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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 private foundations)

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning , 2013, and ending ,	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C FAMILY PROMISE, INC 71 SUMMIT AVENUE SUMMIT, NJ 07901 F Name and address of principal officer Same As C Above
D Employer Identification Number 52-1591461 E Telephone number 1-908-273-1100 G Gross receipts \$ 2,572,962.	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: N/A H(c) Group exemption number	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other L Year of formation 1988 M State of legal domicile NJ	

Part I Summary	
1 Briefly describe the organization's mission or most significant activities: <u>Provides technical assistance to religious & community org. in developing, implementing & operating network programs which provide shelter, meals & assistance to homeless persons</u>	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
3 Number of voting members of the governing body (Part VI, line 1a)	3 19
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 19
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5 17
6 Total number of volunteers (estimate if necessary)	6 22
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.
8 Contributions and grants (Part VIII, line 1h)	Prior Year 991,366. Current Year 1,374,427.
9 Program service revenue (Part VIII, line 2g)	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,937. 72,671.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	359,700. 409,224.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,355,003. 1,856,322.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	685,114. 751,093.
16a Professional fundraising fees (Part IX, column (A), line 11e)	
b Total fundraising expenses (Part IX, column (D), line 25)	125,453.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f, 24e)	491,571. 817,069.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (D), line 25)	1,176,685. 1,568,162.
19 Revenue less expenses. Subtract line 18 from line 12	178,318. 288,160.
20 Total assets (Part X, line 16)	Beginning of Current Year 1,372,192. End of Year 1,669,765.
21 Total liabilities (Part X, line 26)	36,332. 45,745.
22 Net assets or fund balances. Subtract line 21 from line 20	1,335,860. 1,624,020.

Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Here Signature of officer: <u>Karen Olson</u> Type or print name and title: <u>KAREN OLSON, President</u>	Date: <u>4/23/14</u>
Paid Preparer Use Only Print/Type preparer's name: <u>David Miller, CPA</u> Preparer's signature: <u>David Miller, CPA</u> Date: <u>4-16-14</u> Check <input type="checkbox"/> if self-employed PTIN: <u>P01245309</u> Firm's name: <u>Simontacchi, Miller & DeAngelis, PA</u> Firm's address: <u>170 E. Main Street</u> <u>Rockaway, NJ 07866</u> Firm's EIN: <u>26-2554284</u> Phone no: <u>(973) 664-1140</u>	

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

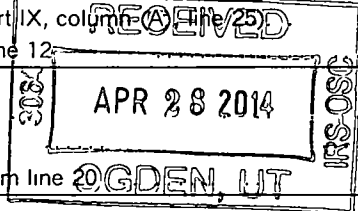
BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 11/08/13

Form 990 (2013)

22 017

SCANNED MAY 06 2014



Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒

1 Briefly describe the organization's mission:

Provides technical assistance to religious & community org. in developing,
implementing & operating network programs which provide shelter, meals & assistance
to homeless persons

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,332,936. including grants of \$) (Revenue \$)

See Schedule O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 1,332,936.

Part IV 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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		X
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	X	
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		X
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
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		X
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		X
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.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	X	
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		X
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		X
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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	X	
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV		X
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)		X
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	X	
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		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and II		X
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? If 'Yes,' complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a 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		X
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		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
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		X
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):		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
c 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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II		X
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		X
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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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		
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		X
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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O		X

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Form 990 (2013)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	22	
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		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.	17	
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.		
4 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)?		X
4 b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12.		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders.		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	Is the organization licensed to issue qualified health plans in more than one state?		
Note. See the instructions for additional information the organization must report on Schedule O.			
13 b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13 c	Enter the amount of reserves on hand.		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

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

Check if Schedule O contains a response or note to any line in this Part VI

☒**Section A. Governing Body and Management**

- | | Yes | No |
|---|-----|----|
| 1 a 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 | 19 | |
| 1 b Enter the number of voting members included in line 1a, above, who are independent | 19 | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? | | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 Did the organization have members or stockholders? | | X |
| 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| 7 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? | | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a The governing body? | X | |
| b Each committee with authority to act on behalf of the governing body? | X | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O | | X |

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NJ
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
- ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
- KAREN OLSON 71 SUMMIT AVENUE, NJ 07901 908-273-1100

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**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 nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Regina Feeney Trustee	0 0							0.	0.	0.
(2) KAREN OLSON President	40 40	X		X				69,795.	0.	3,532.
(3) DOUG DE MARTIN Trustee	0 0	X		X				0.	0.	0.
(4) SUSAN WATTS Secretary	0 0	X		X				0.	0.	0.
(5) Neely Dodge Trustee	0 0	X						0.	0.	0.
(6) CARY HARDY Chairman	0 0	X						0.	0.	0.
(7) ROBERT HUGIN Trustee	0 0	X						0.	0.	0.
(8) ROBERT W. PARSON, JR. Trustee	0 0	X						0.	0.	0.
(9) JANET WHITMAN VP/Trustee	0 0	X		X				0.	0.	0.
(10) SIG HUITT Trustee	0 0	X						0.	0.	0.
(11) MARTIN WISE Vice Chairman	0 0	X		X				0.	0.	0.
(12) Joe Reitz Trustee	0 0	X						0.	0.	0.
(13) JAMIE HAENGGI Trustee	0 0	X						0.	0.	0.
(14) REV. DR. KAREN REZACH Trustee	0 0	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) EDWIN J. HAGERTY Trustee	0	X						0.	0.	0.
(16) MARY WEGER Secretary	0	X						0.	0.	0.
(17) Denise DeMan-Williams Trustee	0	X						0.	0.	0.
(18) Carmine DiSibio Treasurer	0	X						0.	0.	0.
(19) Scott Winn Trustee	0	X						0.	0.	0.
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total								69,795.	0.	3,532.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								69,795.	0.	3,532.

