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

OMB No 1545-0047

Open to Public inspection

Department of the Treasury Internal Revenue Service

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

| <u>A</u> | ror the | 2012 calen | dar year, or tax year beginning , 2012, and ending | | | , | |
|-------------------------|-------------------|------------------------|--|---|-------------------------------------|--------------|--------------------------|
| В | Check if a | pplicable | C | | D Employe | r Identifica | ation Number |
| | Addr | ess change | FAMILY PROMISE, INC | 1 | 52-1 | 59146 | 51 |
| | Nam | e change | 71 SUMMIT AVENUE | | E Telephon | e number | |
| | \vdash | return | SUMMIT, NJ 07901 |] | 1-90 | 8-273 | 3-1100 |
| | \vdash | inated | | F | | | _ = |
| | \vdash | nded return | | } | G Gross red | eints \$ | 1,741,458. |
| | \vdash | | F Name and address of principal officer. | | group return | | |
| | ☐ _{Abbi} | cation pending | The state of the s | • • | | | H |
| | | | Same As C Above | If 'No,' a | iffiliates inclu ittach a list (| see instru | ctions) |
| <u> </u> | | empt status | X 501(c)(3) 501(c) () | | | | |
| <u>J</u> | Webs | ite: ► N/ | | <u> </u> | xemption nur | | |
| K | | forganization | X Corporation Trust Association Other ► L Year of Formation | n 1988 | M St | ate of lega | domicile NJ |
| Pa | rt i 黎 | Summar | y | | | | |
| | 1 B | riefly descri | be the organization's mission or most significant activities: Provides | <u>techni</u> | <u>cal as</u> | <u>sist</u> | ance_to |
| a | l _ | | s & community org. in developing, implementing | | | | |
| ဋ | ĺ | rograms | which provide shelter. meals & assistance to h | nomeles | ss per | sons | |
| Activities & Governance | | | | | | | |
| 8 | 2 C | | ox I if the organization discontinued its operations or disposed of more | e than 25 | % of its n | et asset | |
| G | 3 N | | oting members of the governing body (Part VI, line 1a) | | Ĺ | 3 | 18 |
| S | 4 1 | | dependent voting members of the governing body (Part VI, line 1b) | | · | 4 | 18 |
| ijŧ |) 5 T | | of individuals employed in calendar year 2012 (Part V, line 2a) | • | · | 5 | 16 |
| 듩 | 6 1 | | of volunteers (estimate if necessary) | | - | 6 | 22 |
| ัก ^{∢ั} | | | ed business revenue from Part VIII, column (C), line 12 | • | . | 7 a | 0. |
| 5— | D IV | et unrelated | business taxable income from Form 990-T, line 34 | | | 7 b | 0. |
| Revenue NACO | | | | 1 | ior Year | | Current Year |
| 5 0 | | | and grants (Part VIII, line 1h) | <u> </u> | ,032,1 | 38. | 991,366. |
| Fig. | | _ | rice revenue (Part VIII, line 2g) | ļ | | | |
| | | | ncome (Part VIII, column (A), lines 3, 4, and 7d) | | 35,4 | | 3,937. |
| | 11 C | ther revenu | e-(Part-Vill , column-(A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 162,5 | | 359,700. |
| = Z | | | Add lines & through 11 (must equal Part VIII, column (A), line 12) | 1, | , 230, 20 | 01. | 1,355,003. |
| | 13 🤆 | rants and s | ımılar-amounts-paid-(Pait IX, column (A), lines 1-3) | | | _ | |
| .9 | 14 B | enefits_paic | to or for members (Parity) column (A), line 4) er compensation, employee benefits (Part IX, column (A), lines 5-10) | <u> </u> | | | |
| ٽ ھ | 15 S | alarıes, coth | er compensation, employee benefits (Part IX, column (A), lines 5-10) | | 698,9 | 57. | 685,114. |
| ခွဲ့ မွဲ | 16a P | rofessional | fundraising-fees-(Part-IX, column (A), line 11e) | | | | |
| Expenses | | | expenses (Part IX, column (D), line 25) ► 94,134. | TOWN P | T 100 | | ALCOHOL: |
| 2 | | | es (Part IX, column (A), lines 11a-11d, 11f-24e) | Mary Mary Company | W-24-0-11-11-11 | 2 110-1-40 | 401 571 |
| | 1 | | | | 685,6 | | 491,571. |
| | I . | | es. Add lines 13-17 (must equal Part IX, column (A), line 25) | | , 384, 6 | | 1,176,685. |
| - x 8 | | evenue less | s expenses. Subtract line 18 from line 12 | + | -154, 4 ₁ | | 178,318. |
| ances |] | | (C) () () () () () () () () () | | of Current | | End of Year |
| Balz | 20 ⊺ | | (Part X, line 16) | 1, | ,197,8 | | 1,372,192. |
| Net Asser Fund Bala | 21 T | otal liabilitie | es (Part X, line 26) | | 40,3 | 08. | 36,332. |
| z | 22 N | et assets o | fund balances. Subtract line 21 from line 20 | 1 | ,157,5 | 42. | 1,335,860. |
| Pa | ırt II 🎇 | Signatui | e Block | | | | <u></u> |
| Unde | er penaltie | s of perjury, I d | eclare that I have examined this return, including accompanying schedules and statements, and to the | ne best of my | y knowledge | and belief, | it is true, correct, and |
| com | plete Dec | aration of preparation | eclare that I have examined this return, including accompanying schedules and statements, and to the arer (other than office) is based on all information of which preparer has any knowledge | | | | |
| | | I ►X | Alla Mar | X. | Mes 6. | 20 | 13 |
| Sig | n | Signati | ire of officer | Pate | 7 | | |
| He | re | | Karen Olson, President | ν | | | |
| | | Type or | print name and title | | | | |
| | | Print/Type | preparer's name Preparer's signature // Date | | Check |) PT | IN |
| р. | : | (| Miller, CPA David Miller, CPA David Miller, CPA | | self-employe | , | 01245309 |
| Pa | | | | '\\ | | - IF(| 01640303 |
| | eparer e Only | | | | Committee Print M. | . 26 2 |) E E 4 2 0 4 |
| US | e Unity | Firm's addr | | | Firm's EIN | | 2554284 |
| | | | Rockaway, NJ 07866 | | Phone no | (973) | |
| | | | is return with the preparer shown above? (see instructions) | | | <u> </u> | X Yes No |
| BA | A For F | aperwork F | Reduction Act Notice, see the separate instructions. TEEA | 0113L 12/1 | 18/12 | | Form 990 (2012) |

