Yes	No
с	andıdates for public office? If "Yes,"	complete Schedule C,	Part I			46		No
47 D	ıd the organization engage in lobbyii	ng activities? If "Yes,"	complete Schedule C	, Part II		47		No
48 I:	s the organization a school describe	d ın section 170(b)(1)	(A)(II)? If "Yes," comple	ete Schedule E		48		No
49a D	ıd the organization make any transfe	ers to an exempt non-c	harıtable related organ	nızatıon?		49a		No
b It	f "Yes," was the related organization	a section 527 organiz	ation?			49b		
	omplete this table for the organization mployees) who each received more t							
(a) Na	ame and address of each employee paid more than \$100,000	(b) Title and averag hours per week devoted to position	(c) Compensati	on employee	tributions to benefit plans & compensation	a	e) Expe count rallow	and
NONE								
51 C	Total number of other employees pa complete this table for the organization f compensation from the organization a) Name and address of each indepe	on's five highest comp n Ifthere is none, ente	er "None "		each received n		an \$10 ompen	
51(d)	Total number of other independent o	contractors each receiv	/ing over \$100,000					
Pleas Sign Here	e Under penalties of perjury, I declare to and belief, it is true, correct, and com ****** Signature of officer CLAUDIA WIDHALM PRESIDENT Type or print name and title				on of which prepare			
Paid	Preparer's signature DIANNA RUSSO		Date 2011-04-14	Check if self-empolyed	Preparer's identifications (See instructions)		nber	
Prepare Use On	ıf self-employed),	ORTH RUSSO & COMPANY PO			EIN Þ			
	address, and ZIP + 4 · 86/5 S EAS	TERN AVE STE A NV 891232839			Phone no 🕨 (70	02) 269-	9992	
May the	e IRS discuss this return with the pro		ee instructions		.	Гү	es 🔽	No

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Inspection

	ame of the organization MILY PROMISE OF SOUTHERN NEVADA Employer identification number								
			88-0352350						
Pa	rt I	Reason for Public Charity Status (All organizations must complete this pa	rt.) See ınstruc	tions					
The	organı	zation is not a private foundation because it is (For lines 1 through 11, check only one box)						
1	Г	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).							
2	Γ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)							
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A	A)(iii).						
4	Γ	A medical research organization operated in conjunction with a hospital described in secti hospital's name, city, and state	ion 170(b)(1)(A)((iii). Ente	r the				
5	Γ	An organization operated for the benefit of a college or university owned or operated by a g	governmental unit	describe	d ın				
		section 170(b)(1)(A)(iv). (Complete Part II)							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)	(A)(v).						
7	⊽	An organization that normally receives a substantial part of its support from a government described in section 170(b)(1)(A)(vi) (Complete Part II)	tal unit or from the	e general	public				
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)							
9	Ē	An organization that normally receives (1) more than 331/3% of its support from contribu	ıtıons. membershi	p fees. ar	nd aro	SS			
	·	receipts from activities related to its exempt functions—subject to certain exceptions, and							
		its support from gross investment income and unrelated business taxable income (less se	` '						
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part	•						
10	Г	An organization organized and operated exclusively to test for public safety. See section 5							
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functione or more publicly supported organizations described in section 509(a)(1) or section 500 the box that describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III - Functionally integrated	ons of, or to carry 09(a)(2) See sec t 111h		a)(3).	Check			
е	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organization section 509(a)(2)	•	•					
f		If the organization received a written determination from the IRS that it is a Type I, Type I check this box		porting o	rganız	ation,			
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons?	fthe	ı					
		(i) a person who directly or indirectly controls, either alone or together with persons descr	rıbed ın (ıı)		Yes	No			
		and (III) below, the governing body of the the supported organization?		11g(i)		<u> </u>			
		(ii) a family member of a person described in (i) above?		11g(ii)					
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)					
h		Provide the following information about the supported organization(s)							