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

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
3		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual

	Yes	No
4		X

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

	Yes	No
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check if Schedule O contains a response or note to any line in this Part VIII

Form 990 (2013)

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 or note to any line in this Part IX

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	69,795.	59,526.	4,885.	5,384.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	593,869.	504,589.	41,571.	47,709.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,269.	7,029.	579.	661.
9 Other employee benefits	22,608.	19,217.	1,583.	1,808.
10 Payroll taxes	56,552.	48,069.	3,959.	4,524.
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) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	80,888.	68,755.	5,662.	6,471.
14 Information technology				
15 Royalties				
16 Occupancy	17,178.	14,602.	1,202.	1,374.
17 Travel	74,066.	62,956.	5,185.	5,925.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	61,337.	52,136.	4,294.	4,907.
23 Insurance	17,169.	14,593.	1,202.	1,374.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Professional & Consulting Fees	163,185.	138,707.	11,423.	13,055.
b Facility Rental & Meals	113,744.	96,683.	7,962.	9,099.
c Grants To Local Networks	58,646.	49,849.	4,105.	4,692.
d Interns & Regional Represent.	56,037.	47,631.	3,923.	4,483.
e All other expenses. See Sch. O	174,819.	148,594.	12,238.	13,987.
25 Total functional expenses. Add lines 1 through 24e	1,568,162.	1,332,936.	109,773.	125,453.
26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	359,628.	1	571,247.
	2 Savings and temporary cash investments	707,155.	2	749,724.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	16,935.	9	10,482.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 1,090,147.		
	b Less: accumulated depreciation	10b 754,051.	280,475.	10c 336,096.
	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	7,099.	14	1,316.
15 Other assets. See Part IV, line 11	900.	15	900.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,372,192.	16	1,669,765.	
LIABILITIES	17 Accounts payable and accrued expenses	36,332.	17	45,745.
	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	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	
	26 Total liabilities. Add lines 17 through 25	36,332.	26	45,745.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	700,281.	27	972,115.
	28 Temporarily restricted net assets	635,579.	28	651,905.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,335,860.	33	1,624,020.
34 Total liabilities and net assets/fund balances	1,372,192.	34	1,669,765.	

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Form 990 (2013)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,856,322.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,568,162.
3	Revenue less expenses. Subtract line 2 from line 1	3	288,160.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,335,860.
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, column (B))	10	1,624,020.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

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Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

FAMILY PROMISE, INC

Employer identification number

52-1591461

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

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

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III – Functionally integrated d ☐ Type III – Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants'.)	727,662.	856,662.	1,032,188.	991,366.	1,374,427.	4,982,305.
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	727,662.	856,662.	1,032,188.	991,366.	1,374,427.	4,982,305.
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)						0.
6 Public support. Subtract line 5 from line 4						4,982,305.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	727,662.	856,662.	1,032,188.	991,366.	1,374,427.	4,982,305.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	27,892.	24,769.	35,443.	23,696.	37,653.	149,453.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						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						5,131,758.
12 Gross receipts from related activities, etc (see instructions)					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	97.09 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	97.02 %
16a 33-1/3% support test – 2013. 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 ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support test – 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a 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.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
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.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
13 Total Support. (Add lines 9, 10c, 11 and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17.	18	%

- 19a **33-1/3% support tests – 2013.** 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 – 2012.** 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. ▶ ☐

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2013

Open to Public
Inspection

- ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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 35c (Proxy Tax), then

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

Name of organization

FAMILY PROMISE, INC

Employer identification number

52-1591461

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures

\$ ▶

3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955

▶ \$ 0.

2 Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$ 0.

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes ☐ No

4a Was a correction made?

☐ Yes ☐ No

b If 'Yes,' describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities

▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b

▶ \$

4 Did the filing organization file **Form 1120-POL** for this year?

☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990 or 990-EZ) 2013

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

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check ☐ if the filing organization checked box A and 'limited control' provisions apply.

Limits on Lobbying Expenditures
(The term 'expenditures' means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount. Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a. If zero or less, enter -0-**i** Subtract line 1f from line 1c. If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ Yes ☐ No**4-Year Averaging Period Under Section 501(h)**
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

BAA

Schedule C (Form 990 or 990-EZ) 2013

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

For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		585.
e Publications, or published or broadcast statements?	X		430.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		450.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		220.
i Other activities?		X	
j Total. Add lines 1c through 1i.			1,685.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If 'Yes,' enter the amount of any tax incurred under section 4912.			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912.			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to 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(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013**Open to Public
Inspection**

Employer identification number

FAMILY PROMISE, INC

52-1591461

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

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

Part II Conservation Easements.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

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

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

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

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

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

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

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

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

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

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

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

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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 current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings		698,630.	472,501.	226,129.
c Leasehold improvements		52,918.	5,705.	47,213.
d Equipment		128,687.	97,824.	30,863.
e Other		209,912.	178,021.	31,891.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				336,096.

BAA

Schedule D (Form 990) 2013

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total (Column (b) must equal Form 990, Part X, column (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,856,322.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1		3	1,856,322.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	1,856,322.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,568,162.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1		3	1,568,162.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	1,568,162.

Part XIII Supplemental Information.

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

Department of the Treasury
Internal Revenue Service

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

2013

Open to Public Inspection

Name of the organization

FAMILY PROMISE, INC

Employer identification number

52-1591461

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0

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

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

REVENUE		(a) Event #1 ANNIVERSARY GA (event type)	(b) Event #2 BREAKFAST-JULY (event type)	(c) Other events None (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1 Gross receipts	364,367.	97,580.		461,947.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	364,367.	97,580.		461,947.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	72,687.	10,898.		83,585.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d)				83,585.
	11 Net income summary Subtract line 10 from line 3, column (d)				378,362.

