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Form **990****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

**2010**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

**A For the 2010 calendar year, or tax year beginning** 07/01, 2010, and ending 06/30, 2011**B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

FAMILY TREE, INC.

## Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

3805 MARSHALL STREET

City or town, state or country, and ZIP + 4

WHEAT RIDGE, CO 80033

**F** Name and address of principal officer

SCOTT SHIELDS

3805 MARSHALL ST. WHEAT RIDGE, CO 80033

**D** Employer identification number

84-0730973

**E** Telephone number

(303) 422-2133

**G** Gross receipts \$ 7,969,733.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

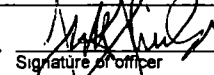
If "No," attach a list (see instructions)

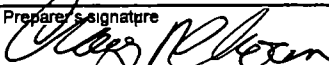
**H(c)** Group exemption number ▶**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527**J** Website: ▶ WWW.THEFAMILYTREE.ORG**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation 1976 **M** State of legal domicile CO**Part I** Summary

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities FAMILY TREE, INC HELPS PEOPLE OVERCOME CHILD ABUSE, DOMESTIC VIOLENCE AND HOMELESSNESS TO BECOME SAFE, STRONG, AND SELF-RELIANT.	
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	13.
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	13.
	<b>5</b>	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	236.
	<b>6</b>	Total number of volunteers (estimate if necessary)	2,651.
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12	-5,651.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	-5,651.	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year 3,557,511. Current Year 3,909,360.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	3,876,749. 3,687,386.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,057. 17,443.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	393,578. 258,148.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,855,895. 7,872,337.
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,033,036. 1,135,096.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,524,702. 5,508,449.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶	470,619.
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,212,855. 1,179,288.	
<b>18</b>	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	7,770,593. 7,822,833.	
<b>19</b>	Revenue less expenses - Subtract line 18 from line 12	85,302. 49,504.	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year 5,177,938. End of Year 5,343,868.
	<b>21</b>	Total liabilities (Part X, line 26)	1,286,661. 1,290,420.
	<b>22</b>	Net assets or fund balances - Subtract line 21 from line 20	3,891,277. 4,053,448.

**Part II** Signature Block

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

<b>Sign Here</b>		Date 2/6/12
	SCOTT SHIELDS, CHIEF EXECUTIVE OFFICER	Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	CRAIG R. CHOUN		1-3/12		P00173718
	Firm's name ▶ EHRHARDT KEEFE STEINER & HOTTMAN PC	Firm's EIN ▶ 84-0869721	Phone no 303-740-9400		

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

SCANNED FEB 29 2012

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21

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ **X****1** Briefly describe the organization's mission:FAMILY TREE, INC HELPS PEOPLE OVERCOME CHILD ABUSE, DOMESTIC VIOLENCE  
AND HOMELESSNESS TO BECOME SAFE, STRONG, AND SELF-RELIANT.**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code: ) (Expenses \$ 2,743,309 including grants of \$ 485,704 ) (Revenue \$ 2,968,362 )

CHILDREN'S SERVICES: SEE SCHEDULE O

CONTRIBUTIONS AND GRANTS RECEIVED: \$340,781

**4b** (Code: ) (Expenses \$ 1,518,574 including grants of \$ 32,833 ) (Revenue \$ 659,809 )

DOMESTIC VIOLENCE SERVICES: SEE SCHEDULE O

CONTRIBUTIONS AND GRANTS RECEIVED: \$926,263

**4c** (Code: ) (Expenses \$ 1,876,467 including grants of \$ 616,559 ) (Revenue \$ 59,215 )

HOMELESSNESS SERVICES: SEE SCHEDULE O

CONTRIBUTIONS AND GRANTS RECEIVED: \$1,880,326

**4d** Other program services. (Describe in Schedule O.) ATTACHMENT 1

(Expenses \$ 421,570 including grants of \$ ) (Revenue \$ 291,143 )

**4e** Total program service expenses ► 6,559,920.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) . . . . .	<b>2</b> X	
<b>3</b> 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 . . . . .	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>4</b> X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b>	
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or 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 . . . . .	<b>6</b>	X
<b>7</b> 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 . . . . .	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	X
<b>9</b> 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 . . . . .	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	<b>11f</b> X	
<b>12 a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	X
<b>14 a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV . . . . .	<b>14b</b>	X
<b>15</b> 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, Parts II and IV . . . . .	<b>15</b>	X
<b>16</b> 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, Parts III and IV . . . . .	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	<b>19</b>	X
<b>20 a</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) . . . . .	<b>20b</b>	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	<b>21</b>	X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .	<b>22</b>	X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .	<b>23</b>	X
<b>24 a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i> . . . . .	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .	<b>25b</b>	X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<b>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> . . . . .	<b>34</b>	X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35</b>	X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	<b>36</b>	X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	X

Form 990 (2010)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V. ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <span style="float: right;">1a 243</span>		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <span style="float: right;">1b 0</span>		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <span style="float: right;">2a 236</span>		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year. <span style="float: right;">7d</span>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966?		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12. <span style="float: right;">10a</span>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <span style="float: right;">10b</span>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders. <span style="float: right;">11a</span>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). <span style="float: right;">11b</span>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year. <span style="float: right;">12b</span>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. <span style="float: right;">13b</span>		
<b>c</b> Enter the amount of reserves on hand. <span style="float: right;">13c</span>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI ☒ X