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizate col (i) lis your gove docume	e Ion In ted In Irning	organization in col (i) of your ng		(vi) Is the organizat col (i) organizat	(vii) A mount of support?	
_		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if yo	ou checked the	box on line 5,	/, or 8 of Part I.	.)			
	ection A. Public Support		1		Г		Т	
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	210,92	189,99	6 239,915	230,382		379,848	1,251,061
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities							
3	furnished by a governmental unit to the organization without charge							
4 5	Total. Add lines 1 through 3 The portion of total contributions by	210,92	0 189,99	6 239,915	230,382		379,848	1,251,061
3	each person (other than a governmental unit or publicly supported organization) included or line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public Support. Subtract line 5 from	۱ 📗						1,251,061
	line 4 ection B. Total Support							
	endar year (or fiscal year beginning							
	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009	(f) Total
7	A mounts from line 4	210,920	3,551	239,915	230,382		379,848	1,251,061
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties	1,662	3,551	2,530	388		11	8,142
9	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets							
11	Total support (Add lines 7 through 10)							1,259,203
12	Gross receipts from related activiti		·			12		1,986
13	First Five Years If the Form 990 is check this box and stop here			, third, fourth, or fr	fth tax year as a	501(c)(3	3) organız	eation, ▶
<u>S</u> 0 14	ection C. Computation of Pub Public Support Percentage for 2009			11 column (f)		1,,1		00.252.07
	Public Support Percentage for 2008	,	•	II Column (1))		14		99 350 %
15		,	•		14 22 1/20/	15	العمادة	99 220 %
	33 1/3% support test—2009. If the and stop here. The organization qua 33 1/3% support test—2008. If the box and stop here. The organization	alıfıes as a publıc organization did	ly supported orga not check the bo	nization x on line 13 or 16:			•	► ✓
L7a	10%-facts-and-circumstances test- is 10% or more, and if the organiza in Part IV how the organization mee organization	— 2009. If the orga tion meets the "fa	anization did not a acts and circums	check a box on line tances" test, chec	k this box and st	op here.	Explain	·
Ь	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organiza	nızatıon meets the	e "facts and circu	ımstances" test, c	heck this box and	stop he	ere.	. ,
18	supported organization Private Foundation If the organizations							▶┌ ▶┌
								- 1

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

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

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 88-0352350

Name: FAMILY PROMISE OF SOUTHERN NEVADA

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
CLAUDIA WIDHALM DO BOX 270128 LAS VEGAS, NV 89127	PRESIDENT 0	0		
ELIZABETH VAN DEUSEN DO BOX 270128 LAS VEGAS, NV 89127	VICE PRESIDE 0	0		
LISA JONES D PO BOX 270128 LAS VEGAS, NV 89127	SECRETARY 0	0		
DAVID STAHL DO BOX 270128 LAS VEGAS, NV 89127	TREASURER 0	0		
D HAVEN WOJCIAK PO BOX 270128 LAS VEGAS, NV 89127	MEMBER 0	0		
RENEE MEYOCKS PO BOX 270128 LAS VEGAS, NV 89127	MEMBER 0	0		
BONNIE POLLEY D PO BOX 270128 LAS VEGAS, NV 89127	ADVISORY 0	0		
BRUCE EWING DO BOX 270128 LAS VEGAS, NV 89127	ADVISORY 0	0		
FATEEN SEIFULLAH 2 PO BOX 270128 LAS VEGAS, NV 89127	ADVISORY 0	0		
FRED HARMON DO BOX 270128 LAS VEGAS, NV 89127	ADVISORY 0	0		
HAZEER RAZACK DO BOX 270128 LAS VEGAS, NV 89127	ADVISORY 0	0		
RABBI AKSELRAD DO BOX 270128 LAS VEGAS, NV 89127	ADVISORY 0	0		
SHAUN EGAN DO BOX 270128 LAS VEGAS, NV 89127	ADVISORY 0	0		
TERRY LINDEMANN PO BOX 270128 LAS VEGAS, NV 89127	EXECUTIVE DI 0	51,534		

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Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93492104005111

OMB No 1545-0172

Sequence No 67

Department of the Treasury See separate instructions. ► Attach to your tax return. Internal Revenue Service Name(s) shown on return Business or activity to which this form relates Identifying number FAMILY PROMISE OF SOUTHERN NEVADA INDIRECT DEPRECIATION 88-0352350 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses. 250.000 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 800.000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (a) Description of property 6 (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 **15** Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 21,018 MACRS Depreciation (Do not include listed property.) (See instructions.) **Section A** 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (e) Convention (f) Method (business/investment property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property c7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L h Residential rental 27 5 yrs ΜМ S/L property 27 5 yrs ММ S/L 39 yrs MMS/L i Nonresidential real property MMS/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L c 40-vear 40 vrs ММ S/L Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0 **Summary** (see instructions) 21 Listed proper 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 21.018 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the