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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
DIRECT EXPENSES	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

☐ Yes ☐ No

b If 'No,' explain _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility

b An outside facility

13a	%
13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If 'Yes,' enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐

Director/officer

☐

Employee

☐

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Name of the organization

FAMILY PROMISE, INC

Employer identification number

52-1591461

Form 990, Part III, Line 4a - Program Service Accomplishments**Development & Support of Family Promise Affiliates (Interfaith Hospitality Network)**

Provides technical assistance to community organizations in developing, implementing and operating Affiliate programs across the country which provide shelter, meals and comprehensive support services to homeless persons. Our national staff meets with

local leadership to organize community efforts and assist with training/recruitment of congregations/volunteers and provide guidance on

securing a day center, hiring/training staff, developing budgets, fundraising etc. On going technical assistance and training is provided to new and existing Affiliates.

Our national efforts address the underlying causes of homelessness through

locally-tailored programs and partnerships, community education, and family mentoring.

Family Promise Union County

A network of congregations providing food, shelter and comprehensive support services to homeless and low-income families in Union County, New Jersey. Overnight

accommodations and meals are provided on a rotating basis by participating

congregations. A day center in Elizabeth, N.J. serves as a central location from which

children can attend school and parents can go to work or look for employment. At the

center they work with guest family members to build skills needed to achieve and

maintain sustainable

independence. There is also a van driver for needed transportation.

Just Neighbors

An interactive poverty awareness curriculum using videos, simulations role play,

discussions and practical exercises to understand what it means to live in poverty

and what families need. The curriculum is used by schools, colleges, religious

congregations, service organizations and others.

Name of the organization

FAMILY PROMISE, INC

Employer identification number

52-1591461

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.

2013

Schedule O - Supplemental Information

Page 1

Client FAMPROM

FAMILY PROMISE, INC

52-1591461

4/16/14

11 13AM

Form 990, Part IX, Line 24e
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Dues & Fees	6,906.	5,870.	484.	552.
DUES & SUBSCRIPTIONS	12,770.	10,854.	894.	1,022.
Emergency Fund for Families	15,840.	13,464.	1,109.	1,267.
Manuals & Merchandise	23,174.	19,698.	1,622.	1,854.
Postage and Shipping	26,098.	22,183.	1,827.	2,088.
Printing and Publications	47,408.	40,296.	3,319.	3,793.
Telephone	15,407.	13,096.	1,078.	1,233.
Utilities	23,521.	19,993.	1,646.	1,882.
Van Maint & Repairs	3,695.	3,140.	259.	296.
Total	\$ 174,819.	\$ 148,594.	\$ 12,238.	\$ 13,987.

Account Number: 825-04N10



October 01, 2013 - October 31, 2013

YOUR BUSINESS INVESTOR ACCOUNT TRANSACTIONS

DIVIDENDS/INTEREST INCOME TRANSACTIONS (continued)					
Date	Transaction Type	Quantity	Description	Reinvestment	Income Year To Date
NET TOTAL				(993.89)	994.03
					10,063.34

Long Term Capital Gain Distributions

The long-term capital gain distribution amounts may change due to income reclassification information provided by the issuer. In particular, distributions made by Mutual Funds, REITs a, UITs often need to be reclassified as a different type of distribution (including long-term capital gain distributions) after the end of the year in which the distribution was originally paid

SECURITY TRANSACTIONS

TRANSACTIONS CONDUCTED PER THE APPLICABLE WRITTEN AGREEMENT

Settlement Date	Description	Transaction Type	Quantity	Unit Price	Debit	Credit	Accrued Interest Earned/(Paid)
10/15	NEUBERGER BERMAN EQUITY	Sale	-41	12 2300		509 58	
	INCOME FUND CL INSTL FRAC SHR QUANTITY .666						
	CUS NO 641224498						
	Subtotal (Sales)					509 58	
	TOTAL					509.58	

REALIZED GAINS/(LOSSES)

Description	Acquired		Liquidation		Sale Amount	Cost Basis	This Statement	Gains/(Losses) * Year to D:
	Quantity	Date	Date	Date				
Subtotal (Long-Term)								22,733.60
✧ NEUBERGER BERMAN EQUITY	41.0000	04/15/13	10/11/13		501.43	505.94	(4.51)	
NEUBERGER BERMAN EQUITY	6660	09/24/13	10/11/13		8.15	8.10	.05	
Subtotal (Short-Term)							(4.46)	12,284.48
TOTAL					509.58	514.04	(4.46)	35,018.14

* - Excludes transactions for which we have insufficient data

✧ This transaction has been affected by a "Wash Sale" based on IRS regulations. There are two different types of adjustments that may be occurring

(A) If the gain/loss displays as N/C, this transaction has been identified as a "Wash Sale" based on IRS regulations and the loss has been added to the cost basis of the related purchase

(B) If the gain/loss is calculated, the cost basis has been adjusted by the deferred loss amount from a previous "Wash Sale" and your gain or loss will be inclusive of this amount

FAMILY PROMISE, INC

Account Number: 825-04N10

24-Hour Assistance: (866) 4MLBUSINESS
Access Code: 92-825-04610

YOUR BUSINESS INVESTOR ACCOUNT TRANSACTIONS

August 31, 2013 - September 30, 2013

REALIZED GAINS/(LOSSES)