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> 13		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 13		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . <b>2</b>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . <b>5</b>		X
<b>6</b> Does the organization have members or stockholders? . . . . . <b>6</b>		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . . <b>7a</b>		X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . <b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . . <b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . . <b>8b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . <b>9</b>		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . . <b>10a</b>		X
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . . <b>10b</b>		
<b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . . <b>11a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . <b>12a</b>	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . <b>12b</b>	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . . <b>12c</b>	X	
<b>13</b> Does the organization have a written whistleblower policy? . . . . . <b>13</b>	X	
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . . <b>14</b>	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . . <b>15a</b>	X	
<b>b</b> Other officers or key employees of the organization . . . . . <b>15b</b>	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . <b>16a</b>		X
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . <b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed CO,

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☒ Own website ☒ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization JILL FARNHAM 3805 MARSHALL ST. WHEAT RIDGE, CO 80033  
303-422-2133

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DENISE HOFFMAN PAST CHAIR	1.00	X		X				0.	0.	0.
(2) KIMBERLY QUINN DIRECTOR	1.00	X						0.	0.	0.
(3) STUART WRIGHT CHAIR	1.00	X		X				0.	0.	0.
(4) SHARON BOYD SECRETARY	1.00	X		X				0.	0.	0.
(5) HOLLIE TROW TREASURER	1.00	X		X				0.	0.	0.
(6) BRAD GEISSLER CHAIR-ELECT	1.00	X		X				0.	0.	0.
(7) MIKKEL KELLY DIRECTOR	1.00	X						0.	0.	0.
(8) LAWRENCE LEE DIRECTOR	1.00	X						0.	0.	0.
(9) BARBARA MORRIS DIRECTOR	1.00	X						0.	0.	0.
(10) SIDDHARTHA RATHOD DIRECTOR	1.00	X						0.	0.	0.
(11) MARK RUTHVEN DIRECTOR	1.00	X						0.	0.	0.
(12) KATHERINE VIGIL DIRECTOR	1.00	X						0.	0.	0.
(13) HUNTER MENTON DIRECTOR	1.00	X						0.	0.	0.
(14) LOWELL MILLER DIRECTOR	1.00	X						0.	0.	0.
(15) JIM LORENTZ DIRECTOR	1.00	X						0.	0.	0.
(16) KRISTINE POSTON DIRECTOR	1.00	X						0.	0.	0.



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**(continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) JUDI LACKO-ZALLAPS DIRECTOR	1.00	X						0.	0.	0.
(18) JACKIE CAMPEAU DIRECTOR	1.00	X						0.	0.	0.
(19) JESSICA JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(20) SCOTT T. SHIELDS CEO	55.00			X				100,630.	0.	2,604.
(21) JILL FARNHAM CFO	45.00			X				0.	0.	0.
(22) JO-ANN SCHARMANN CFO	45.00			X				87,125.	0.	1,165.
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
<b>1b Sub-total</b>								187,755.	0.	3,769.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								187,755.	0.	3,769.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

- 3** Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 100,000.					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 130,488.					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b> 2,693,162.					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 985,710.					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ 46,152.						
	<b>h</b>	<b>Total. Add lines 1a-1f . . . . .</b>		3,909,360.				
<b>Program Service Revenue</b>				<b>Business Code</b>				
	<b>2a</b>	SERVICE FEES	624100	337,299.	337,299.			
	<b>b</b>	MEDICAID AND FOSTER CARE	624100	687,652.	687,652.			
	<b>c</b>	CONTRACT FEES	624100	2,558,800.	2,558,800.			
	<b>d</b>	RENTAL INCOME	532000	59,215	59,215.			
	<b>e</b>	NO CHILD LEFT BEHIND	900099	44,420.	44,420.			
	<b>f</b>	All other program service revenue . . . . .						
	<b>g</b>	<b>Total. Add lines 2a-2f . . . . .</b>		3,687,386.				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ATTACHMENT 2 . . . . .		17,443.			17,443.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0.				
	<b>5</b>	Royalties . . . . .		0.				
		(i) Real	(ii) Personal					
	<b>6a</b>	Gross Rents. . . . .	27,565.					
	<b>b</b>	Less rental expenses . . . . .	34,454.					
	<b>c</b>	Rental income or (loss) . . . . .	-6,889					
	<b>d</b>	Net rental income or (loss) . . . . .		-6,889.		-5,651.	-1,238.	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b>	Less cost or other basis and sales expenses . . . . .						
	<b>c</b>	Gain or (loss) . . . . .						
	<b>d</b>	Net gain or (loss) . . . . .		0.				
	<b>8a</b>	Gross income from fundraising events (not including \$ 130,488. of contributions reported on line 1c) See Part IV, line 18 . . . . .	ATCH 3	17,200				
	<b>b</b>	Less direct expenses . . . . .		62,942.				
	<b>c</b>	Net income or (loss) from fundraising events . . . . .	ATCH. 4 .		-45,742.		-45,742.	
	<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .						
	<b>b</b>	Less direct expenses . . . . .						
	<b>c</b>	Net income or (loss) from gaming activities . . . . .		0.				
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .		291,143.				
	<b>b</b>	Less cost of goods sold . . . . .						
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		291,143.	291,143.				
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b>	WORKERS COMPENSATION REBATE	900099	8,885	8,885				
<b>b</b>	MISCELLANEOUS	900099	10,751.	10,751.				
<b>c</b>								
<b>d</b>	All other revenue . . . . .							
<b>e</b>	<b>Total. Add lines 11a-11d . . . . .</b>		19,636					
<b>12</b>	<b>Total revenue. See instructions . . . . .</b>		7,872,337.	3,998,165.	-5,651.	-29,537.		