| | 990 (2012) FAMILY PROMISE, | | 52-1 | 591461 | F | ² age 2 |
|-----|--|---|-----------------|---------------|-----------------|---------------------------|
| Par | Statement of Program S | ervice Accomplishments | | | | |
| | Check if Schedule O contains a | a response to any question in this Part III | • | · | | |
| 1 | Briefly describe the organization's mis | ssion: | | | | |
| | Provides technical assi | stance to religious & community org. in | develop | ing, | | |
| | | g network programs which provide shelte | | | istanc | e |
| | to homeless persons | | | | | |
| | | | | | | |
| | Did the organization undertake any signi | ficant program services during the year which were not listed on th | e prior | | | |
| - | Form 990 or 990-EZ? | | o po. | | es X | No |
| | If 'Yes,' describe these new services of | | | . П . | | |
| 3 | • | g, or make significant changes in how it conducts, any prograr | n sarvicas? | \Box | Yes X | No |
| 3 | If 'Yes,' describe these changes on So | • | ii services: | | ies V | 110 |
| | , - | | | | haveaa | |
| 4 | Section 501(c)(3) and 501(c)(4) organiza | service accomplishments for each of its three largest program itions and section 4947(a)(1) trusts are required to report the amou ue, if any, for each program service reported. | int of grants a | nd allocation | ons to | 1565. |
| | (Code: \ \Expenses \$ | 1 000 102 including groups of \$ |) (Revenue | <u> </u> | | |
| 4 a | | | | | | |
| | Provides technical assi | stance to religious & community org. in | <u> generob</u> | īūā' | | |
| | to homeless persons | g network programs which provide shelte | <u>rmeals</u> | _&_ass | <u>istanc</u> | <u>e</u> |
| | co nomeress bersons | | | | | |
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| 4 b | (Code) (Expenses \$ | including grants of \$ |) (Revenue | \$ | |) |
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| 4 c | (Code:) (Expenses \$ | including grants of \$ |) (Revenue | \$ | |) |
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| | | | . | | | |
| 4 d | Other program services. (Describe in | | | | | |
| | (Expenses \$ | including grants of \$) (Revenue | \$ | | | |
| | Total program service expenses ▶ | 1,000,183. | | | | |
| BAA | | TEEA0102L 08/08/12 | | | Form 990 | (2012) |

Form 990 (2012) FAMILY PROMISE, INC

Partily Checklist of Required Schedules

| | | | Yes | No |
|----|---|-------------|---------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A | 1 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations 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 | 4 | Х | |
| 5 | 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 | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V | 10 | | Х |
| 11 | 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 | | | |
| i | a Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI | 11 a | Х | |
| | 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 | 11 b | | Х |
| • | c 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 | 11 c | | Х |
| | d 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 | 11 d | | Х |
| | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | | Х |
| | f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addressesthe_organization's_liability for uncertain tax positions under EIN_48 (ASC 740)?_If_'Yes,' complete Schedule_D, Part X | <u>11 f</u> | | _X |
| | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII | 12a | Х | |
| | 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 and XII is optional. | 12b | | Х |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | X |
| | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV | 14b | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Parts II and IV</i> | 15 | | Х |
| 16 | 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 | 16 | | х |
| 17 | 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) | 17 | | х |
| 18 | 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 | 18 | Х | |
| 19 | 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 | 19 | | х |
| 20 | a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20 | <u></u> | X |
| | b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20 ь | L | <u> </u> |

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-------------|---|------|-------|----------|
| 21 | 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? If 'Yes,' complete Schedule I, Parts I and II | 21 | | х |
| 22 | 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? If 'Yes,' complete Schedule I, Parts I and III. | 22 | | Х |
| 23 | 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</i> ,' <i>complete Schedule J</i> | 23 | | х |
| 24 8 | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 | 24a | | Х |
| ŀ | b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| (| Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| C | d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I | 25a | | Х |
| Ł | 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? If 'Yes,' complete Schedule L, Part I | 25b | | Х |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III | 27 | | Х |
| 28 | 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): | | | |
| ā | a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | Х |
| ł | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | X |
| (| 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? If 'Yes,' complete Schedule L, Part IV. | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i> | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes;' complete ——————————————————————————————————— | 32 | _ | <u>X</u> |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | х |
| 35 a | a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| ŀ | b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 | 36 | | х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O | 38 | | х |
| BAA | | Form | 990 (| (2012 |

| | Check if Schedule O contains a response to any question in this Part V | | | |
|-----|---|---|--|---------------------------------------|
| | | | Yes | No |
| 1 a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| t | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b |] . | 1 | 3.1 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | خست | X |
| 2 a | 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 2 a 16 | 7 | u - / | 1.33 |
| | of at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2 b | X | |
| • | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2 | . \$ | - 33 7 |
| 3 a | a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| t | olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O | 3 b | | |
| | a 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)? | 4 a | | Х |
| t | olf 'Yes,' enter the name of the foreign country: | - î | , , | 3 |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | - | تنفييت |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5 a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | | Х |
| C | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 c | <u> </u> | |
| 6 a | 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 as charitable contributions? | 6 a | ! ! | Х |
| t | olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6ь | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | - 10,44° | 7 | F.5. |
| a | a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and | ريان الثا ق ا | | |
| | services provided to the payor? | 7 a | | <u>X</u> |
| | of If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 b | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7 c | | Х |
| C | If 'Yes,' indicate the number of Forms 8282 filed during the year | 75. | 33 | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | X |
| Ć | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 g | | |
| ŀ | n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | dis-de- | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | 4 - | 1 |
| ء - | a Did the organization make any taxable distributions under section 4966? | 9 a | | آمه (المنشأ |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9 b | | - |
| | Section 501(c)(7) organizations. Enter | 3.3 | 7.3 | :4: 4 |
| | a Initiation fees and capital contributions included on Part VIII, line 12 | | - 4 | 1 |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | | } | 1.74 |
| | Section 501(c)(12) organizations. Enter: | - ; ; | 7 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | Gross income from members or shareholders | | | 1 1 |
| | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | - , , , , , , , , , , , , , , , , , , , | \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 7 |
| 12- | Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | ļ | التحدا |
| | of 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b | 120 | . 7- | - प्र |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | ⊣ : | 7.5 | 4 |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | - | |
| • | Note. See the instructions for additional information the organization must report on Schedule O | 134 | | |
| | • | ' | | ' |
| - | 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 13b | 7 3 | | |
| c | Enter the amount of reserves on hand | ٦. | Y | [, , , ,] |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | 1 | X |
| | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q | 14b | | |
| BÃA | | Forn | 9 90 | (2012) |

