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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2013

Open to Public Inspection

Department of the Treasury

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.

A For the 2013 calendar year, or tax year beginning and ending C Name of organization Check if D Employer identification number PARTNERSHIP FOR FAMILIES, CHILDREN AND Address change ADULTS, INC. X Name change 62-1326050 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 1800 MCCALLIE AVENUE 423-755-2822 Amended 3,487,213. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-CHATTANOOGA, TN 37404 H(a) Is this a group return pending F Name and address of principal officer: SANDRA L HOLLETT Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► WWW.PARTNERSHIPFCA.COM **H(c)** Group exemption number ▶ Form of organization: X Corporation Trust Other > Year of formation: 1987 M State of legal domicile: TN Part I Summary Briefly describe the organization's mission or most significant activities PARTNERSHIP IS A COMMUNITY Governance IMPACT ORGANIZATION WHOSE MISSION IS TO STRENGTHEN FAMILIES AND 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 28 28 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 137 723 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 0. 2,490,866. Program service revenue (Part VIII, line 2g) 17,800. 699,097. 486 277,421. Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 18,286. 3.467.413. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 60,086. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. ,801,015. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 78,172. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 44,648 1,060,097. 18 Gotal expenses Add lines 13 7 must equal Part IX, column (A), line 25)
19. Revenue less expenses Subtract line 18 from line 12 44,648. 2,921,198. -26,362546,215. 20 _Total assets (Part X line 1 Beginning of Current Year End of Year 648,946. 8,032,960. 21 Total liabilities (Part X, line 26) 0. 393,249. Net assets or fund balances Subtract line 21 from line 20 946. 639,711 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 office) is based on all information of which preparer has any knowledge. 11-1776 Signature of officer Date Sign SANDRA L HOLLETT, Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature Vim Hwelen 111/17/14 "self-employed Paid KIM HUSKEY, CPA P00958962 Preparer Firm's name Firm's name HENDERSON HUTCHERSON & MCCULLOUGH PLLC Firm's EIN 62-1114363 **Use Only** Firm's address 🛌 1200 MARKET STREET CHATTANOOGA, TN 37402 Phone no. (423)756-7771

May the IRS discuss this return with the preparer shown above? (see instructions)

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

X Yes

Form 990 (2013)

ADULTS, INC 62-1326050 Form 990 (2013) Page 2 Part III | Statement of Program Service Accomplishments \mathbf{x} Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: PARTNERSHIP IS A COMMUNITY IMPACT ORGANIZATION WHOSE MISSION IS TO STRENGTHEN FAMILIES AND INDIVIDUALS OF ALL AGES. OUR SERVICES PROVIDE BENEFITS THROUGH AN EFFECTIVE ARRAY OF CRITICAL SERVICES AND COLLABORATIVE PARTNERSHIPS THAT CONTINUALLY EVOLVE TO MEET COMMUNITY Did the organization undertake any significant program services during the year which were not listed on X Yes No the prior Form 990 or 990-EZ? If "Yes." describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O 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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 388,275. including grants of \$) (Expenses \$) (Revenue \$ THE PARTNERSHIP'S ELDER SERVICES PROGRAM PROVIDES A WIDE ARRAY OF SERVICES TO ABUSED AND NEEDY ELDER CLIENTS. THE CLIENTS THAT THE PARTNERSHIP TYPICALLY DEALS WITH ON A REGULAR BASIS WITH THIS PROGRAM NEED A VARIETY OF SOCIAL SERVICES WHICH THE PARTNERSHIP IS ABLE TO PROVIDE THROUGH OFFERING PROGRAMS WITHIN THE ELDER SERVICES PROGRAM. 360,991. including grants of \$ 4b) (Revenue \$ THE PARTNERSHIP'S YOUTH SERVICES PROGRAM PROVIDES GROUP HOME AND FOSTER HOME PLACEMENT FOR NEGLECTED, ABUSED, DELINOUENT, AND STATUS OFFENDER THE YOUTH SERVICES PROGRAM IS TAILORED TO MEET THE NEEDS OF THE YOUTH. YOUTH BY PROVIDING A NURTURING ENVIRONMENT, GUIDANCE, AND A SENSE OF STABILITY. ALL PROGRAMS FOCUS ON MAINTAINING THE CHILD IN THE LEAST RESTRICTVE PLACEMENT, IMPROVING TREATMENT OUTCOMES AND WHENEVER POSSIBLE REUNITING THE CHILD WITH HIS/HER FAMILY. THE YOUTH SERVICES STAFF INSURES THAT THE SOCIAL, EMOTIONAL, MEDICAL AND EDUCATIONAL NEEDS ARE MET. 30<u>7</u>,972. (Code including grants of \$) (Revenue \$ THE PARTNERSHIP OPERATES A FAMILY VIOLENCE PROGRAM CENTER WHICH OFFERS A WIDE VARIETY OF SOCIAL SERVICES TO VICTIMS OF FAMILY VIOLENCE. THIS PROGRAM ALSO CONDUCTS SERVICES TOWARDS THE INITIATIVE TO END FAMILY VIOLENCE BY EDUCATING THE COMMUNITY ON THIS SUBJECT. THE FAMILY VIOLENCE PROGRAM OFFERS TEMPORARY HOUSING, PSYCHOLOGICAL SUPPORT, AND CARE FOR PHYSICAL ABUSE, AMONGST OTHER FORMS OF CARE FOR THE VICTIMS OF FAMILY VIOLENCE. 4d Other program services (Describe in Schedule O) 1,368,852. including grants of \$ 60,086.) (Revenue \$ 699,097.) Total program service expenses 2,426,090. 4e Form 990 (2013) Form 990 (2013) ADULTS, INC.
Part IV Checklist of Required Schedules