**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)

Do not include amounts reported on lines 6b, 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 . . .	0.			
2	Grants and other assistance to individuals in the U S See Part IV, line 22 . . . . .	1,135,096.	1,135,096.		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 . . . . .	0.			
4	Benefits paid to or for members . . . . .	0.			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	206,487.	73,393.	133,094.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7	Other salaries and wages . . . . .	4,388,236.	3,636,690.	427,820.	323,726.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	0.			
9	Other employee benefits . . . . .	571,916.	493,766.	46,563.	31,587.
10	Payroll taxes . . . . .	341,810.	275,411.	42,229.	24,170.
11	Fees for services (non-employees)				
a	Management . . . . .	6,750.	6,600.		150.
b	Legal . . . . .	1,460.	1,460.		
c	Accounting . . . . .	44,743.		44,743.	
d	Lobbying . . . . .	2,040.	2,040.		
e	Professional fundraising services See Part IV, line 17	0.			
f	Investment management fees . . . . .	3,991.		3,991.	
g	Other . . . . .	90,130.	38,346.	38,748.	13,036.
12	Advertising and promotion . . . . .	5,323.	1,513.		3,810.
13	Office expenses . . . . .	131,312.	90,352.	23,421.	17,539.
14	Information technology . . . . .	16,181.	4,277.	11,904.	
15	Royalties . . . . .	0.			
16	Occupancy . . . . .	238,579.	211,064.	27,515.	
17	Travel . . . . .	74,120.	70,132.	2,312.	1,676.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings . . . . .	55,305.	34,562.	15,065.	5,678.
20	Interest . . . . .	30,363.	10,521.	19,842.	
21	Payments to affiliates . . . . .	0.			
22	Depreciation, depletion, and amortization . . . . .	157,421.	130,308.	27,113.	
23	Insurance . . . . .	43,510.	33,225.	9,484.	801.
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	PROPERTY MAINTENANCE & REPAIR	171,014.	145,138.	25,876.	
b	FEES, DUES & SUBSCRIPTIONS	30,427.	19,893.	5,651.	4,883.
c	EQUIPMENT COSTS	25,458.	21,234.	4,224.	
d	INDIRECT EXPENSE	-3,966.	109,379.	-121,657.	8,312.
e	PRINTING	32,296.	4,583.	377.	27,336.
f	All other expenses	22,831.	10,937.	3,979.	7,915.
25	<b>Total functional expenses.</b> Add lines 1 through 24f	7,822,833.	6,559,920.	792,294.	470,619.
26	<b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	173,019.	<b>1</b>	603,019.
	<b>2</b> Savings and temporary cash investments . . . . .	1,744.	<b>2</b>	1,752.
	<b>3</b> Pledges and grants receivable, net . . . . .	362,316.	<b>3</b>	369,734.
	<b>4</b> Accounts receivable, net . . . . .	484,123.	<b>4</b>	399,540.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	12,278.	<b>8</b>	26,355.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	33,781.	<b>9</b>	33,325.
	<b>10 a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . .	10a 3,762,365.		
	<b>b</b> Less accumulated depreciation . . . . .	10b 1,458,980.		
	<b>11</b> Investments - publicly traded securities . . . . .	834,817.	<b>11</b>	567,458.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	212,206.	<b>15</b>	1,039,300.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	5,177,938.	<b>16</b>	5,343,868.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	475,929.	<b>17</b>	487,428.
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	486.	<b>19</b>	259.
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	755,630.	<b>23</b>	709,381.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	54,616.	<b>25</b>	93,352.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	1,286,661.	<b>26</b>	1,290,420.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	3,578,027.	<b>27</b>	3,658,161.
	<b>28</b> Temporarily restricted net assets . . . . .	139,853.	<b>28</b>	221,505.
	<b>29</b> Permanently restricted net assets . . . . .	173,397.	<b>29</b>	173,782.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> . . . . .	3,891,277.	<b>33</b>	4,053,448.
	<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	5,177,938.	<b>34</b>	5,343,868.

Form 990 (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	7,872,337.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,822,833.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	49,504.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	3,891,277.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	112,667.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	4,053,448.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant?	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form **990** (2010)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization  
FAMILY TREE, INC.

Employer identification number  
84-0730973

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (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 governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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 ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- 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 instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	3,040,830	3,015,130.	3,444,451	3,557,511.	3,909,360.	16,967,282.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1 through 3 . . . . .	3,040,830	3,015,130	3,444,451.	3,557,511.	3,909,360.	16,967,282.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						52,028
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4 . . . . .						16,915,254.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 . . . . .	3,040,830.	3,015,130.	3,444,451	3,557,511	3,909,360.	16,967,282.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	15,907	17,804.	22,256.	19,562.	17,443.	92,972.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) - ATCH- 1 . . . . .	55,764.	56,088.	50,127.	156,715.	19,636.	338,330.
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						17,398,584.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	19,073,894.
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	97.22 %
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	<b>15</b>	96.96 %
<b>16a</b> <b>33 1/3 % support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b</b> <b>33 1/3 % support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a</b> <b>10%-facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b</b> <b>10%-facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2010

**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 or if the organization failed to qualify under Part II  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6</b> Total. Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8</b> Public support (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10 a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12) . . . . .						
<b>14</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%
<b>19 a</b> 33 1/3 % support tests - 2010. 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 ► <input type="checkbox"/>		
<b>b</b> 33 1/3 % support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>20</b> Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
MISCELLANEOUS INCOME	55,764.	56,088.	50,127.	156,715.	19,636.	338,330.
TOTALS	<u>55,764</u>	<u>56,088</u>	<u>50,127</u>	<u>156,715</u>	<u>19,636</u>	<u>338,330</u>

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization <b>FAMILY TREE, INC.</b>	Employer identification number <b>84-0730973</b>
--	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- 2 Political expenditures ▶ \$
- 3 Volunteer hours ▶

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2010

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group.  
**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	2,040.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	2,040.													
<b>d</b>	Other exempt purpose expenditures	7,820,793.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	7,822,833.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	541,142.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	135,286.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
<b>2 a</b> Lobbying nontaxable amount	4,277.	3,856.	1,970.	2,040.	12,143.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					18,215.
<b>c</b> Total lobbying expenditures	4,277.	3,856.	1,970.	2,040.	12,143.
<b>d</b> Grassroots nontaxable amount	0.	0.	0.	0.	0.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					0.
<b>f</b> Grassroots lobbying expenditures	0.	0.	0.	0.	0.