| Part | divided by the contains a response to lines 2 a 'No' response to line 8a, 8b, or 10b below, describe the circumstant Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI | 2 through 7b below, and inces, processes, or char | for nges i | n | X |
|------|---|---|---------------------------------------|-----------|----------------|
| Sect | tion A. Governing Body and Management | | | | |
| | | | | Yes | No |
| | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | 1a 18 | | 多様 | 30 kg |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b 18 | | · · · ; | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationsh officer, director, trustee or key employee? | | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the of officers, directors or trustees, or key employees to a management company or other personal company or other personal company. | e direct supervision on?. | 3 | | Х |
| | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | 4 | | х |
| | Did the organization become aware during the year of a significant diversion of the organization base members or stockholders? | ion's assets? | 5 | | X |
| 7 a | Did the organization have members, stockholders, or other persons who had the power to elect or a members of the governing body? | ppoint one or more | 7 a | | х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) met stockholders, or other persons other than the governing body? | mbers, | 7 b | | х |
| | Did the organization contemporaneously document the meetings held or written actions undertaken the following: | during the year by | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | - , | , , |
| | The governing body? | | 8 a | X | ļ |
| | Each committee with authority to act on behalf of the governing body? | + + - + | 8 b | X | - |
| 9 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O | reached at the | 9 | | Х |
| Sect | ion B. Policies (This Section B requests information about policies not required l | by the Internal Revenue | Code. |) | |
| | Did the organization have local chapters, branches, or affiliates? | | 10 a | Yes | No |
| | If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, operations are consistent with the organization's exempt purposes? | | 10 b | X | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the Describe in Schedule O the process, if any, used by the organization to review this Form 990 to all members of its governing body before filing the | | 11 a | X | * |
| | Did the organization have a written conflict of interest policy? If 'No,' go to line 13. | See Schedule O | 12 a | X | 1 |
| ь | Were officers, directors or trustees, and key employees required to disclose annually interests that of to conflicts? | could give rise | 12b | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'N Schedule O how this is done See Schedule O | 'es,' describe in | 12 c | Х | |
| | Did the organization have a written whistleblower policy? | | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | | 14 | X | ļ |
| | Did the process for determining compensation of the following persons include a review and approvipersons, comparability data, and contemporaneous substantiation of the deliberation and determining compensation of the deliberation and determining compensation of the following persons include a review and approving the contemporaneous substantiation of the deliberation and determining compensation of the following persons include a review and approving the contemporare | al by independent cision? | | ر کینے | ···. |
| | The organization's CEO, Executive Director, or top management official . | • • • • | 15 a | X | 1 |
| Þ | Other officers of key employees of the organization | • • • • | 15 b | . "". | X |
| 16 a | If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) Did the organization invest in, contribute assets to, or participate in a joint venture or similar taxable entity during the year? | arrangement with a | 16 a | د . د | X |
| b | If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evalual participation in joint venture arrangements under applicable federal tax law, and taken steps organization's exempt status with respect to such arrangements? | te its to safeguard the | 16b | · 净 | |
| Sect | tion C. Disclosure | | | | |
| | List the states with which a copy of this Form 990 is required to be filed ► None | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a inspection. Indicate how you make these available. Check all that apply. | | avaılab | le for | public |
| | Own website Another's website X Upon request Oth | er (explain in Schedule O) | | | |
| | Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest the public during the tax year See Schedule O | · · · | | | |
| | State the name, physical address, and telephone number of the person who possesses the books a | na records of the organization | • | | |
| BAA | KAREN OLSON 71 SUMMIT AVENUE, NJ 07901 908-273-1100 TEEA0106L 08/08/12 | | Form | 990 | (2012) |

| 5 | 91 | 46 | 1 | Page | |
|---|----|----|---|-------|--|
| • | | | _ | . ~9~ | |

| Form 990 (2012) | FAMTI.Y | PROMISE. | TNC |
|------------------------|---------|----------|-----|

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

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

- 1 a 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 r | nor any rela | ated or | ganız | zatio | n co | mpen | sated | d any current officer, di | rector, or trustee_ | |
|--|--|-----------------------------------|-----------------------|-----------------|--------------|--|------------|--|---|--|
| | | | | (0 | ;) | | | | | |
| (A) Name and Title | (B) Average hours per week (list any hours | one bo | er an | less i d a d | perso | more to the more to the more to the more the mor | h an e) | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation |
| | any hours for related organiza- tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | relatéd organizations (W-2/1099-MISC) | from the organization and related organizations |
| (1) KAREN OLSON | 40 | | | | | | | | | |
| President | 40 | [X | | X | | | | 48,814. | 0. | 3,532. |
| (2) DOUG DE MARTIN | 0 | | | | | | | | | |
| Trustee | 0 | Х | | Х | | | | 0. | 0. | 0. |
| (3) SUSAN WATTS | 0 | | | | | | | | | |
| Secretary | 0 | X | | X | | | | 0. | 0. | 0. |
| (4) Neely Dodge | 00_ | | | | | | | | | |
| Trustee | 0 | X | L_ | | | | | 0. | 0. | 0. |
| _(5) CARY_HARDY | 0 | 1 | | | | | | | | |
| Chairman | 0 | X | | | | | | 0. | 0. | 0. |
| (6) ROBERT HUGIN | 0 | 1 | | | | _ | | | | |
| <u>Trustee</u> | 0 | X | | | | | | 0. | 0. | 0. |
| 7 ROBERT W. PARSON, JR. | |] | | | | | | | | |
| <u>Trustee</u> | 0 | X | | | | | | 0. | 0. | 0. |
| (8) JANET WHITMAN | 0 | | | | | | | _ | | _ |
| VP/Trustee | 0 | X | | Х | | | | 0. | 0. | <u> </u> |
| (9) SIG HUITT | | ļ | | | | | | _ | _ | |
| Trustee | 0 | X | | | | | <u> </u> | 0. | 0. | 0. |
| (10) MARTIN WISE | 0 | ļ | | | | | l 1 | | ł | |
| Vice Chairman | 00 | X | | Х | | | | 0. | 0. | 0. |
| (11) Joe Reitz | 0 | 1 | | | | | | _ | | _ |
| <u>Trustee</u> | 0 | X | | | | | | 0. | 0. | 0. |
| (12) JAMIE HAENGGI | 0 | 1 | | | | | | | _ | _ |
| Trustee | 0 | X | | | | | ļ | 0. | 0. | 0. |
| (13) REV. DR. KAREN REZACH | | ١,, | | | | | | | | 0 |
| Trustee | 0 | X | | _ | | | | 0. | 0. | 0. |
| (14) EDWIN J. HAGERTY | 10 | ٠ | | | | | | | _ | • |
| Trustee | 0 | X | | | | | | 0.] | 0. | 0. |

| Part VII Section A. Officers, Directors, Tru | | <u>ney</u> | Em | _ | | es, | and | a Hignest Con | ipensated Emp | loyees (cont) |
|---|---|-----------------------------------|----------------------|---------------|-------------------------|---------------------------------|--------------|--|---|---|
| (A) Name and title | Average hours per | Вох | , unle | heck | sition more erson | e than is bot | h an | | (E) Reportable | (F) Estimated amount of other |
| | week (list any | | | Officer | | | | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | compensation from the organization and related |
| | related organiza - tions below dotted | individual trustee or director | nstitutional trustee | • | Key employee | Highest compensated employee | | | | organizations |
| | line) | 0 | ee | | | ated | | | | |
| (15) MARY WEGER Secretary | $-\frac{0}{0}$ | X | | | | | | 0. | 0. | 0. |
| (16) Denise DeMan-Williams Trustee | - 0- | х | | | | | | 0. | 0. | 0. |
| (17) Carmine DiSibio | $\frac{0}{0}$ | X | | | | | | 0. | 0. | 0. |
| Treasurer (18) Scott Winn | 0_ | | | | | | | | | |
| Trustee (19) | 0 | X | | | - | | | 0. | 0. | 0. |
| (20) |] | - | | | - | | - | | | |
| (21) | | <u> </u> | | | | | <u> </u> | | | |
| | <u> </u> | | | | | _ | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | - | | |
| (25) | | | | | | | | | | |
| 1 b Sub-total | 1 | <u> </u> | Ll | | <u> </u> | | <u> </u> | 48,814. | 0. | 3,532. |
| c Total from continuation sheets to Part VII, Section | | • • • | • | | | | • | 0. | 0. | |
| d Total (add lines 1b and 1c) | | | | | | | > | 48,814. | 0. | 3,532. |
| 2—Total-number-of-individuals-(including-but-not-limited- from the organization ► 0 | to-those-l | ısted- | abov | ve)- | who | -recei | ived | -more-than-\$100,00 | 00 of-reportable-com | pensation |
| 2 0 11 | | | | | | | | | | Yes No |
| 3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such | ındıvıdu | ıal | - | | - | • • | | • • | | 3 X |
| 4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual | reportab r than \$1 | le co 50,0 | mpe 00? | ensa If '\ | ition Yes' | and com | oth plei | ter compensation te Schedule J for | from | 4 X |
| 5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes, | comper | satio | n fro | om | any | unre | elate | ed organization or | ındıvıdual | 5 X |
| Section B. Independent Contractors | Compre | | <u>.</u> | iuic | | <i>n</i> 340 | <u> Энгр</u> | | <u>. </u> | · 1 · · · · · · · · · · · · · · · · · · |
| 1 Complete this table for your five highest compensation from the organization. Report compensation. | sated indesation for | epen the c | dent alen | t coi dar | ntra yea | ctors r end | tha ing v | at received more to with or within the o | han \$100,000 of rganization's tax yea | ır |
| (A) Name and business addr | ess | | | | | | | (B Description |) of services | (C) Compensation |
| | | | | | | | | | | |
| | | | | - | | | | | | |
| | | | - | | | | | | | |
| Total number of independent contractors (including b \$100,000 in compensation from the organization | | ited t | o the | ose | ııste | d abo | ove) | who received more | than [5] | |
| | | | | | | | _ | | | |