			1	
			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	_1_	<u> X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		_ <u>X</u> _
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
_	public office? If "Yes," complete Schedule C, Part I	_3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		<u> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	~		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_7_		<u> </u>
8	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-0_		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	x	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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	11b		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		i	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	i		
	Schedule D, Parts XI and XII	12a		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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	\vdash	_X
D	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	446		y
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	14b	 	X
IJ	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15_		-
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16_		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	17		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	18		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	19		х
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			000	(0040)

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Form 990 (2013) ADULTS, INC.

Part IV Checklist of Required Schedules (continued)

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 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 III 22 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 23 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 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 25b X 26b X 27b Did 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 II 27c 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				Yes	No
22 Dd the organization in report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (IX), line 2? If "Yes," complete Schedule I, Part I and Iff or Grants and I	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	<u> </u>		
column (A), line 27 if "Yes," complete Schedule I, Parts I and III 2		government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
23 Dut the organization answer "Yee" 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? // "Yes," complete Schedule J. 24 Dut 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? // "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25b Dut the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization avaire that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b the organization avaire 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 II b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payablist to any current or former officer, director, trustee, or dependent and the transaction and the proposes, lightest compensated employees, or disqualified persons? If so, complete Schedule L, Part IV and the organization provide a grant or other assistance to an officer, director, trustee, we employee? If "Yes," complete Schedule L, Part IV A nettly of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A nettly of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A nettly of which a current or former officer, director, trustee,	22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,		_	
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
Schedule J 24 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 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d Did the organization maintain an secrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d 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 I, Part II 25d Ib the organization avere 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 organizations provide schedule I, Part II 25d 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, fusitees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule I, Part II 25d Did the organization provide a grant or other assistance to an officer, director, frustee, 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 I, Part IV 25d Aurient or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV 25d Aurient or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV 25d Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule I, Part IV 25d Did the organiz	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
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disqualified person during the year? If "Yes," complete Schedule L, Part I b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b	ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 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 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b 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 35c Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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 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 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	31	-			₹.
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Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 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 38 X	24	·	-33	 	
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b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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 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 38 X	25-			1	Y
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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 38 X	37		-30	1	<u> </u>
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Note. All Form 990 filers are required to complete Schedule O	38	·	\ <u></u>	—	
			38	x	
			<u> </u>	· -	(2013)