Schedule C (Form 990 or 990-EZ) 2010

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total Add lines 1c through 1i			
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

## Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; and Part II-B, line 11. Also, complete this part for any additional information.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part IV** Supplemental Information *(continued)*

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

FAMILY TREE, INC.

**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Employer identification number

84-0730973

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(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 art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2010

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition d ☐ Loan or exchange programs  
 b ☐ Scholarly research e ☐ Other \_\_\_\_\_  
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V and complete the following table.

	Amount
c Beginning balance . . . . .	1c
d Additions during the year . . . . .	1d
e Distributions during the year . . . . .	1e
f Ending balance . . . . .	1f

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	212,206.	212,434.	201,221.		
b Contributions . . . . .	385.	360.	330.		
c Net investment earnings, gains, and losses . . . . .	35,567.	-588.	10,883.		
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	10,349.				
f Administrative expenses . . . . .					
g End of year balance . . . . .	237,809.	212,206.	212,434.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
 b Permanent endowment ▶ 73.0763 %  
 c Term endowment ▶ 26.9237 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations . . . . .  
 (ii) related organizations . . . . .

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		534,633.		534,633.
b Buildings . . . . .		2,816,164.	1,276,217.	1,539,947.
c Leasehold improvements . . . . .				0.
d Equipment . . . . .		279,134.	141,694.	137,440.
e Other . . . . .		132,434.	41,069.	91,365.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . . .				2,303,385.

Schedule D (Form 990) 2010

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12) ▶		

**Part VIII 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
(1) -----		
(2) -----		
(3) -----		
(4) -----		
(5) -----		
(6) -----		
(7) -----		
(8) -----		
(9) -----		
(10) -----		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description		(b) Book value
(1)	INTEREST IN COMMUNITY FIRST	
(2)	FOUNDATION	237,809.
(3)	LAND AND BUILD HELD FOR SALE	801,491.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)		1,039,300.

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Amount
(1)	Federal income taxes	
(2)	CAPITAL LEASE OBLIGATIONS	77,257.
(3)	OTHER LIABILITIES	16,095.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶		93,352.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,872,337.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,822,833.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	49,504.
4	Net unrealized gains (losses) on investments	4	77,100.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	35,567.
9	Total adjustments (net). Add lines 4 through 8	9	112,667.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	162,171.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	8,137,115.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	77,100.
b	Donated services and use of facilities	2b	78,556.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	109,122.
e	Add lines 2a through 2d	2e	264,778.
3	Subtract line 2e from line 1	3	7,872,337.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	7,872,337.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	7,974,944.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	78,556.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	73,555.
e	Add lines 2a through 2d	2e	152,111.
3	Subtract line 2e from line 1	3	7,822,833.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	7,822,833.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIV Supplemental Information (continued)**

FIN 48 FOOTNOTE

PART X, LINE 2

FAMILY TREE, INC. APPLIES A MORE-LIKELY-THAN-NOT MEASUREMENT METHODOLOGY TO REFLECT THE FINANCIAL STATEMENT IMPACT OF UNCERTAIN TAX POSITIONS TAKEN, OR EXPECTED TO BE TAKEN, IN A TAX RETURN. AFTER EVALUATING THE TAX POSITIONS TAKEN, NONE ARE CONSIDERED TO BE UNCERTAIN; THEREFORE, NO AMOUNTS HAVE BEEN RECOGNIZED AS OF JUNE 30, 2011. IF INCURRED, INTEREST AND PENALTIES ASSOCIATED WITH TAX POSITIONS ARE RECORDED IN THE PERIOD ASSESSED AS INTEREST AND OTHER EXPENSE. NO INTEREST OR PENALTIES HAVE BEEN ASSESSED AS OF JUNE 30, 2011.

TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION INCLUDE 2007 THROUGH THE CURRENT YEAR.

## RECONCILIATION OF REVENUE

PART XII, LINE 2D

RENTAL EXPENSES	\$34,454
SPECIAL EVENTS EXPENSES	39,101
CHANGE IN INTEREST IN NET ASSETS OF	
COMMUNITY FIRST FOUNDATION	35,567
	-----
TOTAL	\$109,122

**Part XIV** Supplemental Information (continued)

## RECONCILIATION OF EXPENSES

PART XIII, LINE 2D

RENTAL EXPENSES \$34,454

SPECIAL EVENTS EXPENSES 39,101

-----

TOTAL \$73,555

## INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS

PART V, LINE 4

TO HELP TRANSITION WOMEN AND CHILDREN VICTIMS OF DOMESTIC VIOLENCE OUT OF  
THE FAMILY TREE WOMEN IN CRISIS SHELTER AND INTO SAFE, AFFORDABLE,  
SUPPORTED HOUSING ACCOMMODATIONS.

## RECONCILIATION OF CHANGE IN NET ASSETS

PART XI, LINE 8

CHANGE IN INTEREST IN NET ASSETS OF

COMMUNITY FIRST FOUNDATION \$35,567

Department of the Treasury  
Internal Revenue Service

Name of the organization

FAMILY TREE, INC.