| | Check if Schedule O contains a response to any question | n in this Part VIII | | • | <u> </u> |
|---|---|--------------------------------------|--|--|---|
| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | 1 a Federated campaigns b Membership dues c Fundraising events d Related organizations. e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above. 1 a 1 b 1 c 1 d 991.366 | , | | | , |
| N ON | similar amounts not included above | - | | , | , |
| | h Total. Add lines 1a-1f | 991,366. | | | |
| | Business Code | | | | |
| PROGRAM SERVICE REVENUE | 2 a b c d e f All other program service revenue | | | | |
| _ | g Total. Add lines 2a-2f . | | · | * | , , |
| | Investment income (including dividends, interest and other similar amounts). Income from investment of tax-exempt bond proceeds | 23,696. | 23,696. | | |
| | 5 Royalties | yt j | | | |
| | d Net rental income or (loss) | | | | |
| | 7 a Gross amount from sales of assets other than inventory b Less. cost or other basis and sales expenses (i) Securities (ii) Other 342,630. | | | | |
| | | ergowa nengarakan manakan kalendaria | | The state of the s | isteriores |
| | d Net gain or (loss) ▶ | -19,759. | -19,759. | | |
| OTHER REVENUE | 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a 311,899. b Less: direct expenses b 24,066. | | | | |
| 6 | c Net income or (loss) from fundraising events | 287,833. | | | |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | | | | |
| | b Less direct expenses . b | | | *** | |
| | c Net income or (loss) from gaming activities ▶ | | | | |
| | 10 a Gross sales of inventory, less returns and allowances | | | | |
| | c Net income or (loss) from sales of inventory | | | | |
| | Miscellaneous Revenue Business Code | | | | |
| | 11a Unrealized Gain (Loss) b c | 71,867. | | | 71,867. |
| | d All other revenue | | | | |
| | e Total. Add lines 11a-11d | 71,867. | | | |
| | 12 Total revenue. See instructions | 1,355,003. | 3,937. | 0. | 71,867. |

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). Check if Schedule O contains a response to any question in this Part IX. (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Fundraising expenses <u>general expenses</u> expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 ŧ. Grants and other assistance to individuals in the United States. See Part IV, line 22. . Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees... 3,905. 48,814 41,492 3,417 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 0 38,736 Other salaries and wages 553,372 470,366. Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) 5,240 4,454 367 419. 18,284. 1,721. Other employee benefits 21,511. 1,506. 10 Payroll taxes 56,177 47,751. 3,932 4,494. 11 Fees for services (non-employees): a Management . **b** Legal c Accounting d Lobbying . e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O) 12 Advertising and promotion 4,341 13 Office expenses 52,711 4,961 62,013. 14 Information technology . 15 Royalties. 16 Occupancy 17,178 14,602 1,202 1,374. -Travel .-6,499 81-, 24-2-69,056. 5,687-Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 41,888 3,450 3,942. 49,280. 10,814. 9,192 757 865 Other expenses. Itemize expenses not covered above (List miscellaneous expenses 24 in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 7,414 105,909 90,022 8,473. a Professional & Consulting Fees b Interns & Regional Represent 55,772 47,406. 3,904 4,462. 28,720 2,298. c Printing and Publications 24,412 2,010 d Manuals & Merchandise 22,825 19,401 1,598 1,826. e All other expenses 57,818 49,146 4,047 4,625. 176,685 000,183 82,368 94,134. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)

Balance Sheet

Part X

Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 155,166 1 359,628. 2 Savings and temporary cash investments 2 707,155. 704,121 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other 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). Complete Part II of Schedule L. 6 Notes and loans receivable, net . 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 16,935 5,407 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 978,972 **b** Less: accumulated depreciation 10b 698,497 318,058 100 280,475. 11 Investments - publicly traded securities. 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related, See Part IV, line 11... 13 14 Intangible assets 14 14,198 7,099. 15 Other assets See Part IV, line 11 15 900 900. Total assets. Add lines 1 through 15 (must equal line 34) 16 1,197,850 16 1,372,192. 17 Accounts payable and accrued expenses 40,308 17 36,332 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 40, 308 26 36,332 Organizations that follow SFAS 117 (ASC 958), check here > and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 649,365 700,281 Temporarily restricted net assets 508,177 28 635,579 29 Permanently restricted net assets 29 R Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. UND Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 33 157,542 335,860. 34 Total liabilities and net assets/fund balances 1,197,850 34 1,372,192. BAA Form 990 (2012)

| | n 990 (2012) FAMILY PROMISE, INC | <u>52-1591461</u> | Page 1 | 2 |
|-----|--|---------------------------------------|---|--|
| Pa | rt XI Reconciliation of Net Assets | | | _ |
| | Check if Schedule O contains a response to any question in this Part XI | · · · · · · · · · · · · · · · · · · · | | 1 |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,355,003 | <u>. </u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,176,685 | <u>.</u> |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 178,318 | <u>.</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | . 4 | 1,157,542 | <u>.</u> |
| 5 | Net unrealized gains (losses) on investments | . 5 | | |
| 6 | Donated services and use of facilities | 6 | | |
| 7 | Investment expenses | 7 | | _ |
| 8 | Prior period adjustments | . 8 | | _ |
| 9 | Other changes in net assets or fund balances (explain in Schedule O). | 9 | 0_ | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | 10 | 1 225 262 | |
| _ | column (B)) | 10 | 1,335,860 | ÷ |
| Pa | rt XII Financial Statements and Reporting | | _ | _ |
| | Check if Schedule O contains a response to any question in this Part XII | <u> </u> | <u> </u> | T |
| | | | Yes No |) |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | 15 |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O | | | ٥ |
| 2 | a Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a X | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or re separate basis, consolidated basis, or both: | viewed on a | # (1 m) 1 m | 7 |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| | b Were the organization's financial statements audited by an independent accountant? | • | 2b X | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a s | eparate | | 7 |
| | basis, consolidated basis, or both | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | أبأ |
| (| c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? | audit, | 2c X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | ٠٠] ا |
| 3 | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133? | ngle · · · | 3a X | <u>. </u> |
| I | b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | ed audit | 3 b | _ |
| BAA | | | Form 990 (201 | 2) |
| | | | | |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer Identification number