PARTNERSHIP FOR FAMILIES, CHILDREN AND O13) ADULTS, INC.
Statements Regarding Other IRS Filings and Tax Compliance 62-1326050 Page 5 Form 990 (2013) Part V Check if Schedule O contains a response or note to any line in this Part V Yes 1a 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 119

b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	Ì			
	filed for the calendar year ending with or within the year covered by this return 2a	137			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	İ			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	ļ	3a		_ X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	ĺ			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		x
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				1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	ŀ	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sol	ıcıt			ļ
	any contributions that were not tax deductible as charitable contributions?	ļ	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?		6b_		
7	Organizations that may receive deductible contributions under section 170(c).		,		
а	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?	7a_		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b_		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	!	7c_		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e_		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	-	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required.		7g_	72	X_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10)98-C2	7h_	<u>X</u>	
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	/ear /	8_		X
9	Sponsoring organizations maintaining donor advised funds.		0-	}	v
a	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?		9a 9b		X
10	Section 501(c)(7) organizations. Enter	ļ	90_	 	
а	Initiation fees and capital contributions included on Part VIII, line 12				l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter				
··a	Gross income from members or shareholders			Į	
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
_	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		1
	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.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O			1	
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]		
С	Enter the amount of reserves on hand		<u></u>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b]
			Forn	1 990	(2013)

Form 990 (2013)

ADULTS, INC.

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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		_			X
Sec	tion A. Governing Body and Management					_
			<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		3		
	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.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	28	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other	ļ		
	officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or		ĺ	
	more members of the governing body?			7 <u>a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or	1		1
	persons other than the governing body?			7 <u>b</u>	<u> </u>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:		•	
а	The governing body?			<u>8a</u>	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b	X	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code)			
					Yes	
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	hapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		(4 6 0	10b	v	\vdash
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly betc	ore filing the form?	11a	X	\vdash
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			40-	.	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		. Code (B)	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es, a	escribe	400	x	
42	In Schedule O how this was done			12c	X	}
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?	ما امرا	danandant	14	<u> </u>	
15	Did the process for determining compensation of the following persons include a review and approximation, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	ideheridetif			
а	The organization's CEO, Executive Director, or top management official			15a	X	
	Other officers or key employees of the organization			15b	X	
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			135	 * *	
16=	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange.	ment v	vith a			
	taxable entity during the year?			16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ite its i	participation	104	1	
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization					
	exempt status with respect to such arrangements?		•	16b	1	1
Sec	tion C. Disclosure			1.10.		'
17	List the states with which a copy of this Form 990 is required to be filed ▶TN					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	T (Sec	tion 501(c)(3)s only)	availat	ole	
-	for public inspection. Indicate how you made these available. Check all that apply	•	(N-7 · · ·) /			
	Own website Another's website X Upon request Other (explain	ın Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or		•	nd fina	ncial	
	statements available to the public during the tax year	_	, - ,,			
20	State the name, physical address, and telephone number of the person who possesses the books a	and red	ords of the organiz	ation 1	>	
	ROBERT TAYLOR - 423-697-3817					
	1800 MCCALLIE AVENUE, CHATTANOOGA, TN 37404					

Form 990 (2013) ADULTS , INC .