Description	Quantity	Acquired Date	Liquidation Date	Sale Amount	Cost Basis	This Statement	Gains/(Losses) * Year to Date
Subtotal (Long-Term)							22,733.66
THE OAKMARK SELECT FUND	.3140	04/15/13	09/04/13	11.57	10.19	1.38	
THE OAKMARK SELECT FUND	347.0000	04/15/13	09/04/13	12,786.95	11,263.62	1,523.33	
THE OAKMARK SELECT FUND	2730	04/15/13	09/04/13	10.06	8.87	1.19	
FIRST EAG OVERSEAS I	.1450	04/15/13	09/04/13	3.42	3.35	.07	
FIRST EAG OVERSEAS I	51.0000	04/15/13	09/04/13	1,202.58	1,178.61	23.97	
PARNASSUS EQUITY INC FD	183.0000	04/15/13	09/04/13	6,302.52	5,918.22	384.30	
PARNASSUS EQUITY INC	0780	04/15/13	09/04/13	2.69	2.53	.16	
PARNASSUS EQUITY INC FD	1880	06/28/13	09/04/13	6.47	6.24	.23	
PARNASSUS WORKPLACE FUND	.1670	04/15/13	09/04/13	4.35	3.94	.41	
PARNASSUS WORKPLACE FUND	323.0000	04/15/13	09/04/13	8,420.61	7,626.03	794.58	
PARNASSUS WORKPLACE FUND	.4120	04/15/13	09/04/13	10.74	9.73	1.01	
MAINSTAY MARKETFIELD	.6250	04/15/13	09/04/13	10.98	10.26	.72	
MAINSTAY MARKETFIELD	302.0000	04/15/13	09/04/13	5,309.16	4,955.82	353.34	
MAINSTAY MARKETFIELD	.2130	04/15/13	09/04/13	3.75	3.50	.25	
PIMCO REAL ESTATE REAL	3952.0000	04/15/13	09/24/13	16,400.79	21,182.72	(4,781.93)	
PIMCO REAL ESTATE REAL	1.0000	06/20/13	09/24/13	4.15	5.18	(1.03)	
PIMCO REAL ESTATE REAL	160.0000	06/20/13	09/24/13	664.00	652.80	11.20	
PIMCO REAL ESTATE REAL	1.0000	09/19/13	09/24/13	4.15	4.11	.04	
PIMCO REAL ESTATE REAL	.0480	09/19/13	09/24/13	.20	.20	.00	
PIMCO REAL ESTATE REAL	88.0000	09/19/13	09/24/13	365.21	374.00	(8.79)	
NEUBERGER BERMAN EQUITY	41.0000	04/15/13	09/24/13	498.56	503.89	N/C	
NEUBERGER BERMAN EQUITY	5705.0000	04/15/13	09/24/13	69,372.79	70,114.45	(741.66)	
NEUBERGER BERMAN EQUITY	41.0000	06/24/13	09/24/13	498.57	484.62	13.95	
NEUBERGER BERMAN EQUITY	3340	09/24/13	09/24/13	4.07	4.05	.02	
NEUBERGER BERMAN EQUITY	3970	09/24/13	09/24/13	4.82	4.85	(.03)	
T R PRICE SM CAP STK RET	7370	04/15/13	09/04/13	30.46	27.17	3.29	
T R PRICE SM CAP STK RET	77.0000	04/15/13	09/04/13	3,182.41	2,838.22	344.19	
Subtotal (Short-Term)						(2,075.81)	12,288.94
TOTAL				125,116.03	127,197.17	(2,075.81)	35,022.60

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FAMILY PROMISE, INC.

Account Number: 825-04N10

24-Hour Assistance: (866) 4MLBUSINESS
Access Code: 92-825-04610

March 29, 2013 - April 30, 2013

YOUR BUSINESS INVESTOR ACCOUNT TRANSACTIONS

REALIZED GAINS/(LOSSES) (continued)

Description	Quantity	Acquired Date	Liquidation Date	Sale Amount	Cost Basis	This Statement	Gains/(Losses) * Year to Date
PIMCO TOTAL RETURN FUND	1.0000	12/12/12	04/15/13	11.31	11.56	(.25)	
PIMCO TOTAL RETURN FUND	44.0000	12/12/12	04/15/13	497.64	499.84	(2.20)	
PIMCO TOTAL RETURN FUND	1.0000	12/12/12	04/15/13	11.31	11.36	(.05)	
PIMCO TOTAL RETURN FUND	60.0000	12/12/12	04/15/13	678.60	681.60	(3.00)	
PIMCO TOTAL RETURN FUND	46.0000	12/27/12	04/15/13	520.26	517.03	3.23	
PIMCO TOTAL RETURN FUND	1.0000	12/31/12	04/15/13	11.31	11.26	.05	
PIMCO TOTAL RETURN FUND	9.0000	12/31/12	04/15/13	101.79	101.16	.63	
PIMCO TOTAL RETURN FUND	7.0000	01/31/13	04/15/13	79.17	78.33	.84	
PIMCO TOTAL RETURN FUND	1.0000	02/28/13	04/15/13	11.31	11.21	.10	
PIMCO TOTAL RETURN FUND	8.0000	02/28/13	04/15/13	90.48	89.84	.64	
PIMCO TOTAL RETURN FUND	.9980	03/28/13	04/15/13	11.29	11.21	.08	
PIMCO TOTAL RETURN FUND	10.0000	03/28/13	04/15/13	113.11	112.40	.71	
TMPLTN GLBL BD FD ADV CL	.4350	03/19/13	04/15/13	5.88	5.84	.04	
L SAYLES STRT INC CL Y	.0350	03/27/13	04/15/13	.55	.55	.00	
PERMANENT PORTFOLIO FUND	.5720	12/05/12	04/15/13	26.72	27.67	(.95)	
BLACKROCK EQ DIVIDEND I	3808.0000	08/09/12	04/15/13	81,415.04	75,093.76	6,321.28	
BLACKROCK EQ DIVIDEND I	21.0000	10/19/12	04/15/13	448.98	429.23	19.75	
BLACKROCK EQ DIVIDEND I	1.0000	12/13/12	04/15/13	21.38	20.22	1.16	
BLACKROCK EQ DIVIDEND I	26.0000	12/13/12	04/15/13	555.87	520.00	35.87	
BLACKROCK EQ DIVIDEND I	.7190	12/13/12	04/15/13	15.37	14.38	.99	
BLACKROCK EQ DIVIDEND I	1.0000	12/13/12	04/15/13	21.39	20.00	1.39	
Subtotal (Short-Term)					14,364.75		14,364.75
TOTAL				540,711.87	503,613.46	37,098.41	37,098.41

* - Excludes transactions for which we have insufficient data

✧ This transaction has been affected by a "Wash Sale" based on IRS regulations. There are two different types of adjustments that may be occurring.