Schedule A (Form 990 or 990-EZ) 2012

| FAM | LY P | ROMISE, INC | C | | | | | | 52-15 | 91461 | | | |
|--------------|--------------------|--|--|---|----------------------------------|--|---|-----------------------------------|--------------------------------------|---|---|--------------------|---------------|
| Part | I Re | ason for Pub | lic Charity Status | (All organizations | must d | omple | te this | part.) | See ii | nstruct | ions. | | |
| he o | ganızat | tion is not a priva | ate foundation becaus | e it is: (For lines 1 throi | ugh 11, | check o | nly one | box.) | | | | | |
| 1 | A cl | hurch, conventio | n of churches or asso | ciation of churches desc | cribed in | section | 170(b) | (1)(A)(i) | | | | | |
| 2 | A se | chool described i | n section 170(b)(1)(A |)(ii). (Attach Schedule E | E.) | | | | | | | | |
| 3 | ∏ A h | ospital or a coop | erative hospital service | e organization describe | d in sec | tion 170 |)(Ь)(1)(А | \)(iii). | | | | | |
| 4 | ∏Am | nedical research | organization operated | in conjunction with a h | ospital o | describe | d ın sec | tion 17 | 0(b)(1)(A |)(iii) . Er | nter the hos | pital's | |
| | | ne, city, and stat | | | | | | | | | | | |
| 5 | <u> </u> | (b)(1)(A)(iv). (Co | omplete Part II) | college or university own | | | | | unit des | cribed in | section | | |
| 6 | | | | overnmental unit descri | | | | | | | | | |
| 7 | 뜸ins | ection 170(b)(1)(| (A)(vi). (Complete Pa | • | | | ental uni | t or fron | n the gen | eral pub | lic described | j | |
| 8 | | _ | | 70(b)(1)(A)(vi). (Comple | | | | | | | | | |
| 9 | rela unre | organization that noted to its exempt to its | ormally receives: (1) mo functions — subject to c ble income (less section 5 | re than 33-1/3% of its sup ertain exceptions, and (2) I1 tax) from businesses acqu | port from) no moruired by th | i contribu e than 33 ne organiz | tions, me 3-1/3% o ation afte | embersh f its sup r June 30 | ip fees, a port from), 1975 S | ind gross i gross ir ee sectio i | receipts froi nvestment ir n 509(a)(2). | n activ icome | rities and |
| 10 | | | | exclusively to test for pu | | | | | | | | | |
| 11 | An o sup sup | organization organ ported organizatio porting organiza | ized and operated exclusions described in section tion and complete line | sively for the benefit of, to 509(a)(1) or section 509(is 11e through 11h. | perform (a)(2). Se | the funct ee sectio | ions of, o n 509(a) | or carry of (3). Chec | out the pu ck the bo | irposes o x that de | of one or more escribes the | re publ type of | icly f |
| | aΓ | Type I I | b ∏Type II c | Type III - Function | nally inte | egrated | C | 3 | Type III - | – Non-fi | unctionally | ıntegr | ated |
| е | اب othe | checking this boxer than foundation tion 509(a)(2). | k, I certify that the org managers and other th | anization is not controll an one or more publicly s | ed directupportec | tly or in d organiz | directly ations de | by one escribed | or more in sectio | dısqualı ın 509(a) | fied person (1) or | s | |
| f | If th | , , , , | ceived a written determi | nation from the IRS that i | s a Type | I, Type | II or Typ | e III sup | porting a | rganızatı | ion, | | |
| g | Sine | ce August 17, 20 | 06, has the organizat | on accepted any gift of | r contrib | ution fro | m any | of the fo | ollowing | persons | ? | | |
| | | | | | | | | | | | | Yes | No |
| | (i) | A person who below, the gov | directly or indirectly or erning body of the su | ontrols, either alone or pported organization? | together | with pe | rsons d | escribed | d ın (ıi) a · · · | and (III) | 11 g (i) | | |
| | (ii) | A family memb | ber of a person descri | bed in (i) above? | | | • | | | | 11 g (ii) | | |
| | (iii) | A 35% control | led entity of a person | described in (i) or (ii) a | bove? . | | | | | | 11 g (iii) | | |
| h | Pro | vide the following | g information about th | e supported organization | n(s). | | | | | | L | | |
| | (i) N | lame of supported organization | (ii) EIN- | (iii) Type of organization— (described on lines 1-9 above or IRC section (see Instructions)) | column (| s the— ation in) listed in overning ment? | (v) Did yo the organ column (supp | zation in | organız colur | s the— ation in nn (i) ed in the | (VII) - Amoun sup | t of mon | etary_ |
| | | | | | Yes | No | Yes | No | Yes | No | | | |
| | | | | | | | | | | | | | |
| A) | | | | | | | | | | | | | |
| (B) | <u> </u> | | | | | | | | | | | | |
| (C) | | | | | | | | | | | | | |
| <u></u> | | | | | | - | | <u> </u> | | | | | |
| (D) | | | | | | | | | | | | | |
| · - \ | | | | | | | | | | | | | |
| E) | | | 11 14 16 16 16 | (2) 大學等人 "A. B. (中央を大学や | \ | 3. 1/2 til also | 为三年在中。 | \$\$V4A # | Tu 80 35 | 3.cante. | | | |
| Fotal | | | 10 mm 1 m | | 10 (1) 15 to | 高麗 | 禁 | 海湖 | | | | | |

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

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.)

| Sec | tion A. Public Support | | | | | | | |
|--------------|--|--|---|---|---|---|-------------------|--|
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total | |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants') | 1,531,848. | 727,662. | 856,662. | 1,032,188. | 991,366. | 5,139,726. | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. | |
| 4 | Total. Add lines 1 through 3 | 1,531,848. | 727,662. | 856,662. | 1,032,188. | 991,366. | 5,139,726. | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | Grander Comment | | | 0. | |
| 6 | Public support. Subtract line 5 from line 4 | | , | | , | | 5,139,726. | |
| Sec | tion B. Total Support | | | | | | | |
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total | |
| 7 | Amounts from line 4 . | 1,531,848. | 727,662. | 856,662. | 1,032,188. | 991,366. | 5,139,726. | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 46,116. | 27,892. | 24,769. | 35,443. | 23,696. | 157,916. | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on . | 10/210 | 2.7032. | | 30, 110. | 207030. | 0. | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | 0. | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 5,297,642. | |
| 12 | Gross receipts from related activ | rities, etc (see ins | tructions) | | | 12 | 0. | |
| 13 | First five years. If the Form 990 is organization, check this box and | for the organization stop here | n's first, second, th | ırd, fourth, or fıfth t | tax year as a section | on 501(c)(3) | | |
| Sec | tion C. Computation of Pu | blic Support P | ercentage | | | | | |
| | Public support percentage for 20 | | | ne 11, column (f)) | • • | . 14 | 97.02% | |
| 15 | Public support percentage from | 2011 Schedule A, | Part II, line 14 | | | . 15 | 96.98% | |
| 16 a | 16a 33-1/3% support test – 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. | | | | | | | |
| b | b 33-1/3% support test — 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | | |
| 17 a | 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts' | meets the 'facts-a | ind-circumstances | s' test, check this | box and stop her | re. Explain in Part | IV how | |
| | 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and District facts for the state of the s | meets the 'facts-a d-circumstances' t | ind-circumstances lest. The organiza | s' test, check this ation qualifies as a | box and stop hei a publicly support | re. Explain ın Part ed organızatıon | IV how the . □ | |
| | Private foundation. If the organi | zation did not che | ck a box on line | 13, 16a, 16b, 17a | , or 17b, check th | is box and see ins | structions . | |
| BAA | | | | | Sch | nedule A (Form 99 | 0 or 990-FZ) 2012 | |