23

Part V
Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense,

compl	ete only	24a, 24b, colui	mns (a) thro	ugh (c)	of Sec	ction	A, al	ll of .	Sectioi	n B, a	nd Se	ction (C if ap	oplicat	ile.
Section A—Deprec																
24a Do you have evidenc	e to support	the business/investi	ment use	claime	d? ┌ Yes	. ⊢ _{No}			24b If	"Yes," ı	s the ev	/ idence	written?		sГNo)
										1						
(a) Type of property (list Distorbicles first)	(b) Pate placed II service	(c) Business/ In investment use percentage	(d) Cost or ot basıs	ther	(busines	(e) deprecia s/investr e only)	- 11	(f) Recove period		(g) Method/ conventio		(h Deprec dedud	ation/		(i) Elected section 1 cost	
25Special depreciation allow 50% in a qualified busine			olaced in s	service (during the	tax year	and u	sed mo	re tha	in 25						
26 Property used more	•	•	ıness u:	s e							- 1					
		%														
		%									_					
	orless in a		ssuse													
		%							S/L	-						
		%							S/L]		
20 0 dd		%	7 5-4			21			S/L		_			+-		
28 Add amounts in col		_				ne 21,	page .	1 .	•		8		20	+		
29 Add amounts in col	umn (I), IIr				mation	·	· ·	• Va	· biol	•			29			
Complete this section f	or vehicle:										r relat	ed per	son			
f you provided vehicles to y	our employe	es, first answer the q	uestions	ın Sectio	on C to see	ıf you n	neet ar	exce	otion t	o comple	ting this	section	for thos			
30 Total business/inve		-	the _	-	a) icle 1	V e hı	•	V	(c) ehic		V e h i	d) cle 4	V ehı	-	V e hı	f) cle 6
31 Total commuting m	ıles drıven	during the year	. -													
32 Total other persona	ıl(noncomr	muting) miles driv	en													
33 Total miles driven o	during the	year Add lines 3	。													
through 32			· _													
34 Was the vehicle ava	aılable for	personal use		Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No
during off-duty houi	rs? .													<u> </u>		<u> </u>
35 Was the vehicle use owner or related pe	rson?	· · · · ·	5%													
36 Is another vehicle a	avaılable f	or personal use?														
Section Answer these questions 5% owners or related p	s to detern										-				not moi	re tha
37 Do you maintain a vemployees?		•	t prohib	ıts all	personal •	use of	vehic	les,ı	nclud	ling cor	nmutir	ig, by y	our •	Y	es	No
38 Do you maintain a vemployees? See the																
39 Do you treat all use	ofvehicle	s by employees a	as perso	nal us	e? .											
40 Do you provide mor vehicles, and retain	e than five	vehicles to your	•			rmatio	n fron	n your	r emp	loyees	about	the us	e of the	e 🗀		
41 Do you meet the red			· Ified aut	 tomobı	le demor	- nstratio	n use	? (Se	e ins	tructio	ns)		·		-+	
Note: If your answe	r to 37, 38	3, 39, 40, or 41 is	s "Yes,"	do no	t comple	te Sect	ion B	for th	ne co	vered v	ehicle:	S				
Part VI Amortiz		<u> </u>													I	
		(b)		(0	-)			(d)		(e	:)			(f)		
(a)		Date		A mort	-			ode		A morti			A mo	rtızatı	on for	
Description of co	STS	amortization begins		amo	unt		se	ction		perio percei			t	hıs yea	ar	
42 A mortization of cos	ts that be		2009 ta:	x year	(see ins	truction	ns)				<u> </u>					
43 A mortization of cos	ts that be	gan before your 2	009 tax	year						•	43					

44 Total. Add amounts in column (f) See the instructions for where to report . . .

44

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TY 2009 Compensation Explanation

Name: FAMILY PROMISE OF SOUTHERN NEVADA

Person Name	Explanation
CLAUDIA WIDHALM	
ELIZABETH VAN DEUSEN	
LISA JONES	
DA VID STAHL	
D HAVEN WOJCIAK	
RENEE MEY OCKS	
BONNIE POLLEY	
BRUCE EWING	
FATEEN SEIFULLAH	
FRED HARMON	
HAZEER RAZACK	
RABBIAKSELRAD	
SHAUN EGAN	
TERRY LINDEMANN	