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

Check 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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)			(C				(D)	(E)	(F)
Name and Title	Average	(do		Posi heck i		than	one	Reportable	Reportable	Estimated
	hours per					is bot or/trus		compensation	compensation	amount of
	week (list any						Ė	from the	from related organizations	other compensation
	hours for	Individual trustee or director				,		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC)	, ,	organization
	organizations	I file	nal fr		loyee	mo.				and related
	below	Mdu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	르	<u>≅</u>	J	Ke	울등	횬			
(1) SUZANNA BIRD	1.00									
BOARD OF DIRECTORS	1 00	X	_				_	0.	0.	0.
(2) CELESTE BRADLEY	1.00	l								_
BOARD OF DIRECTORS	1 00	X					_	0.	0.	0.
(3) NICOLE BROWN	1.00									
BOARD OF DIRECTORS		X						0.	0.	0,
(4) JENS CHRISTENSEN	1.00									_
BOARD OF DIRECTORS		X					_	0.	0.	0.
(5) KAY BUDDE	1.00	ļ							_	_
BOARD OF DIRECTORS		X						0.	0.	0,
(6) KIM COFFEY	1.00	ļ							_	_
BOARD OF DIRECTORS		X						0.	0.	0.
(7) LATRICE CURRIE	1.00	ļ							_	_
BOARD OF DIRECTORS		X					_	0.	0.	0.
(8) ROBIN DERRYBERRY	1.00							_	_	_
PUBLIC RELATIONS ADVISOR		X	L			<u> </u>	_	0.	0.	0 .
(9) TODD FORTNER	1.00	1	ŀ							
TREASURER		X	<u> </u>					0.	0.	0 .
(10) TERESA GROVES	1.00							_	_	
BOARD OF DIRECTORS		X	<u> </u>					0.	0.	0 .
(11) BARBARA HARTMAN	1.00		İ							
BOARD OF DIRECTORS		X					_	0.	0.	0 .
(12) LINDA HARWELL	1.00	ļ								
PAST PRESIDENT		X	_					0.	0.	0.
(13) HAP HARWELL	1.00	1								
BOARD OF DIRECTORS		X	L					0.	0.	0 .
(14) ANITA HEADRICK	1.00	1	1							
BOARD OF DIRECTORS		X						0.	0.	0.
(15) MAI BELL HURLEY	1.00	1								
BOARD OF DIRECTORS		X					L	0.	0.	0.
(16) DEBBIE INGRAM	1.00									
BOARD OF DIRECTORS		X				<u> </u>	<u> </u>	0.	0.	0.
(17) JANET JOBE	1.00									
BOARD OF DIRECTORS		X						0.	0.	0.
332007 10-20-13										Form 990 (2013

\$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

62-1326050 ADULTS, INC. Form 990 · Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (B) (C) (D) Name and title Average Position Reportable Reportable Estimated hours (check all that apply) compensation compensation amount of from related per from other week the organizations compensation Highest compensated employee Individual trustee or director (list any organization (W-2/1099-MISC) from the (W-2/1099-MISC) hours for organization institutional trustee related and related organizations organizations below lıne) 1.00 (27) DAN SAIEED X 0 0. 0. BOARD OF DIRECTORS 1.00 (28) JENNIFER WEAVER 0. 0. 0. BOARD OF DIRECTORS 37.50 (29) SANDRA HOLLETT X 57,944. 0. 0. 37.50 (30) ROBERT TAYLOR X 38,991 0. 0. <u>CF</u>O

96,935.

Total to Part VII, Section A, line 1c

Form 990 (2013) ADULTS, INC.
Part VIII Statement of Revenue 62-1326050 Page 9

'		Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a	407,563.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
Am (S	С	Fundraising events	1c		ļ			
謹틸	d	Related organizations	1d					
Ş.E	е	Government grants (contribut	tions) $1e 1_{L}$	553,136.				
e ti	f	All other contributions, gifts, gran						
들		similar amounts not included abo	ve 1f	530,167.				
a g	9		3 1a-1f \$					
<u>0 @</u>	<u>h</u>	Total. Add lines 1a-1f			2,490,866.		· · · · · · · · · · · · · · · · · · ·	
	_	DDOGDAN GEDUTGE	Daga e	Business Code 624200		506 761		
yice	2 a			900099	596,761. 90,486.			
Program Service Revenue	b	EAP CONTRACT FE		531190	11,850.	90,486. 11,850.		
m.	c d		VIING FA	331130	11,000.			
Real	u o			<u> </u>				
P.	•	All other program service reve	enue					
	, a	m - 1 A-1-1 I 0 - 05	ondo		699,097.			
	3	Investment income (including	dividends, intere	est. and	033703.0			
	•	other similar amounts)		>	172,862.			172,862.
l	4	Income from investment of ta	x-exempt bond p	oroceeds -				
ĺ	5	Royalties						
		·	(ı) Real	(II) Personal				
1	6 a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)		<u></u>				
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				İ
		assets other than inventory		124,359.				
	b	Less: cost or other basis		1.0.000				
1		and sales expenses		19,800.				
		Gain or (loss)		104,559.	104 550			104 550
		Net gain or (loss)			104,559.			104,559.
9	8 a	Gross income from fundraisin	ig events (not					
Ĭ.		including \$	01					
8		contributions reported on line Part IV, line 18	•					
Other Reven	h	Less direct expenses	a b					
ಕ		Net income or (loss) from fund			i			
		Gross income from gaming a	_			-		
1	- 4	Part IV, line 19	а					\
	b	Less, direct expenses	b					
Į	С	Net income or (loss) from gan	ning activities					
		Gross sales of inventory, less						
		and allowances	а					
Ì	b	Less cost of goods sold	b	·				
J	c	Net income or (loss) from sale	es of inventory	<u> </u>				
		Miscellaneous Revenu	ie	Business Code				
	11 a							
	b	·						
	С			<u></u>	ļ			
	d	All other revenue		900099	29.			29.
	е	Total. Add lines 11a-11d	•	>	29.			
33200	12_	Total revenue. See instructions.			3,467,413.	699,097.	0	
10-29	13							Form 990 (2013)