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

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

▶ **Attach to Form 990 or Form 990-EZ** ▶ **See separate instructions**

OMB No 1545-0047

2010

**Open To Public  
Inspection**

Employer identification number

84-0730973

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |          |                          |                                  |          |                          |                                       |
|----------|--------------------------|----------------------------------|----------|--------------------------|---------------------------------------|
| <b>a</b> | <input type="checkbox"/> | Mail solicitations               | <b>e</b> | <input type="checkbox"/> | Solicitation of non-government grants |
| <b>b</b> | <input type="checkbox"/> | Internet and email solicitations | <b>f</b> | <input type="checkbox"/> | Solicitation of government grants     |
| <b>c</b> | <input type="checkbox"/> | Phone solicitations              | <b>g</b> | <input type="checkbox"/> | Special fundraising events            |
| <b>d</b> | <input type="checkbox"/> | In-person solicitations          |          |                          |                                       |

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(I) Name and address of individual or entity (fundraiser)	(II) Activity	(III) Did fundraiser have custody or control of contributions?		(IV) Gross receipts from activity	(V) Amount paid to (or retained by) fundraiser listed in col (I)	(VI) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 AUCTION (event type)	(b) Event #2 DINNER EVENT (event type)	(c) Other Events 0. (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . . . .	78,158.	69,530.		147,688.
	2 Less: Charitable contributions . . . . .	71,158.	59,330.		130,488.
	3 Gross income (line 1 minus line 2) . . . . .	7,000.	10,200.		17,200.
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .	3,275.			3,275.
	7 Food and beverages . . . . .	6,382.	9,605.		15,987.
	8 Entertainment . . . . .	1,528.	2,500.		4,028.
	9 Other direct expenses . . . . .	30,639.	9,013.		39,652.
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				( 62,942.)
	11 Net income summary. Combine line 3, column (d), and line 10 . . . . .				-45,742.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Noncash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	Yes _____ % No _____	Yes _____ % No _____	Yes _____ % No _____	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . .				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions.

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service  
Name of the organization

FAMILY TREE, INC.

Employer identification number

84-0730973

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ☒ Yes ☐ No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	-----							
(2)	-----							
(3)	-----							
(4)	-----							
(5)	-----							
(6)	-----							
(7)	-----							
(8)	-----							
(9)	-----							
(10)	-----							
(11)	-----							
(12)	-----							

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	GEMINI: ASSISTANCE TO YOUTH IN RESIDENTIAL PROGRAM	201		55,782.	FMV	FOOD, MEDICATION
2	WOMEN IN CRISIS: ASSISTANCE TO WOMEN AND CHILDREN	462.		30,229.	FMV	FOOD, TRANSPORTATION
3	HOUSE OF HOPE: ASSISTANCE TO FAMILIES IN SHELTER	185.		36,766.	FMV	FOOD, TRANSPORTATION
4	RENT/TRANSPORTATION ASSISTANCE TO HOUSING CLIENTS	1,669		579,793	FMV	RENT, TRANSPORTATION
5	ARAPAHOE COUNTY CLIENT ASSISTANCE	1,008.		259,039.	FMV	RENT, UTILITIES
6	ADAMS COUNTY CLIENT ASSISTANCE	1,740.		170,883.	FMV	RENT, UTILITIES
7	KARLIS: ASSISTANCE TO CLIENTS IN COUNSELING	52		2,604	FMV	TRANSPORTATION

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

MONITORING OF GRANT FUNDS

PART I, LINE 2

THROUGH ITS ACCOUNTING SYSTEM, FAMILY TREE SEGREGATES ALL GRANT-RELATED EXPENDITURES (PAYROLL, VENDOR PAYMENTS, ETC.) INTO SEPARATE ACCOUNTS FOR EACH GRANT. THIS SERVES AS THE BASIS FOR ALL GRANT REPORTING. THIS ACCOUNTING IS AUDITED FOR FEDERAL COMPLIANCE PER THE OMB CIRCULAR A133 AUDIT AND WAS DETERMINED TO BE COMPLIANT IN THE 2011 FINANCIAL AUDIT OF FAMILY TREE.



**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

ADDITIONAL INFORMATION CONCERNING GRANTS

PART III

NON-CASH ASSISTANCE AT FAMILY TREE'S THREE RESIDENTIAL SHELTERS, GEMINI, WOMEN IN CRISIS, AND HOUSE OF HOPE, INCLUDES FOOD, MEDICATION, AND OTHER PERSONAL SUPPLIES FOR THE CLIENTS DURING THEIR STAY AT THE SHELTER.

NON-CASH ASSISTANCE AT FAMILY TREE'S NON-RESIDENTIAL PROGRAMS REPRESENTS DIRECT PAYMENTS TO THIRD PARTIES, SUCH AS LANDLORDS, UTILITY COMPANIES, ETC. FOR THE SUPPORT OF OUR CLIENTS' FINANCIAL NEEDS.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No 1545-0047

**2010**

**Open To Public  
Inspection**

Name of the organization

FAMILY TREE, INC.

Employer identification number

84-0730973

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .				
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► (ATCH 1) . . . . .		167.	46,152.	
26 Other ► ( ) . . . . .				
27 Other ► ( ) . . . . .				
28 Other ► ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . 29 0.

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2010)

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.ATTACHMENT 1SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
AUCTION ITEMS	X	158.	30,111.	FMV
OFFICE & OTHER EQUIPMENT	X	5.	7,051.	FMV
EVENT DONATION	X	4.	8,990.	FMV
TOTALS		<u>167.</u>	<u>46,152.</u>	

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

FAMILY TREE, INC.

Employer identification number

84-0730973

CONFLICT OF INTEREST POLICY

PART VI, SECTION B, LINE 12C

ANNUALLY EACH BOARD MEMBER SIGNS AN AFFIRMATION THAT THEY HAVE REVIEWED  
THE BOARD APPROVED CONFLICT OF INTEREST POLICY AND HAVE NOT ENGAGED IN  
ANY ACTIVITY IN CONFLICT WITH THIS POLICY. THROUGHOUT THE YEAR, AT BOARD  
MEETINGS, MEMBERS MUST DISCLOSE AT THE MEETING IF ANY ISSUE ARISES WHICH  
PRESENTS A CONFLICT OF INTEREST.