TY 2009 Other Assets Schedule

Name: FAMILY PROMISE OF SOUTHERN NEVADA

Description	Beginning of Year Amount	End of Year Amount
PREPAID EXPENSES AND DEFERRED CHARGES	2,486	
	88,631	89,131
LESS ACCUMULATED DEPRECIATION	30,409	51,533
	60,708	37,598

TY 2009 Other Expenses Schedule

Name: FAMILY PROMISE OF SOUTHERN NEVADA

Description	Amount
EXPENSES	
ADVERTISING AND PROMOTION	13,916
OFFICE	3,698
OFFICE	603
BANK FEES	688
INFORMATION TECHNOLOGY	4,680
INFORMATION TECHNOLOGY	246
TRAVEL	14,557
TRAVEL	1,525
CONFERENCES / MEETINGS	2,387
BOD EXPENSES	250
INSURANCE	10,964
DUES	1,384
PROGRAM - "OTHER"	50,047
PROGRAM - "OTHER"	7,677
IN-KIND MEALS	73,835

TY 2009 Other Liabilities Schedule

Name: FAMILY PROMISE OF SOUTHERN NEVADA

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	6,694	237
	6,694	237

BY-LAWS OF FAMILY PROMISE OF LAS VEGAS, INC

ARTICLE I: NAME

SECTION A

The name of the organization shall be "FAMILY PROMISE OF LAS VEGAS, INC."

ARTICLE II: DEFINTIONS

SECTION A

"Charter" - Shall mean the Certificate of Incorporation of Family Promise (The Corporation) as from time to time amended

SECTION B

"Trustee" or "Trustees" - shall mean a member or members of the Board of Trustees of the Corporation who have become such in accordance with the provisions of these bylaws.

SECTION C

"Board" - shall mean board of trustees of the Corporation

SECTION D

"Homeless Family" – shall mean, but is not exclusively defined as, a group of people related in the first person, by marriage in the case of any adults and by blood or adoption in the case of children, consisting of one or more adult parents and one or more minor children, and any minor children that may be the issue of the minor children of the one or more adult parent.

A family may also mean two or more people who share goals and values, have long-term commitments to one another, and reside usually in the same dwelling place.

SECTION E

"Whenever a masculine pronoun appears it is for convenience only and shall mean either male or female.

ARTICLE III: OBJECTIVES

SECTION A

To organize, sponsor, and develop services and facilities for homeless families in Las Vegas and Greater Clark County, including providing and making available food, clothing, shelter and low cost housing and any local activity related to the furtherance of said objectives. Notwithstanding anything in the bylaws, this organization will at all times operate only within the confines of section 501(c)(3) of the Internal Revenue Code, and operate exclusively for charitable purposes.

ARTICLE IV: BOARD OF TRUSTEES

SECTION A

The business of the Corporation except as otherwise expressly provided by Iaw or by the Articles of Incorporation, shall be managed by the Board of Trustees

SECTION B

The Board of Trustees consists initially of nine (9) persons named as Trustees in the Charter. The number of Trustees serving on the Board may be changed from time to time by either adding or deleting members as deemed necessary by the board and voted on at their monthly meeting

SECTION C

The term of the Board shall be two (2) years. The Board will be split into two groups of members at the first meeting thus allowing for only one half of the members to rotate off at the end of any given year. The election of Board members shall take place at the annual election meeting.

SECTION D

Members of the board of Trustees may serve more than one term in succession with the approval of the remaining members of the Board.

SECTION E

Any Board member may resign at any time giving written notice to the President or to the Board. Such resignation shall take effect at the time specified therein, and, unless otherwise specified therein, acceptance shall not be necessary to make it effective.

SECTION F

Any Trustee may be removed, either with or without cause, at any time, by an affirmative vote of the majority of Trustees, at any meeting of the Board. Unexcused absence from three (3) consecutive regular meetings of the Board shall constitute cause for removal of any Trustee.

SECTION G

At each meeting a majority of the Board members must be present to constitute a quorum. The decision of the majority present at any such meeting shall be the act of the Board. Whether or not there is a quorum at any meeting, the majority of Trustees who are present may adjourn the meeting from time to time to a certain day. The Trustees shall act only as a Board, and no individual Trustee shall have any authority as such.

ARTICLE V: OFFICERS

SECTION A

The Board of Trustees will annually choose officers filling the positions of President, Vice President, Secretary and Treasurer. These positions are voted upon by the members of the Board of Trustees. The term of service will be one year with the ability to be reelected to the same position one (1) time. The re-election may be extended by a supermajority of the board, consisting of a two thirds vote in the affirmative, to allow any officer to continue in their position past any time period of two years, to be voted upon annually. Elections of officers shall be held at the annual election meeting.