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Form 990 (2013) ADULTS, INC.

Part IX | Statement of Functional Expenses

Check if Schedule Contains a response or note to any line in the Part IX		on 501(c)(3) and 501(c)(4) organizations must com		er organizations must co	mplete column (A).	
Do not include amounts reported on lense 80, 78, 80, 80, and 100 of Part VII. 1 Grants and other assistance to governments and organizations in the fluid States. See Part IV, line 21 2 Grants and other assistance to governments, organizations, and midvolusis outseld the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and midvolusis outseld the United States. See Part IV, line 22 4 Benefits poal to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Other asilances and wages 8 Penson pila accrude and contributions (include soltice 401(k) and 43(k) employer contributions (include soltice 401(k) employer contributions (include soltice 401(k) employer co					, , , , , , , , , , , , , , , , , , ,	X
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15 Royalties 16 Occupancy 196,679. 168,618. 25,468. 2,593. 17 Travel 96,522. 85,838. 10,488. 196. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Interest 12 Operication, depletion, and amortization 11 Insurance 12 Other expenses. Itemize expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 2 CONTRIBUTIONS 2 MISCELLANEOUS 3 MISCELLANEOUS 4 MIOREMBERSHIP DUES 5 MISCELLANEOUS 5 MISCELLANEOUS 5 MIOREMBERSHIP DUES 6 All other expenses 1125. 125. 2 (2,921,198. 2,426,090. 416,936. 78,172. 2 (2,921,198. 2,426,090. 416,936. 78,172. 2 (2,921,198. 2,426,090. 416,936. 78,172.	13	Office expenses	141,118.	121,581.	15,790.	<u>3,747.</u>
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21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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 0.) a CONTRIBUTIONS b MISCELLANEOUS c MEMBERSHIP DUES d SPONSORSHIPS All other expenses Ald lines 1 through 24e 27,776. 20,776. 27,776. 20,776. 20,776. 21,776. 21,776. 22,776. 24,610. 26,010. 27,76. 27,76. 27,76. 27,76. 27,76. 27,776. 2		· · · · · · · · · · · · · · · · · · ·			13,143.	345.
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23 Insurance 20,227. 15,450. 4,610. 167. 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 0.) a CONTRIBUTIONS 106,025. 106,025. b MISCELLANEOUS 22,803. 13,465. 8,163. 1,175. c MEMBERSHIP DUES 18,674. 7,445. 10,579. 650. d SPONSORSHIPS 7,500. 7,500. e All other expenses 125. 125. 25 Total functional expenses. Add lines 1 through 24e 2,921,198. 2,426,090. 416,936. 78,172. 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 if following SOP 98-2 (ASC 958-720)			2 776	2 776		
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Check here Infollowing SOP 98-2 (ASC 958-720)			\			
		educational campaign and fundraising solicitation.				
		Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2013)

ADULTS, INC.