Part III 4 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 yr beginning in) ► (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants.') 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **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 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support (a) 2008 **(b)** 2009 (f) Total Calendar year (or fiscal yr beginning in) ► (c) 2010 (d) 2011 (e) 2012 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2011 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 17 18 18 Investment income percentage from 2011 Schedule A, Part III, line 17 19a 33-1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization... 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

| Schedule A | (Form 990 or 99 | 90-EZ) 2012 | FAM | ILY 1 | <u>PROMIS</u> | E, INC | | | 52-1591 | 461 | Page 4 |
|------------|---|-------------|--------------------|----------------|-------------------------|--------------------|--------------------------------------|------------------------------|-------------------------------|--------------------------|--------|
| Fari IV | Supplemer Part II, line (See instru | ntal Inform | nation. 7b; and | Comp Part I | lete this II, line 1 | part to 2. Also | provide the expl complete this pa | anations re art for any a | equired by F additional in | Part II, line formation. | 10; |
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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) o | organizations: Complete Part III. | | | | | | |
|----------|--|--|--------------------------|--|---|--|--|--|
| Name | of organization | | | Employer identifica | tion number | | | |
| | MILY PROMISE, INC | | | 52-159146 | | | | |
| Pai | 献旧A Complete if the o | rganization is exempt under secti | on 501(c) or is a se | ection 527 organiz | zation. | | | |
| 1 | Provide a description of the | organization's direct and indirect political of | ampaign activities in P | art IV. | - | | | |
| 2 | Political expenditures . | | | ► \$ | | | | |
| 3 | Volunteer hours . | · | <u></u> | | | | | |
| Pai | ttl B Complete if the o | rganization is exempt under secti | on 501(c)(3) . | | | | | |
| 1 | Enter the amount of any exc | ise tax incurred by the organization under | section 4955 | . ►s | 0. | | | |
| 2 | Enter the amount of any exc | cise tax incurred by organization managers | under section 4955 | . ▶\$ | 0. | | | |
| 3 | If the organization incurred a | a section 4955 tax, did it file Form 4720 for | this year? . | | Yes No | | | |
| 4 8 | Was a correction made? . | | | | Yes No | | | |
| <u>l</u> | off 'Yes,' describe in Part IV. | | | | | | | |
| | | rganization is exempt under secti | | | | | | |
| 1 | Enter the amount directly ex | pended by the filing organization for section | n 527 exempt function | activities >\$ | | | | |
| 2 | 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 | e Form 1120-POL for this year? | | | Yes No | | | |
| 5 | organization made payments | and employer identification number (EIN) s. For each organization listed, enter the a is received that were promptly and directly deal action committee (PAC). If additional spa | mount paid from the fill | ing organization's fund | ls Also enter the | | | |
| | (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) | | | | | | | | |

| Part II-A Complete if section 501(| | n is exempt under sec | tion 501(c)(3) ar | nd filed Form 5768 (e | lection under |
|---|---------------------------------------|--|---|----------------------------------|-----------------------------|
| | | gs to an affiliated group (and li | st in Part IV each aff | iliated group member's nam | e, |
| | | d share of excess lobbying e | | • . | |
| B Check ► ☐ if the filing | ng organization che | cked box A and 'limited cont | rol' provisions apply | y. | |
| (The term | Limits on Lobby 'expenditures' mea | ing Expenditures ins amounts paid or incurre | ed.) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1 a Total lobbying expenditi | ures to influence pu | blic opinion (grass roots lob | bying) | | |
| , , , | | egislative body (direct lobby | ing) | | |
| c Total lobbying expendition | ures (add lines 1a a | nd 1b). | •• | | |
| d Other exempt purpose | • | | | | |
| e Total exempt purpose e | expenditures (add lir | nes 1c and 1d) | | | |
| f Lobbying nontaxable an both columns | nount Enter the am | ount from the following table | e in | | |
| If the amount on line 1e, col | umn (a) or (b) is: | The lobbying nontaxable a | mount is: | 1 To 1 To 1 | |
| Not over \$500,000 | | 20% of the amount on line 1e. | | | |
| Over \$500,000 but not over \$1 | | \$100,000 plus 15% of the excess o | | | 2.4 |
| Over \$1,000,000 but not over \$ | | \$175,000 plus 10% of the excess of | | | |
| Over \$1,500,000 but not over \$ | \$17,000,000 | \$225,000 plus 5% of the excess ov | er \$1,500,000. | | |
| Over \$17,000,000 | | \$1,000,000. | | · · · | · · · |
| g Grassroots nontaxable | • | • | • | | |
| h Subtract line 1g from lin | | | | | |
| i Subtract line 1f from lin | | • | | · | |
| j If there is an amount othe section 4911 tax for this | er than zero on either s year? | line 1h or line 1i, did the orga | inization file Form 47: | 20 reporting | Yes No |
| (Som | ne organizations tha | 4-Year Averaging Period Unit made a section 501(h) eles below. See the instruction | ction do not have to | o complete all of the five | |
| | Lobb | ying Expenditures During 4 | l-Year Averaging Pe | eriod | |
| Calendar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) Total |
| 2a Lobbying non-taxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | - A | y . | Commence of the commence of | |
| c Total lobbying expenditures . | | | | | |
| d Grassroots nontaxable amount | | | , <u></u> | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | Cohedula O (Fr | 990 or 990-EZ) 2012 |
| DAA | | | | Schedule C (Form | 1 22U UI 22U-EZ) ZU Z |

| Part II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)). | Γ file | For | n 5768 |
|--|---------------------|--------------------|---------------------------------------|
| For each West and the Land to the second to be second to the second to t | (8 | a) | (b) |
| For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | Yes | No | Amount |
| 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? | X | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | $\frac{\hat{x}}{x}$ | | |
| c Media advertisements? | | X | <u> </u> |
| d Mailings to members, legislators, or the public? | X | | 620. |
| e Publications, or published or broadcast statements? | X | | 410. |
| f Grants to other organizations for lobbying purposes? | <u> </u> | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | 415. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | X | | 250. |
| i Other activities? | <u> </u> | Х | |
| j Total. Add lines 1c through 1ı | | - * | 1,695. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | 7. 1 |
| b If 'Yes,' enter the amount of any tax incurred under section 4912 | 7 | , i | , |
| 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 section 501(c)(6). | (c)(5) | , or | |
| | | | 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 carry over 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 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) I answered 'Yes.' | (c)(5) Part I | , or s II-A, li | ection 501(c) ne 3, is |
| 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 | | 2 a | |
| b Carryover from last year | | 2 b | · ··· |
| c Total | | 2 c | |
| 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 ³ | • | 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; Part II-A, line 2; and Part II-B, line 1 Also, complete this part for any additional information. | art II-A | (affilia | ited group list); |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