SECTION B

The president shall preside at all meetings and the Board in general, shall perform all duties incident to the office of President, and such other duties as from time to time may be assigned to him by the board.

SECTION C

The Vice President, in the absence of the President, shall preside at all meetings of the Board and in general, shall perform all duties incident to the office of President, and such other duties as from time to time may be assigned to him by the Board.

SECTION D

The Secretary shall keep the records and minutes of all meetings and attend to the Corporation's correspondence. The secretary shall perform all duties as from time to time may be assigned to him by the President of the Board.

SECTION E

The Treasurer is in charge and custody of, and is responsible for, all funds and securities of the Corporation and deposit all such funds in the name of the Corporation in such depositaries as shall be designated by the Board. The Treasurer shall:

- 1) Render a statement of the condition of the finances of the Corporation at all regular meetings of the Board and a full financial report at the annual meeting of the Board.
- 2) Receive and give receipt for monies due and payable to the Corporation from any source whatsoever and, subject to the direction of the Board or of any committee thereunto authorized or of the President, pay out and supervise the disbursement of monies of the Corporation.
- 3) All disbursement of monics over two thousand dollars (\$2,000.00) via check or draft or any other manner requiring a signature must have the signature of two (2) individuals, the treasurer and someone designated by the Board.
- 4) All checks, drafts, or other orders for payment of money, notes, acceptances, or other evidences of indebtedness issued in the name of the Corporation, shall be signed by such officers or agents, and in such a manner as shall be determined from time to time by resolution of the Board. Unless otherwise provided by the Board, endorsements for deposit to the Credit of the Corporation in any of its depositories may be made, without countersignature, by the President, Vice President or by any other officer or agents whom such power shall have been delegated by the Board, or may be made by hand-stamped impression in the name of the Corporation
- 5) In general perform all the duties incident to the office of the Treasurer, and such other duties as from time to time may be assigned to him by the president or by the Board.

ARTICLE VI: STANDING COMMITTEES

SECTION A The following are standing committees: Faith House

Outreach, Finance, Public Relations, Technology, Board

Development and Fund Development.

SECTION B The Board has the right to appoint an Ex-officio member to

each committee should it desire.

SECTION C Ex-officio members of the committees shall not vote at

committee meetings, except to resolve a tie vote. Each committee member present represents one (1) vote at any

committee meeting.

SECTION D The Board shall at their discretion create or disband any

standing committee or ad hoc committee.

SECTION E The Board shall appoint all committee chairpersons and

approve activity at the committee level. All committee

chairpersons must be a member of the Board.

SECTION F The Board shall make available guidelines for all standing

committees. Said guidelines shall be reviewed and/or updated by the Board and the committee chairperson each year and a copy of said guidelines will be maintained with

the Secretary as part of the Corporation's record.

ARTICLE VII: MEETINGS

SECTION A The regular meetings of the Board shall be held monthly

unless otherwise specified by the Board.

SECTION B Special Meetings, if necessary, may be called by the

President or a majority of the Board.

ARTICLE VIII: ANNUAL FINANCE REPORT

SECTION A

The Treasurer shall be required to provide a financial report at the close of the Treasurer's term and to file copies of this report with the Board and with such other internal or external groups or individuals as the Board shall direct. The annual financial report shall become part of the permanent record of this corporation.

SECTION B

The fiscal records of the organization shall be audited or reviewed each year, at the end of the fiscal year. The fiscal year end will be August 31.

SECTION C

A brief monthly report is to be provided no less than three days before the monthly meeting.

ARTICLE IX: QUORUM

SECTION A

A majority of the Board members present at any meeting shall constitute a quorum.

ARTICLE X: ELECTIONS

SECTION A

A Nominating Committee shall be appointed by the Board at the regular scheduled meeting in October each year. Nominations shall be presented at the December Meeting at which time nominations may be made from the floor after the report of the Nominating Committee.

SECTION B

Officers are to be elected at the regular December meeting. They shall take office at the conclusion of the regular December meeting.

SECTION C

In the event of the vacancy of any elected officer, the Board shall call a special election to fill such a vacancy. Committee chairpersons shall be appointed by the Board. Such special elections are to take place at the regular monthly meeting.

ARTICLE XI: AUTHORITY

SECTION A

The rules contained in "Robert's Rules of Order, Revised" shall govern this organization in all cases except when they conflict with the by-laws of this organization.