(A) If the gain/loss displays as N/C, this transaction has been identified as a "Wash Sale" based on IRS regulations and the loss has been added to the cost basis of the related purchase.

(B) If the gain/loss is calculated, the cost basis has been adjusted by the deferred loss amount from a previous "Wash Sale" and your gain or loss will be inclusive of this amount



FAMILY PROMISE, INC

Account Number: 825-04N10

YOUR BUSINESS INVESTOR ACCOUNT TRANSACTIONS

March 29, 2013 - April 30, 2013

REALIZED GAINS/(LOSSES) (continued)

Description	Quantity	Acquired Date	Liquidation Date	Sale Amount	Cost Basis	This Statement	Gains/(Losses) Year to Date
FEDRTD STRG VL DV FD INS	1.0000	11/30/12	04/15/13	5.48	5.07	.41	
FEDRTD STRG VL DV FD INS	57.0000	11/30/12	04/15/13	312.36	286.71	25.65	
FEDRTD STRG VL DV FD INS	6.0000	12/06/12	04/15/13	32.88	30.29	2.59	
FEDRTD STRG VL DV FD INS	49.0000	12/27/12	04/15/13	268.52	245.00	23.52	
FEDRTD STRG VL DV FD INS	20.0000	01/31/13	04/15/13	109.60	104.79	4.81	
FEDRTD STRG VL DV FD INS	61.0000	02/28/13	04/15/13	334.28	315.98	18.30	
FEDRTD STRG VL DV FD INS	.8510	03/28/13	04/15/13	4.66	4.45	.21	
FEDRTD STRG VL DV FD INS	34.0000	03/28/13	04/15/13	186.33	182.57	3.76	
VIRTUS PRM ALPHASECTOR I	1.0000	12/28/12	04/15/13	14.46	13.00	1.46	
VIRTUS PRM ALPHASECTOR I	.0840	12/28/12	04/15/13	1.21	1.09	.12	
VIRTUS PRM ALPHASECTOR I	18.0000	12/28/12	04/15/13	260.29	234.18	26.11	
JPMRGN LGCP GRTH FD SEL	3154.0000	08/09/12	04/15/13	79,417.72	75,096.74	4,320.98	
JPMRGN LGCP GRTH FD SEL	13.0000	12/19/12	04/15/13	327.34	315.77	11.57	
JPMRGN LGCP GRTH FD SEL	1.0000	01/02/13	04/15/13	25.18	24.13	1.05	
JPMRGN LGCP GRTH FD SEL	3010	01/02/13	04/15/13	7.58	7.21	.37	
JPMRGN LGCP GRTH FD SEL	.5450	12/13/12	04/15/13	14.30	13.83	.47	
IVY ASSET STRATEGY FD I	30.0000	12/13/12	04/15/13	786.90	768.89	18.01	
IVY ASSET STRATEGY FD I	1.0000	04/30/12	04/15/13	11.31	11.12	.19	
PIMCO TOTAL RETURN FUND	8.0000	04/30/12	04/15/13	90.48	89.76	.72	
PIMCO TOTAL RETURN FUND	1.0000	05/31/12	04/15/13	11.31	11.25	.06	
PIMCO TOTAL RETURN FUND	9.0000	05/31/12	04/15/13	101.79	101.52	.27	
PIMCO TOTAL RETURN FUND	8.0000	06/29/12	04/15/13	90.48	90.39	.09	
PIMCO TOTAL RETURN FUND	1.0000	07/31/12	04/15/13	11.30	11.38	(.08)	
PIMCO TOTAL RETURN FUND	6.0000	07/31/12	04/15/13	67.86	68.81	(.95)	
PIMCO TOTAL RETURN FUND	1260.0000	08/09/12	04/15/13	14,250.63	14,401.80	(151.17)	
PIMCO TOTAL RETURN FUND	1.0000	08/31/12	04/15/13	11.31	11.46	(.15)	
PIMCO TOTAL RETURN FUND	9.0000	08/31/12	04/15/13	101.79	103.50	(1.71)	
PIMCO TOTAL RETURN FUND	8.0000	10/01/12	04/15/13	90.48	92.64	(2.16)	
PIMCO TOTAL RETURN FUND	12.0000	10/31/12	04/15/13	135.72	139.08	(3.36)	
PIMCO TOTAL RETURN FUND	12.0000	11/30/12	04/15/13	135.72	139.44	(3.72)	

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FAMILY PROMISE, INC.

Account Number: 825-04N10

24-Hour Assistance: (866) 4MLBUSINESS
 Access Code: 92-825-04610

March 29, 2013 - April 30, 2013

YOUR BUSINESS INVESTOR ACCOUNT TRANSACTIONS

REALIZED GAINS/(LOSSES) (continued)