REVIEW OF FORM 990 WITH BOARD OF DIRECTORS

PART VI, SECTION B, LINE 11B

THE FORM 990 IS REVIEWED BY FAMILY TREE'S FINANCE & AUDIT COMMITTEE AND  
IS MADE AVAILABLE TO ALL MEMBERS OF THE BOARD OF DIRECTORS BEFORE IT IS  
FILED.

DETERMINATION OF COMPENSATION

PART VI, SECTION B, LINE 15

FAMILY TREE HAS A COMPENSATION PHILOSOPHY WHICH GUIDES ITS COMPENSATION  
PROGRAM WHICH INCLUDES USING A SALARY SCHEDULE BASED UPON CURRENT MARKET  
VALUES OF ALL POSITIONS. THE HUMAN RESOURCES COMMITTEE OF THE BOARD  
REVIEWS THE SALARY SCHEDULE AND THE CHAIR OF THE COMMITTEE, WHO ALSO  
SERVES ON THE BOARD OF DIRECTORS, REPORTS ON ITS REVIEW TO THE BOARD.  
THE CEO APPROVES THE SALARY SCHEDULE FOR ALL POSITIONS EXCEPT CEO AND  
CFO. THE BOARD OF DIRECTORS APPROVES THE SALARY SCHEDULE FOR THE CEO AND  
CFO. THE SALARY SCHEDULE FOR ALL POSITIONS, INCLUDING THE CEO AND CFO,

Name of the organization

FAMILY TREE, INC.

Employer identification number

84-0730973

IS REVIEWED AT LEAST EVERY TWO YEARS BY CONDUCTING A COMPREHENSIVE SALARY SCHEDULE REVIEW AGAINST APPLICABLE MARKET SURVEYS. THIS REVIEW WAS LAST UNDERTAKEN IN JUNE 2011. THE DELIBERATION AND DISCUSSIONS ARE APPROPRIATELY DOCUMENTED IN THE BOARD MINUTES.

## DISCLOSURE OF DOCUMENTS TO THE PUBLIC

PART VI, SECTION C, LINE 19

FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC ONLINE VIA GUIDESTAR AND DUN & BRADSTREET. SUMMARIZED FINANCIAL INFORMATION IS ALSO AVAILABLE IN FAMILY TREE'S ANNUAL REPORT WHICH IS DISTRIBUTED TO DONORS AND MADE AVAILABLE TO THE PUBLIC ON FAMILY TREE'S WEBSITE, WWW.THEFAMILYTREE.ORG. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

## PROGRAM SERVICES: CHILDREN'S SERVICES

PART III, LINE 4A

FAMILY TREE SERVES CHILDREN AND ADOLESCENTS WHO HAVE BEEN ABUSED OR NEGLECTED AND ARE NOT SAFE IN THEIR HOMES AND YOUTH WHO ARE HOMELESS ON THE STREETS OR HAVE RUN AWAY FROM HOME. FAMILY TREE ALSO SERVES YOUTH WHO ARE AT RISK OF BEING REMOVED FROM THEIR HOMES DUE TO BEHAVIORAL PROBLEMS AND ASSISTS FAMILIES AT RISK OF CHILD ABUSE OR NEGLECT IN AN EFFORT TO STABILIZE THOSE FAMILIES. FAMILY TREE HELPS FAMILIES WHO ARE CARING FOR FAMILY MEMBERS THAT ARE NOT THEIR OWN CHILDREN WHEN PARENTS ARE UNABLE TO DO SO.

IN FISCAL 2010/11, FAMILY TREE CHILDREN'S SERVICES PROVIDED FACE-TO-FACE,

Name of the organization

FAMILY TREE, INC.

Employer identification number

84-0730973

DIRECT SERVICES TO 9,174 INDIVIDUALS THROUGH ITS GEMINI ADOLESCENT TREATMENT PROGRAMS AND TO 2,748 INDIVIDUALS THROUGH ITS COUNTY COLLABORATIONS. FAMILY TREE ALSO PROVIDED ASSISTANCE VIA CRISIS INFORMATION LINES TO ANOTHER 2,657 INDIVIDUALS/FAMILIES.

FAMILY TREE'S GEMINI ADOLESCENT TREATMENT CENTER PROVIDED 4,187 NIGHTS OF SHELTER AND SERVICES TO 201 YOUTH, INCLUDING 108 RUNAWAY AND HOMELESS YOUTH, AND PROVIDED EDUCATIONAL AND THERAPEUTIC SERVICES TO 24 YOUTH IN THE DAY TREATMENT PROGRAM. FAMILY TREE GEMINI STAFF MADE 3,762 CONTACTS WITH HOMELESS AND RUNAWAY YOUTH THROUGH STREET OUTREACH IN JEFFERSON, ADAMS AND BOULDER COUNTIES. ADDITIONALLY, THEY ASSISTED 2,657 YOUTH AND ADULTS VIA THE 24-HOUR INFORMATION/REFERRAL HOTLINE AND GAVE 241 EDUCATIONAL PRESENTATIONS ON RUNAWAY ISSUES TO 4,186 STUDENTS IN MIDDLE AND HIGH SCHOOLS AND TO 1,025 MEMBERS OF LOCAL CIVIC AND COMMUNITY GROUPS.

IN COLLABORATION WITH ADAMS AND ARAPAHOE COUNTIES, FAMILY TREE, INC. PROVIDES A RANGE OF CHILDREN'S SERVICES TO IMPROVE FAMILY STABILITY.