CAMILY DROWICE THE

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| | MILY PROMISE, INC | | | | 91461 | |
|--------|---|--|--------------------------|---|----------------------------------|-------------|
| Par | 1 Organizations Maintaining Dono | r Advised Funds or O | ther Similar Fund | ds or Accounts. | Complete in | t |
| | the organization answered 'Yes' | to Form 990, Part IV, I | ine 6. | | | |
| | | (a) Donor advise | d funds | (b) Funds and | d other accoun | ts |
| 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 do | or advisors in writing that t | ne assets held in dor | or advised funds | | |
| • | are the organization's property, subject to the | organization's exclusive leg | al control? | • | Yes [| No |
| 6 | Did the organization inform all grantees, dono for charitable purposes and not for the benefit | rs, and donor advisors in wi | iting that grant funds | s can be used only | | |
| | impermissible private benefit? . | or the donor or donor advis | or, or for any other p | ourpose contenting | Yes | No |
| Par | t Conservation Easements. Comp | lete if the organization | answered 'Yes' | to Form 990. Pa | art IV. line 7 | |
| | Purpose(s) of conservation easements held by | | | | <u></u> | <u> </u> |
| • | Preservation of land for public use (e.g., r | | | an historically impo | ortant land area | a |
| | Protection of natural habitat | , | <u></u> | a certified historic | | |
| | Preservation of open space | | | | | |
| 2 | Complete lines 2a through 2d if the organization I | neld a qualified conservation o | ontribution in the form | of a conservation ea | sement on the | |
| | last day of the tax year | | | T 11-1-1-4-4 | Fd -64b - T | *au V |
| | Tatal sumban of same and the same and | | | | ne End of the T | ax rear |
| | a Total number of conservation easements | | | 2 a | | |
| | Total acreage restricted by conservation ease | | | 2 b | | |
| • | Number of conservation easements on a certi | nea nistoric structure includ | ed in (a) | 2 c | | |
| • | Number of conservation easements included i structure listed in the National Register. | n (c) acquired after 8/17/06, | and not on a histori | ^C 2 d | _ | |
| 3 | Number of conservation easements modified, tran | nsferred, released, extinguishe | d, or terminated by the | e organization during | the | |
| | tax year • | 1 1 | | | | |
| 4 5 | Number of states where property subject to conse | | | | | |
| _ | Does the organization have a written policy re and enforcement of the conservation easement | nts it holds? | | • | Yes | No |
| 6- | Staff and volunteer hours devoted to monitoring, | inspecting, and enforcing cons | servation easements d | uring the year | | |
| 7 | Amount of expenses incurred in monitoring, inspenses | ecting, and enforcing conserva | ition easements during | the year | | |
| _ | | | | | | |
| 8 | Does each conservation easement reported or and section 170(h)(4)(B)(II)? | n line 2(d) above satisfy the | requirements of sec | tion 170(h)(4)(B)(i) | Yes | No |
| 9 | In Part XIII, describe how the organization reports include, if applicable, the text of the footnote | s conservation easements in it | s revenue and expens | e statement, and bala | ance sheet, and | |
| | include, if applicable, the text of the footnote conservation easements. | to the organization's financi | al statements that de | escribes the organiza | ation's account | ing for |
| Pai | t III Organizations Maintaining Colle | ctions of Art, Historic | al Treasures, or | Other Similar A | ssets. | |
| | Complete if the organization ans | wered 'Yes' to Form 99 | 00, Part IV, line 8 | 3 | | |
| 1 8 | all f the organization elected, as permitted unde art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar | eld for public exhibition, educa | tion, or research in fur | | | orks of |
| i | b If the organization elected, as permitted unde historical treasures, or other similar assets held for following amounts relating to these items: | r SFAS 116 (ASC 958), to re | eport in its revenue s | statement and balan ance of public service | ce sheet works e, provide the | of art, |
| | (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, I amounts required to be reported under SFAS | nistorical treasures, or other si | milar assets for finance | cial gain, provide the | following | |
| | Revenues included in Form 990, Part VIII, line | | | , , , , . . ▶ | \$ | |
| | Assets included in Form 990, Part X . | | | | \$ | |
| | | · _ · · <u>· · · · · · · · · · · · · · · ·</u> | | | • | |

| Schedule D (Form 990) 2012 FAMILY | PROMIS | SE, INC | | 52-159 | |
|---|-------------------------------|---|---|---------------------------------------|------------------|
| Partilli Organizations Maintain | ing Colle | ections of Art, Hist | orical Treasures, o | r Other Similar Ass | sets (continued) |
| 3 Using the organization's acquisition, items (check all that apply): | accession, a | nd other records, check a | any of the following that a | re a significant use of its | collection |
| a Public exhibition | | d Loan | or exchange programs | | |
| b Scholarly research | | e Other | r | | |
| c Preservation for future general | tions | | | | |
| 4 Provide a description of the organiza Part XIII. | tion's collect | ions and explain how the | y further the organization | 's exempt purpose in | |
| 5 During the year, did the organization to be sold to raise funds rather that | on solicit or in to be mai | receive donations of a | rt, historical treasures, o | or other similar assets | ☐ Yes ☐ No |
| Part IVA Escrow and Custodial Arrai | ngements. | Complete if the organize | zation answered 'Yes' t | o Form 990, Part IV, Iir | ne 9, or |
| reported an amount on | Form 990 |), Part X, line Ž1. | | , , | · |
| 1 a Is the organization an agent, truste on Form 990, Part X? | | in, or other intermediar | | ner assets not included | ☐ Yes ☐ No |
| b If 'Yes,' explain the arrangement in | | | | , ,, | □ |
| 2 · · · · · · · · · · · · · · · · · · · | | | | | Amount |
| c Beginning balance | ė | | | 1 c | |
| d Additions during the year | | | | 1 d | |
| e Distributions during the year | | | | 1 e | |
| f Ending balance | | | | 1f | |
| 2 a Did the organization include an am | ount on Fo | rm 990, Part X, line 21 | ? . | · · · · · · · · · · · · · · · · · · · | Yes No |
| b If 'Yes,' explain the arrangement in | | • • | | d in Part XIII | |
| , . | | • | • | | <u></u> |
| Part V Endowment Funds. Co | mplete if | the organization a | nswered 'Yes' to Fo | rm 990, Part IV, III | ne 10. |
| | (a) Currer | | | (d) Three years | (e) Four years |
| 1 a Beginning of year balance. | | | | | |
| b Contributions . | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | — | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses. | | | | | |
| g End of year balance . | | | | | |
| 2 Provide the estimated percentage | of the curre | nt year end balance (lu | ne 1g. column (a)) held | as: | |
| a Board designated or quasi-endowmer | | % | | | |
| b Permanent endowment ▶ | · | | | | |
| c Temporarily restricted endowment | <u> </u> | | | | |
| The percentages in lines 2a, 2b, a | | d equal 100%. | | | |
| 3 a Are there endowment funds not in the | | | are held and administere | d for the | Yes No |
| organization by: (i) unrelated organizations . | | | | | |
| (ii) related organizations . | • • | • | • | • • • | 3a(i) |
| `, | | listed as required as C | ahadula D2 | | 3a(ii) 3b |
| b If 'Yes' to 3a(ii), are the related orDescribe in Part XIII the intended | - | • | | , | 30 |
| | | | | | |
| Rartivii Land, Buildings, and E Description of property | quipmen | | | (c) Accumulated | (d) Book value |
| Description of property | | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | depreciation | (u) Book value |
| 1 a Land | | · · · · · · · · · · · · · · · · · · · | <u> </u> | | |
| b Buildings | | | 698,630. | 433,689. | 264,941. |
| c Leasehold improvements | | | | | |

94,395. **d** Equipment 94,395 185,947. e Other 170,413. 15,534. Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 280,475.