Description	Quantity	Acquired Date	Liquidation Date	Sale Amount	Cost Basis	This Statement	Gains/(Losses) *	Year to Date
PIMCO TOTAL RETURN FUND	7.0000	02/29/12	04/15/13	79.17	77.84	1.33		
PIMCO TOTAL RETURN FUND	9.0000	03/30/12	04/15/13	101.79	99.81	1.98		
TMPLTN GLBL BD FD ADV CL	2417.0000	12/22/10	04/15/13	32,702.01	32,484.48	217.53		
TEMPLETON GLBL BOND FD	.2680	12/22/10	04/15/13	3.62	3.60	.02		
L SAYLES STRT INC CL Y	2582.0000	12/22/10	04/15/13	41,027.98	37,697.20	3,330.78		
LOOMIS SAYLES STRATEGIC	.4730	12/22/10	04/15/13	7.51	6.90	.61		
PERMANENT PORTFOLIO FUND	43.0000	12/22/10	04/15/13	2,008.96	1,945.75	63.21		
Subtotal (Long-Term)						22,733.66		22,733.66
FIRST EAG GLOBAL CL I	235.0000	08/09/12	04/15/13	11,914.51	11,423.35	491.16		
FIRST EAG GLOBAL CL I	17.0000	12/14/12	04/15/13	861.90	818.21	43.69		
FIRST EAG GLOBAL CL I	36.0000	12/14/12	04/15/13	1,825.20	1,732.68	92.52		
FIRST EAG GLOBAL CL I	.9970	12/14/12	04/15/13	50.55	47.60	2.95		
FIRST EAG GLOBAL CL I	7.0000	12/14/12	04/15/13	354.91	336.91	18.00		
NEUB BERM GENESIS INSTL	47.0000	08/09/12	04/15/13	2,443.53	2,273.86	169.67		
NEUB BERM GENESIS INSTL	4.0000	12/17/12	04/15/13	207.96	192.39	15.57		
NEUB BERM GENESIS INSTL	1.0000	12/17/12	04/15/13	51.99	48.66	3.33		
NEUB BERM GENESIS INSTL	34.0000	12/17/12	04/15/13	1,767.67	1,635.39	132.28		
NEUB BERM GENESIS INSTL	.1680	12/17/12	04/15/13	8.73	8.08	.65		
FEDRTD STRG VL DV FD INS	1.0000	04/30/12	04/15/13	5.47	4.88	.59		
FEDRTD STRG VL DV FD INS	5.0000	04/30/12	04/15/13	27.40	24.54	2.86		
FEDRTD STRG VL DV FD INS	24.0000	05/31/12	04/15/13	131.52	114.24	17.28		
FEDRTD STRG VL DV FD INS	1.0000	06/29/12	04/15/13	5.47	4.93	.54		
FEDRTD STRG VL DV FD INS	21.0000	06/29/12	04/15/13	115.08	103.73	11.35		
FEDRTD STRG VL DV FD INS	12.0000	07/31/12	04/15/13	65.76	61.55	4.21		
FEDRTD STRG VL DV FD INS	7553.0000	08/09/12	04/15/13	41,390.55	38,746.89	2,643.66		
FEDRTD STRG VL DV FD INS	1.0000	08/31/12	04/15/13	5.48	5.11	.37		
FEDRTD STRG VL DV FD INS	44.0000	08/31/12	04/15/13	241.12	223.95	17.17		
FEDRTD STRG VL DV FD INS	38.0000	09/28/12	04/15/13	208.24	196.46	11.78		
FEDRTD STRG VL DV FD INS	1.0000	11/01/12	04/15/13	5.48	5.12	.36		
FEDRTD STRG VL DV FD INS	18.0000	11/01/12	04/15/13	98.64	91.61	7.03		

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FAMILY PROMISE, INC.

Account Number: 825-04N10

YOUR BUSINESS INVESTOR ACCOUNT TRANSACTIONS

March 29, 2013 - April 30, 2013

REALIZED GAINS/(LOSSES) (continued)

Description	Quantity	Acquired Date	Liquidation Date	Sale Amount	Cost Basis	This Statement	Gains/(Losses) * Year to Date
FEDRTD STRG VL DV FD INS	5.0000	01/31/12	04/15/13	27.40	23.65	3.75	
FEDRTD STRG VL DV FD INS	1.0000	02/29/12	04/15/13	5.47	4.80	.67	
FEDRTD STRG VL DV FD INS	21.0000	02/29/12	04/15/13	115.08	102.05	13.03	
FEDRTD STRG VL DV FD INS	15.0000	03/30/12	04/15/13	82.20	72.75	9.45	
VIRTUS PRM ALPHASECTOR I	2760.0000	05/27/11	04/15/13	39,909.59	35,935.20	3,974.39	
◇ VIRTUS PRM ALPHASECTOR I	43.0000	05/30/11	04/15/13	621.78	562.00	59.78	
VIRTUS PRM ALPHASECTOR I	31.0000	06/29/11	04/15/13	448.26	397.11	51.15	
VIRTUS PRM ALPHASECTOR I	1.0000	12/29/11	04/15/13	14.46	12.44	2.02	
VIRTUS PRM ALPHASECTOR I	49.0000	12/29/11	04/15/13	708.54	596.82	111.72	
IVY ASSET STRATEGY FD I	867.0000	12/22/10	04/15/13	22,741.41	21,293.52	1,447.89	
IVY ASSET STRATEGY FD I	129.0000	03/10/11	04/15/13	3,383.67	3,204.36	179.31	
IVY ASSET STRATEGY FD I	21.0000	12/08/11	04/15/13	550.83	481.32	69.51	
PIMCO TOTAL RETURN FUND	2991.0000	03/25/11	04/15/13	33,828.20	32,512.17	1,316.03	
PIMCO TOTAL RETURN FUND	1.0000	03/31/11	04/15/13	11.30	10.88	.42	
PIMCO TOTAL RETURN FUND	10.0000	04/29/11	04/15/13	113.10	110.30	2.80	
PIMCO TOTAL RETURN FUND	1.0000	05/31/11	04/15/13	11.31	10.95	.36	
PIMCO TOTAL RETURN FUND	10.0000	05/31/11	04/15/13	113.10	110.60	2.50	
PIMCO TOTAL RETURN FUND	9.0000	06/30/11	04/15/13	101.79	98.91	2.88	
PIMCO TOTAL RETURN FUND	1.0000	07/29/11	04/15/13	11.31	10.99	.32	
PIMCO TOTAL RETURN FUND	9.0000	07/29/11	04/15/13	101.79	99.90	1.89	
PIMCO TOTAL RETURN FUND	8.0000	08/31/11	04/15/13	90.48	88.07	2.41	
PIMCO TOTAL RETURN FUND	8.0000	09/30/11	04/15/13	90.48	86.32	4.16	
PIMCO TOTAL RETURN FUND	8.0000	10/31/11	04/15/13	90.48	87.27	3.21	
PIMCO TOTAL RETURN FUND	1.0000	11/30/11	04/15/13	11.30	10.85	.45	
PIMCO TOTAL RETURN FUND	8.0000	11/30/11	04/15/13	90.48	86.23	4.25	
PIMCO TOTAL RETURN FUND	18.0000	12/28/11	04/15/13	203.58	194.93	8.65	
PIMCO TOTAL RETURN FUND	1.0000	12/30/11	04/15/13	11.31	10.81	.50	
PIMCO TOTAL RETURN FUND	8.0000	12/30/11	04/15/13	90.48	86.95	3.53	
PIMCO TOTAL RETURN FUND	8.0000	01/31/12	04/15/13	90.48	88.96	1.52	
PIMCO TOTAL RETURN FUND	1.0000	02/29/12	04/15/13	11.31	10.95	.36	

FAMILY PROMISE, INC.