SPECIFICALLY, THE COLLABORATIVE PROGRAMS WITH ADAMS COUNTY SEEK TO ASSURE FAMILY STABILITY, EARLY INTERVENTION AND PREVENTION OF CHILD ABUSE, AND PROVIDE IN-HOME SERVICES FOR AT-RISK YOUTH, INCLUDING INDIVIDUAL AND FAMILY COUNSELING AND CASE MANAGEMENT TO FAMILIES REFERRED BY ADAMS COUNTY.

Name of the organization

FAMILY TREE, INC.

Employer identification number

84-0730973

IN FISCAL 2010/11, FAMILY TREE PROVIDED HOME VISITS, CASE MANAGEMENT SERVICES AND RESOURCES TO 146 FAMILIES THROUGH THE ADAMS COUNTY TANF STABLE FAMILIES PROGRAM, ASSISTED 187 FAMILIES WITH HOME-BASED COUNSELING AND RESOURCE SERVICES THROUGH THE ADAMS COUNTY EARLY INTERVENTION AND PREVENTION PROGRAM, AND PROVIDED 96 AT-RISK YOUTH WITH IN-HOME SERVICES THROUGH THE ADAMS COUNTY COMMUNITY FAMILY RESOURCE PROGRAM. ADDITIONALLY, FAMILY TREE ASSISTED 73 MILITARY FAMILIES FROM ADAMS COUNTY BY PROVIDING FINANCIAL ASSISTANCE AND CONNECTIONS TO MILITARY AND COMMUNITY SERVICES AND RESOURCES THROUGH THE ADAMS COUNTY MILITARY FAMILY ASSISTANCE PROGRAM.

THE COLLABORATIVE PROGRAMS WITH ARAPAHOE COUNTY INCLUDE THE KINSHIP/FAMILY STABILITY PROGRAM, WHICH SEEKS TO IMPROVE FAMILY STABILITY OF KINSHIP FAMILIES IN ARAPAHOE COUNTY, THE MILITARY FAMILY ASSISTANCE PROGRAM, WHICH ASSISTS MILITARY FAMILIES IN NEED OF RESOURCES AND FINANCIAL ASSISTANCE, AND THE FAMILY TIES PROGRAM, WHICH SEEKS TO KEEP CHILDREN IN THE HOMES OF RELATIVE CARETAKERS OR OTHER ADULTS AND DIVERT THEM FROM FOSTER CARE BY PROVIDING ASSISTANCE AS NEEDED. IN FISCAL 2010/11, FAMILY TREE PROVIDED HOME VISITS, CASE MANAGEMENT AND FINANCIAL RESOURCES TO 92 FAMILIES THROUGH THE KINSHIP/FAMILY STABILITY PROGRAM, TO 90 MILITARY FAMILIES THROUGH THE MILITARY FAMILY ASSISTANCE PROGRAM AND TO 74 FAMILIES THROUGH THE FAMILY TIES PROGRAM.

PROGRAM SERVICES: DOMESTIC VIOLENCE SERVICES

PART III, LINE 4B

FAMILY TREE SERVES ADULT AND CHILD VICTIMS OF DOMESTIC VIOLENCE, SEXUAL

Name of the organization

FAMILY TREE, INC.

Employer identification number

84-0730973

ASSAULT, AND STALKING; FAMILIES WHO HAVE EXPERIENCED THE BREAK-UP OF THEIR HOMES THROUGH DIVORCE OR SEPARATION, AND CHILDREN WHO HAVE WITNESSED FAMILY VIOLENCE AND/OR HAVE EXPERIENCED ABUSE IN THEIR HOMES. IN FISCAL 2010/11 FAMILY TREE DOMESTIC VIOLENCE SERVICES PROVIDED DIRECT, FACE TO FACE SERVICES TO 3,480 INDIVIDUALS AND PROVIDED ASSISTANCE VIA CRISIS HOTLINES/INFORMATION PHONE LINES TO 11,141 INDIVIDUALS/FAMILIES.

IN FISCAL 2010/11 AT THE WOMEN IN CRISIS SHELTER, FAMILY TREE PROVIDED 8,749 NIGHTS OF SHELTER AND SUPPORTIVE SERVICES TO 283 WOMEN AND 179 CHILDREN; AND, RESPONDED TO 3,532 CRISIS CALLS AND 3,547 CALLS FOR LEGAL ADVOCACY. ADDITIONALLY, THE LEGAL ADVOCACY PROGRAM ASSISTED 918 VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT, AND STALKING.

IN FISCAL 2010/11, FAMILY TREE'S PARENTING TIME PROGRAM SERVED A TOTAL OF 2,066 PEOPLE AND FACILITATED 5,913 SUPERVISED VISITS AT THE KARLIS FAMILY CENTER PROGRAM (2,928 VISITS), ADAMS COUNTY PROGRAM (1,944 VISITS) AND ARAPAHOE COUNTY PROGRAM (864 VISITS); AND CONDUCTED 6,168 SAFE EXCHANGES.

THE PROGRAM ALSO SERVED 254 PARENTS IN PARENTING THROUGH DIVORCE CLASSES.

FAMILY TREE'S COUNSELING AND EDUCATION PROGRAM SERVED 287 WOMEN AND CHILDREN IN DOMESTIC VIOLENCE SUPPORT GROUPS, INDIVIDUAL AND FAMILY COUNSELING SESSIONS AND IN THE TIME OUT FOR KIDS PROGRAM. THE PROGRAM



Name of the organization

FAMILY TREE, INC.