BAA

Schedule **D** (Form 990) 2012

| Part VII | Investments - Other Securities. See | Form 990, Part X, | line 12. N/A | |
|-------------------|--|--|---|-----------------------------|
| • | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation end-of-year market | : Cost or value |
| (1) Financ | ial derivatives | | | |
| | r-held equity interests | | | |
| (3) Other | | | | |
| (A) | | | | |
| (A) (B) (C) | | | | |
| (C) | | | | |
| (D) (E) | | | | |
| (E) | | | | |
| (F) (G) | | | | |
| (G) | | | | |
| (H) | | | | |
| <u>(I)</u> | | | | |
| | nn (b) must equal Form 990, Part X, column (B) line 12.) | | | |
| Part VIII | Investments - Program Related. See | | | _ _ |
| | (a) Description of investment type | (b) Book value | (c) Method of valuation end-of-year market | · Cost or |
| (1) | | | cha di year market | value |
| (2) | | | | |
| (3) | · · · · · · · · · · · · · · · · · · · | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | · | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | · · - | | |
| (10) | | | | |
| Total. (Colum | nn (b) must equal Form 990, Part X, column (B) line 13) | | | |
| Part IX | Other Assets. See Form 990, Part X, I | | | |
| | (a) De | scription | | (b) Book value |
| (1) | | ··· | | |
| (2) | | | | |
| (3) | | | | |
| (4) | <u> </u> | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | ···· |
| (8) | | | | |
| (9) (10) | | | | |
| | lumn (b) must equal Form 990, Part X, column (l | D) / 15) | | |
| | | | · _ · · · · · · · · · · · · · · · · · · | -, |
| Part X | Other Liabilities. See Form 990, Part 3 | X, IIne 25. (b) Book value | | |
| (1) Fede | ral income taxes | (b) Dook value | | • |
| (2) | Tal moone taxes | | ` . | |
| (3) | | | · ` ` | • |
| (4) | | | | , |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | <u> </u> | | |
| (9) | | | | • |
| (10) | | | | |
| (11) | | | _ | |
| | on (b) must equal Form 990, Part X, column (B) line 25.) | > | | |
| | SC 740) Footnote. In Part XIII, provide the text of the footnote | to the organization's financial | statements that reports the organization's liabilit | for uncertain tax positions |
| under FIN 48 | (ASC 740). Check here if the text of the footnote has been provided | vided in Part XIII . | •••• | |

ВАА

Schedule **D** (Form 990) 2012

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No 1545-0047

2012

Open to Public Inspection

| Name of the organization | | | | | Employer identifica | |
|--|---------------------------------------|--------------------------------------|--|-----------------------------------|--|---|
| FAMILY PROMISE, INC | | | | | 52-159146 | 1 _ |
| Fundraising Activities. Com | plete if the orga | anization ar | nswered 'Y | es' to Form 990, Part | IV, line 17. | |
| / GIIII 330 EE IIICIS GIO TISCIS | | | | Chook | all that apply | |
| 1 Indicate whether the organization | raised funds th | rougn any | | | · - | |
| a Mail solicitations | | | е | <u></u> | government grants | |
| b Internet and email solicitation | S | | f | Solicitation of gove | = | |
| c Phone solicitations | | | g | Special fundraising | j events | |
| d In-person solicitations | | | | | | |
| 2 a Did the organization have a written of employees listed in Form 990, Pa | irt VII) or entity | in connect | ion with pr | ofessional fundraising | services?. | Yes X No |
| b If 'Yes,' list the ten highest paid indi- compensated at least \$5,000 by t | viduals or entitie he organization | s (fundraise i. | ers) pursuan | nt to agreements under v | which the fundraiser is to | be |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did have custor of contr | fundraiser dy or control ibutions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in column (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | |
| 1 | | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
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| 7 | | | | | | |
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| <u>8</u> | - | | | | | |
| 9 | | | | | | |
| 10 | | - | | | | |
| | | | <u> </u> | | | |
| Total | | · | | | | 0. |
| 3 List all states in which the organizat or licensing. | ion is registered | or licensed | to solicit co | ontributions of has been | notined it is exempt from | registration |
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Page 2

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. (d) Total events (add column (a) through column (c)) (a) Event #1 (b) Event #2 (c) Other events Annual Spring Fall Event None RESERVED E (event type) (total number) (event type) 311,899. 1 Gross receipts 193,498 118,401 2 Less: Charitable contributions 3 Gross income (line 1 minus line 2) 311,899. 193,498 118,401 4 Cash prizes Noncash prizes DIRECT Rent/facility costs 7,762. 24,066. 16,304. Food and beverages EXPENSES 8 Entertainment Other direct expenses . 10 Direct expense summary Add lines 4 through 9 in column (d) 24,066. Net income summary. Combine line 3, column (d), and line 10. 287,833 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. (b) Pull tabs/Instant (d) Total gaming (c) Other gaming (a) Bingo REVENUE (add column (a) bingo/progressive bingo through column (c)) Gross revenue 2 Cash prizes EXPENSE 3 Non-cash prizes Rent/facility costs Other direct expenses . Yes Yes Yes 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d). 8 Net gaming income summary Combine lines 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 b If 'Yes,' explain: BAA Schedule G (Form 990 or 990-EZ) 2012 TEEA3702L 01/07/13

| Sche | edule G (Form 990 or 990-EZ) 2012 FAMILY PROMISE, INC | 52-1591461 | Page 3 |
|------|--|---|---------------|
| 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 administer charitable gaming? | ed to | No |
| 12 | Indicate the percentage of gaming activity operated in: | 1 1 | |
| | a The organization's facility | 13a | 용 |
| | an outside facility | 13b | |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and re- | ecords: | |
| | Name ► | | |
| | Address • | | |
| 1 | a Does the organization have a contact with a third party from whom the organization receives gaming rebilif 'Yes,' enter the amount of gaming revenue received by the organization of gaming revenue retained by the third party for the yes,' enter name and address of the third party. | | No |
| | Name • | | - <i></i> |
| | Address • | | |
| 16 | Gaming manager information: | | |
| | Name ► | | |
| | Gaming manager compensation ► \$ | | |
| | Description of services provided | | - - |
| | Director/officer Employee Independent contractor | | |
| 17 | Mandatory distributions | | |
| ā | a is the organization required under state law to make charitable distributions from the gaming proceeds to retain state gaming license? | n the | □No |
| ŀ | b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp | | |
| | organization's own exempt activities during the tax year ► \$ | | |
| Pai | Supplemental Information. Complete this part to provide the explanations req columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as a this part to provide any additional information (see instructions). | uired by Part I, line applicable. Also com | 2b, iplete |
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| BAA | TEEA3703L 01/07/13 Sch | edule G (Form 990 or 990- | EZ) 2012 |

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2012

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

Open to Public Inspection

► Attach to Form 990 or 990-EZ.

Employer identification number 52-1591461 FAMILY PROMISE, INC Form 990, Part VI, Line 11b - Form 990 Review Process The form is provided to the Organization to be filed. The Audit is reviewed and approved by the Governing Body Part VI Section B Policies Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts In the course of meetings or activities staff, volunteers or board members will disclose any interests in transactions or decisions where they or their family will receive benefit or gain. They will be asked to leave the room for discussion and will not be permitted to vote on the question. Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available No documents available to the public.