Account Number: 825-04N10

24-Hour Assistance: (866) 4MLBUSINESS
Access Code: 92-825-04610

YOUR BUSINESS INVESTOR ACCOUNT TRANSACTIONS

March 29, 2013 - April 30, 2013

REALIZED GAINS/(LOSSES) (continued)

Description	Quantity	Acquired Liquidation		Sale Amount	Cost Basis	This Statement	Gains/(Losses) * Year to Date
		Date	Date				
FIRST EAG GLOBAL CLI	1.0000	12/14/11	04/15/13	50.70	44.75	5.95	
FIRST EAG GLOBAL CLI	14.0000	12/14/11	04/15/13	709.80	624.96	84.84	
NEUB BERM GENESIS INSTL	707.0000	03/25/11	04/15/13	36,756.93	34,741.98	2,014.95	
NEUB BERM GENESIS INSTL	1.0000	12/19/11	04/15/13	51.99	48.21	3.78	
NEUB BERM GENESIS INSTL	10.0000	12/19/11	04/15/13	519.89	455.20	64.69	
NEUB BERM GENESIS INSTL	1.0000	12/19/11	04/15/13	51.99	45.52	6.47	
NEUB BERM GENESIS INSTL	18.0000	12/19/11	04/15/13	935.82	819.36	116.46	
FEDRTD STRG VL DV FD INS	3919.0000	12/22/10	04/15/13	21,476.12	17,282.79	4,193.33	
FEDRTD STRG VL DV FD INS	1.0000	12/31/10	04/15/13	5.48	4.41	1.07	
FEDRTD STRG VL DV FD INS	40.0000	12/31/10	04/15/13	219.20	176.00	43.20	
FEDRTD STRG VL DV FD INS	24.0000	01/31/11	04/15/13	131.51	104.87	26.64	
FEDRTD STRG VL DV FD INS	1.0000	02/28/11	04/15/13	5.47	4.40	1.07	
FEDRTD STRG VL DV FD INS	57.0000	02/28/11	04/15/13	312.36	254.79	57.57	
FEDRTD STRG VL DV FD INS	1.0000	03/10/11	04/15/13	5.48	4.47	1.01	
FEDRTD STRG VL DV FD INS	368.0000	03/10/11	04/15/13	2,016.64	1,652.32	364.32	
FEDRTD STRG VL DV FD INS	1.0000	03/31/11	04/15/13	5.47	4.44	1.03	
FEDRTD STRG VL DV FD INS	11.0000	03/31/11	04/15/13	60.27	50.48	9.79	
FEDRTD STRG VL DV FD INS	1.0000	04/29/11	04/15/13	5.47	4.68	.79	
FEDRTD STRG VL DV FD INS	9.0000	04/29/11	04/15/13	49.32	42.83	6.49	
FEDRTD STRG VL DV FD INS	1.0000	05/31/11	04/15/13	5.48	4.74	.74	
FEDRTD STRG VL DV FD INS	25.0000	05/31/11	04/15/13	136.99	118.49	18.50	
FEDRTD STRG VL DV FD INS	27.0000	06/30/11	04/15/13	147.96	125.81	22.15	
FEDRTD STRG VL DV FD INS	9.0000	07/29/11	04/15/13	49.32	41.67	7.65	
FEDRTD STRG VL DV FD INS	13.0000	08/31/11	04/15/13	71.23	59.66	11.57	
FEDRTD STRG VL DV FD INS	14.0000	09/30/11	04/15/13	76.71	63.56	13.15	
FEDRTD STRG VL DV FD INS	1.0000	10/31/11	04/15/13	5.48	4.61	.87	
FEDRTD STRG VL DV FD INS	8.0000	10/31/11	04/15/13	43.83	38.24	5.59	
FEDRTD STRG VL DV FD INS	30.0000	11/30/11	04/15/13	164.40	137.69	26.71	
FEDRTD STRG VL DV FD INS	15.0000	12/30/11	04/15/13	82.20	72.89	9.31	
FEDRTD STRG VL DV FD INS	1.0000	01/31/12	04/15/13	5.48	4.72	.76	

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FAMILY PROMISE, INC. Account Number: 825-04N10

March 29, 2013 - April 30, 2013

YOUR BUSINESS INVESTOR ACCOUNT TRANSACTIONS

SECURITY TRANSACTIONS (continued) TRANSACTIONS CONDUCTED PER THE APPLICABLE WRITTEN AGREEMENT

Settlement Date	Description	Transaction Type	Quantity	Unit Price	Debit	Credit	Accrued Interest Earned/(Paid)
04/16	IVY ASSET STRATEGY	Sale	-1,047	26.2300		27,477.11	
	FUND CL I FRAC SHR QUANTITY 545						
	CUS NO 466001864						
04/16	PIMCO TOTAL RETURN FUND	Sale	-4,641	11.3100		52,501.00	
	CL P FRAC SHR QUANTITY 998						
	CUS NO 72201M552						
04/16	TEMPLETON GBLB BOND FD	Sale	-2,417	13.5300		32,711.52	
	ADV CL FRAC SHR QUANTITY 703						
	CUS NO 880208400						
04/16	LOOMIS SAYLES STRATEGIC	Sale	-2,582	15.8900		41,036.05	
	INC FD CL Y FRAC SHR QUANTITY 508						
	CUS NO 543487250						
04/16	PERMANENT PORTFOLIO FUND	Sale	-43	46.7200		2,035.68	
	FRAC SHR QUANTITY 572 CUS NO 714199106						
04/16	BLACKROCK EQTY DIVIDEND	Sale	-3,857	21.3800		82,478.03	
	FUND INSTL FRAC SHR QUANTITY 719						
	CUS NO 09251M504						
	Subtotal (Sales)				540,711.89		
	TOTAL				565,411.62	540,711.89	