ARTICLE XII: AMENDMENTS

SECTION A

The By-Laws may be amended by a two-thirds (2/3) super majority vote of the Board present at any regular meeting. The amendments must have been presented at the proceeding regular meeting of the organization and must not conflict with the provisions of this organization's charter.

SECTION B

The Charter may be amended by a two-thirds (2/3) super majority vote at the annual meeting. This may, but is not required to, include the vision and mission statements of Family Promise of Las Vegas.

Family Promise of Las Vegas Board of Directors List 2009-2010

Name	Position	Employed	Address	Home	Cell	Work	Fax	Email
Jennifer Cohen	President	Family Health Care Registered Nurse	432 Macbrey Dr Las Vegas. NV 89123	896-4973	340-6885			Jcohen1156@cox.net
Claudia Widhalm	Vice President	Templeton Dev.	3100 Stern Dr Las Vegas NV 89117	360-5585	271-4963			cocoj98@aol com
David Stahl	Treasurer	Retired-Aveva	3921 Kamden Way Las Vegas, NV 89119	735-8104	505-0158			destahl@cox net
Cındy Jensen	Secretary	U.S.District Court	8509 Midnight Ave Las Vegas, NV 89143	645-2646	239-4998	464-5477		ckjensen@cox net
D Haven Wojciak	Member	Alverson, Taylor Attorney Firm	6652 Pleasant Plains Way Las Vegas NV 89108	882-4340				haven.wojciak@gmail com
Elizabeth Van Dusen	Member	Agassı Boys/Gırls Club Education Director	3708 El Portal Avenue Las Vegas NV 89102	235-6260	235-6230	638-1161		e vandeusen@yahoo.com
Lisa Jones	Member	Retired Nevada State Health	8140 Mackenzie Ct Las Vegas NV 89129	658-8144	755-6011			ltjones@cox.net
Renee Meyocks	Member	Community Organizer	9037 Alpine Peaks Ave. Las Vegas. NV 89147	364-8174	525-6700			reneemeyocks@msn com
Bonnie Polley	Advisory	Christ Church Deacon	2000 Maryland Pkwy Las Vegas, NV	735-1213	250-9125	671-3957	735-1207	bbelpolley@cox net
Bruce Ewing	Advisory	Cast-Phantom Entertainer	912 E Robindale Rd Las Vegas, NV 89123		845-4335			bruceewing@gmail com
Fateen Seifullah	Advisory	As-Sabur Mosque Iman	341 Plum Horse N Las Vegas, NV 89031	649-2106	563-9134		647-2821	vegasmasjıd@aol com
Fred Harmon	Advisory	Gaming Executive HR Tropicana Hotel	3941 Emerson Avenue Las Vegas.NV 89121		379-4728		436-4957	fwharmon@hotmail com
Hazeer Razack	Advisory	Wells Fargo Bank CEO	199 Regal Sunset Ave Henderson NV 89015		510-4474	868-3428		guyanesegq@aol com
Rabbı Akselrad	Advisory	Cong. Ner Tamıd Rabbı	55 N Valle Verde Pkwy Henderson NV 89074			733-6295		rabbak@lvnertamid org
Shaun Egan	Advisory	Private Consultant Computer Field	1620 Shadow Dancer St Las Vegas, NV 89128	255-0247	477-9760			shaun.egan@gmail.com
Terry Lındemann	Executive Director	Day Center Staff	3532 Madrid Las Vegas, NV 89121	433-9878	416-8607	638-8806	638-0004	lvihn@earthlink.net
Barbara Coggins	Case Manager	Day Center Staff	8255 Las Vegas Blvd S Las Vegas. NV 89123	366-6979	416-8738	638-8806		barbarafamılypromıse@gmaıl com
Elizabeth Blakeney	Case Manager	Day Center Staff	1455 N Main St #104 Las Vegas, NV 89101	982-1929		638-8806	638-0004	eblakeneylvıhn@gmaıl.com
Tamer Zakı	Van Driver	Day Center Staff	2600 Elko Cırcle Henderson NV 89074	403-4372		638-8806		
Carlton Lockhart	Van Driver	Day Center Staff	5141 Pioneer #203	205-7111		638-8806		
Peter Ediger	Flex	Day Center Staff	1420 W Bartlett St Las Vegas NV 89106		563-7529	9088-889	638-0004	peterediger@paceebene.org