Employer identification number

84-0730973

ALSO PROVIDED COUNSELING AT MOUNTAIN RESOURCE CENTER TO 21 INDIVIDUALS  
AND RESPONDED TO A TOTAL OF 2,751 INFORMATION & REFERRAL CALLS.

## PROGRAM SERVICES: HOMELESSNESS SERVICES

## PART III, LINE 4C

FAMILY TREE SERVES ADULT INDIVIDUALS, YOUTH, AND FAMILIES WHO ARE  
HOMELESS OR ARE AT RISK OF HOMELESSNESS AND ASSISTS PERSONS WHO HAVE VERY  
LOW TO NO INCOMES AND ARE WORKING TOWARD GOALS TO INCREASE THEIR  
SELF-SUFFICIENCY.

IN FISCAL 2010/11 FAMILY TREE HOMELESSNESS SERVICES PROVIDED DIRECT  
SERVICES TO 3,446 INDIVIDUALS AND ASSISTANCE VIA CRISIS  
HOTLINES/INFORMATION PHONE LINES TO 7,976 INDIVIDUALS/FAMILIES.

IN FISCAL 2010/11 AT HOUSE OF HOPE, A RESIDENTIAL SHELTER FOR HOMELESS  
WOMEN AND THEIR CHILDREN, FAMILY TREE PROVIDED 9,971 NIGHTS OF SHELTER  
AND SUPPORT SERVICES FOR 65 WOMEN AND 120 CHILDREN AND RESPONDED TO 941  
CRISIS LINE/INFORMATION CALLS.

ADDITIONALLY, IN FISCAL 2010/11 FAMILY TREE PROVIDED HOUSING AND CLIENT  
CENTERED CASE MANAGEMENT TO 564 FAMILIES IN FAMILY TREE'S HOUSING AND  
FAMILY SERVICES (HFS) PROGRAMS, AND PROVIDED LIMITED CASE MANAGEMENT AND  
HOUSING ASSISTANCE TO 787 FAMILIES AND INDIVIDUALS. THESE PROGRAMS ALSO  
PROVIDED RESOURCE AND REFERRAL INFORMATION TO 7,035 FAMILIES VIA THE  
CRISIS HELPLINE. 100% OF THE CLIENTS IN THE HFS TRANSITIONAL HOUSING  
PROGRAM DEVELOPED PERSONAL PLANS AND GOALS TO HELP THEM ACHIEVE

Name of the organization FAMILY TREE, INC.	Employer identification number 84-0730973
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SELF-SUFFICIENCY. 69% OF THE FAMILIES WHO EXITED HFS PROGRAMS INCREASED THEIR EDUCATION AND/OR JOB EXPERIENCE AND MOVED TOWARD SELF-SUFFICIENCY AND 84% WERE IN PERMANENT HOUSING AT THE TIME OF EXIT.

# GOVERNING BODY AND MANAGEMENT

PART VI, SECTION A, LINE 1A

## EXECUTIVE COMMITTEE:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS HAS THE AUTHORITY TO MAKE DECISIONS AND PERFORM ANY DUTIES THAT NEED TO BE TAKEN BETWEEN BOARD MEETINGS. ADDITIONALLY, THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR CONDUCTING AN ANNUAL EVALUATION OF THE CHIEF EXECUTIVE OFFICER. THE EXECUTIVE COMMITTEE CONSISTS OF ALL REGULARLY ELECTED OFFICERS, THE IMMEDIATE PAST CHAIR, AND NO MORE THAN THREE ADDITIONAL DIRECTORS THAT MAY BE APPOINTED BY THE CHAIR. THE EXECUTIVE COMMITTEE MUST KEEP REGULAR MINUTES OF ITS PROCEEDINGS AND REPORT TO THE BOARD AT ITS REGULAR MEETING. THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR PLANNING AND PREPARING THE BOARD MEETING AGENDA AND DOES A PRELIMINARY REVIEW OF ISSUES AND PROPOSALS.

## RECONCILIATION OF NET ASSETS

PART XI, LINE 5

UNREALIZED GAINS	\$77,100
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CHANGE IN INTEREST IN NET ASSETS OF

COMMUNITY FIRST FOUNDATION	35,567
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TOTAL	\$112,667
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Name of the organization FAMILY TREE, INC.	Employer identification number 84-0730973
	ATTACHMENT 1

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
PROPERTY MANAGEMENT		189,564.	
TREASURE TRUNK		232,006.	291,143.
TOTALS		<u>421,570.</u>	<u>291,143.</u>

ATTACHMENT 2FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	17,443.			17,443.
TOTALS	<u>17,443.</u>			<u>17,443.</u>

ATTACHMENT 3FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
DENIM & DIAMONDS AUCTION	71,158.
CELEBRATION DINNER	59,330.
TOTAL	<u>130,488.</u>

ATTACHMENT 4FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
DENIM & DIAMONDS AUCTION	7,000.	41,824.	-34,824.
CELEBRATION DINNER	10,200.	21,118.	-10,918.

Name of the organization FAMILY TREE, INC.	Employer identification number 84-0730973
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ATTACHMENT 4 (CONT'D)

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
TOTALS	<u>17,200.</u>	<u>62,942.</u>	<u>-45,742.</u>

ATTACHMENT 5

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAYMENTS AND OTHER	33,325.
TOTALS	<u>33,325.</u>

ATTACHMENT 6

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
FIXED INCOME BONDS	134,564.	FMV
MONEY MARKET FUNDS & OTHER	8,421.	FMV
MUTUAL FUNDS	424,473.	FMV
TOTALS	<u>567,458.</u>	

ATTACHMENT 7

Name of the organization

FAMILY TREE, INC.

Employer identification number

84-0730973

ATTACHMENT 7 (CONT'D)FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
DEFERRED REVENUE	259.
TOTALS	<u>259.</u>