REALIZED GAINS/(LOSSES)

Description	Quantity	Acquired Date	Liquidation Date	Sale Amount	Cost Basis	This Statement	Gains/(Losses) * Year to Date
FIRST EAG GLOBAL CL I	980.0000	12/22/10	04/15/13	49,685.99	45,246.60	4,439.39	
FIRST EAG GLOBAL CL I	1.0000	03/10/11	04/15/13	50.69	46.49	4.20	
FIRST EAG GLOBAL CL I	56.0000	03/10/11	04/15/13	2,839.20	2,648.80	190.40	
FIRST EAG GLOBAL CL I	14.0000	12/14/11	04/15/13	709.80	624.95	84.85	

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2013 Federal Book Depreciation Schedule

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FAMILY PROMISE, INC

52-1591461

4/16/14

11:13AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn.	Depr Basis	Prior Depr.	Method	Life	Rate	Current Depr.	
Form 990/990-PF																	
Amortization																	
19	WEBSITE	11/04/08		35,495							35,495	21,297	S/L	MQ	5	17500	6,212
Total Amortization																	
	Auto / Transport Equipment			35,495		0	0	0	0	0	35,495	21,297					6,212
28	Van - Union	5/29/13		34,292							34,292		S/L	HY	5	10000	3,429
Total Auto / Transport Equipment																	
	Buildings			34,292		0	0	0	0	0	34,292	0					3,429
1	IMPROVEMENTS	7/30/00		102,277							102,277	63,505	S/L	18			5,682
2	IMPROVEMENTS	5/31/01		2,850							2,850	1,716	S/L	18			158
23	BUILDING	7/30/00		593,503							593,503	368,468	S/L	18			32,972
Total Buildings																	
	Furniture and Fixtures			698,630		0	0	0	0	0	698,630	433,689					38,812
3	FURNITURE	9/01/93		40,655							40,655	40,655	S/L	HY	7		0
4	FURNITURE	8/23/95		6,203							6,203	6,203	S/L	HY	7		0
5	FURNITURE	10/01/97		2,847							2,847	2,847	S/L	HY	7		0
6	FURNITURE	2/14/98		3,519							3,519	3,519	S/L	HY	7		0
7	FURNITURE	3/12/00		60,110							60,110	60,110	S/L	HY	7		0
8	LAP TOP	1/09/03		1,497							1,497	1,497	S/L	HY	5		0
13	LAP TOP COMPUTERS (4)	8/23/04		5,960							5,960	5,960	S/L	HY	5		0

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2013 Federal Book Depreciation Schedule

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Client FAMPROM

FAMILY PROMISE, INC

52-1591461

4/16/14

11 13AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct.	Cur 179 Bonus	Special Depr Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
14	DELL COMPUTER (3)	9/14/06		3,057							3,057	3,057	S/L	HY	5	0
15	UPGRADE COMPUTER SYSTYM	5/02/06		20,538							20,538	20,538	S/L	HY	5	0
16	COPIER & PRINTER	4/15/05		13,492							13,492	13,492	S/L	HY	5	0
17	FURNITURE	7/01/05		3,000							3,000	3,000	S/L	HY	5	0
18	2 DELL LAPTOP COMPUTERS	9/11/07		2,232							2,232	2,232	S/L	HY	5	0
20	12 DELL OPTIPLEX COMPUTE	6/21/10		9,000							9,000	4,500	S/L	HY	5	1,800
21	SERVER UPGRADE	7/11/11		9,242							9,242	2,772	S/L	HY	5	1,848
22	RICOH PHOTOCOPIER	5/15/12		4,595							4,595	460	S/L	HY	5	919
26	Office Furniture- Union	5/23/13		20,011							20,011		S/L	7		1,668
27	Office Equipment - Union	5/16/13		4,856							4,856		S/L	3		944
Total Furniture and Fixtures																
				210,814		0	0	0	0	0	210,814	170,842				7,179
Improvements																
24	Office Renovation	6/13/13		47,300							47,300		S/L	5		5,518
25	Office Renovation - Union	11/14/13		5,618							5,618		S/L	5		187
Total Improvements																
				52,918		0	0	0	0	0	52,918	0				5,705
Machinery and Equipment																
9	EQUIPMENT	2/18/00		78,134							78,134	78,134	S/L	HY	5	0
10	EQUIPMENT	7/25/01		8,278							8,278	8,278	S/L	HY	5	0
11	EQUIPMENT	4/08/02		6,542							6,542	6,542	S/L	HY	5	0
12	DEHUMIDIFIER	6/12/03		1,440							1,440	1,440	S/L	HY	5	0
Total Machinery and Equipment																
				94,394		0	0	0	0	0	94,394	94,394				0
Total Depreciation																
				1,091,048		0	0	0	0	0	1,091,048	698,925				55,125

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Client FAMPROM

FAMILY PROMISE, INC

52-1591461

4/16/14

11:13AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct	Cur 179 Bonus	Special Depr. Allow	Prior 179/ Bonus/ Sp Depr	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr Basis	Prior Depr	Method	Life	Rate	Current Depr
	Grand Total Amortization			35,495		0	0	0	0	0	35,495	21,297				6,212
	Grand Total Depreciation			1,091,048		0	0	0	0	0	1,091,048	698,925				55,125