62-1326050 Page 11

Pa	πX	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	200,903.	1	634,419.
	2	Savings and temporary cash investments	375,000.	2	0.
	3	Pledges and grants receivable, net		3	449,427.
	4	Accounts receivable, net		4	742,054.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
	ĺ	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			
S.	i	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	70,360.
	10a	Land, buildings, and equipment cost or other	_		
		basis. Complete Part VI of Schedule D 10a 6,006,215.			
	ь	Less accumulated depreciation 10b 3,423,032.	73,043.	10c	2,583,183.
	11	Investments - publicly traded securities		11	2,583,183. 3,549,839.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets	· · · · · · · · · · · · · · · · · · ·	14	
	15	Other assets See Part IV, line 11		15	3,678.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	648,946.	16	8,032,960.
	17	Accounts payable and accrued expenses		17	274,363.
	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	
S	22	Loans and other payables to current and former officers, directors, trustees,			
Ě		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L.		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	<u>105,497.</u>
	24	Unsecured notes and loans payable to unrelated third parties		24	<u> </u>
	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	0.	25	<u>13,389.</u>
	26	Total liabilities. Add lines 17 through 25	<u> </u>	26	<u>393,249.</u>
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ė		complete lines 27 through 29, and lines 33 and 34.			
and	27	Unrestricted net assets	648,946.	27	<u>5,760,510.</u>
Bal	28	Temporarily restricted net assets		28	<u>1,405,128.</u>
Fund Balances	29	Permanently restricted net assets		29	474,073.
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
ğ		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds	-	30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds	C40 046	32	7 620 511
_	33	Total net assets or fund balances	648,946.	33	7,639,711.
	34	Total liabilities and net assets/fund balances	648,946.	34	<u>8,032,960.</u>

	m 990 (2013) ADULTS, INC. 62-1326					
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,46	7,4	<u> 13.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,92	<u>1,1</u>	<u>98.</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> 15.</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	64	8,9	<u>46.</u>	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments .	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	6,44	4,5	50.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		•			
	column (B))	10	7,63	9,7	11.	
Pa	rt XII Financial Statements and Reporting					
	Check 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 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a				
	separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt				
	Act and OMB Circular A-133?		3a		X	
h	If "Vas " did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit	1 7	_		

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public

Inspection

Name o	of th	ne organizatí	on PARTNER	SHIP	FOR	FAM	ILIES	, CHI	LDREN	AND	E	mployer	identificati	on nu	mber
			ADULTS,	INC	•							6	2-1326	050	
Part	ı	Reason	for Public Char	ity Sta	tus (All	organız	ations mus	st complet	e this part	.) See inst	ructions		•		
The org	anız	ation is not a	private foundation	because	it is (Fo	or lines 1	I through 1	11, check	only one b	ox)					
1 🗀] .	A church, coi	nvention of churche	s, or ass	ociation	of chur	ches desci	ribed in se	ction 170	(b)(1)(A)(i)					
2	_		cribed in section 17						,						
зЁ	_		a cooperative hospi					n section	170(b)(1)(A)(iii).					
4	_		earch organization		-						(b)(1)(A)(i	iii). Enter	the hospital	's nam	ne.
		city, and state		•	•		'				(-)(-)(· -)(·	,.		-	- •
5	_	-	on operated for the	benefit o	of a colle	ge or ur	niversity ov	vned or or	erated by	a governi	nental un	ıt describ	ed in		
` _	_		(b)(1)(A)(iv). (Comple			•			,	- 3					
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8	_	•	trust described in s		•	(A)(vi)	(Complete	Part II \							
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h		Provide the to	ollowing information	about tr	ie suppo	nea org	ganization((S)							
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Schedule A-(Form 990 or 990-EZ) 2013 ADULTS, INC.

62-1326050 Page 2

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 2490866. 2490866. include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 2490866. 2490866. 4 Total. Add lines 1 through 3 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) 2490866. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2009 (d) 2012 Calendar year (or fiscal year beginning in) (b) 2010 (c) 2011 (e) 2013 (f) Total 2490866. 2490866. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties 172,862. 172,862. and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 699,097. 699,097. 3362825 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 74.07 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2012 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and \triangleright X stop here. The organization qualifies as a publicly supported organization 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 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 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

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

Schedule A (Form 990 or 990 EZ) 2013 ADULTS, INC. 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 be	elow, please comp	olete Part II)				
Section A. Public Support		T				г
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.")						
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	į					
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513					 	
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					l	
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 year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	(a) 2003	(6) 2010	(6) 2011	(4) 2012	(e) 2013	(I) IOIAI
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income	ĺ					
(less section 511 taxes) from businesses acquired after June 30, 1975	i					
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 carned on			,			
or loss from the sale of capital assets (Explain in Part IV.)	<u> </u>					
13 Total support. (Add lines 9, 10c, 11, and 12)			<u> </u>	J	704():51	L
14 First five years. If the Form 990 is for	tne organization's	s tirst, second, thii	ra, tourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
check this box and stop here	o Support Po	roontogo				
Section C. Computation of Publi					T1	
15 Public support percentage for 2013 (li		•	column (t))		15	%
16 Public support percentage from 2012			·		16	%
Section D. Computation of Inves					TT	
17 Investment income percentage for 20	•	•	ne 13, column (f))		17	%
18 Investment income percentage from 2	•				18 [%
19a 33 1/3% support tests - 2013. If the						1 / is not
more than 33 1/3%, check this box as	<u>-</u>	-		., .		. ▶∟
b 33 1/3% support tests - 2012. If the						
line 18 is not more than 33 1/3%, che		_			•	▶;;;
20 Private foundation. If the organizatio	n aid not check a	DOX ON line 14, 19	ia, or 19b, check t	his box and see ir	structions	

PARTNERSHIP FOR FAMILIES, CHILDREN AND Schedule A (Form 990 or 990-EZ) 2013 ADULTS, INC. 62-1326050 Page 4 Part IV | 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) FORM 990, SCHEDULE A, PART II, SECTION B, LINE 10 EXPLANATION: OTHER INCOME DOES NOT INCLUDE THE GAIN ON SALE OF CAPITAL ASSETS FOR THE SALE OF PROPERTY THAT RESULTED IN A GAIN OF \$104,559.

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 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 Inspection

Internal Revenue Service Name of the organization

PARTNERSHIP FOR FAMILIES, CHILDREN AND

Employer identification number

Par	organizations Maintaining Donor Advisorganization answered "Yes" to Form 990, Part IV, III		ds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, III	no 6	
		116 0	
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate contributions to (during year)		
	Aggregate grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in	writing that the assets held in donor ad	vised funds
3	_	•	Yes No
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor		
	for chantable purposes and not for the benefit of the donor	or donor advisor, or for any other purpor	· — —
Par	impermissible private benefit?	area and Was the Form 200	Yes No
			o, Part IV, line /
1	Purpose(s) of conservation easements held by the organiza		
	Preservation of land for public use (e.g., recreation or	· —	historically important land area
	Protection of natural habitat	L Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	llified conservation contribution in the for	rm of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	d after 8/17/06, and not on a historic stru	ıcture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, r	released, extinguished, or terminated by	the organization during the tax
	year ▶		
4	Number of states where property subject to conservation e	easement is located	_
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	of
	violations, and enforcement of the conservation easements	s it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	g, and enforcing conservation easements	s during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	d enforcing conservation easements duri	ing the year 🕨 \$
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 1	70(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		└── Yes
9	In Part XIII, describe how the organization reports conserva	ation easements in its revenue and exper	nse statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiz	ation's financial statements that describ	es the organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections	•	Other Similar Assets.
	Complete if the organization answered "Yes" to Forr	m 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (A	*	
	historical treasures, or other similar assets held for public e	exhibition, education, or research in furthe	erance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc	cribes these items	
b	If the organization elected, as permitted under SFAS 116 (A	ASC 958), to report in its revenue statem	ent 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	**	reasures, or other similar assets for finan	▶ \$ ▶ \$ scial gain, provide
2	(ii) Assets included in Form 990, Part X		
2 a	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical to		

	dule D (Form 990) 2013 ADULTS,									Page 2
Par	t III Organizations Maintaining C	collections of A	t, His	torical Tr	easures, o	r Othe	r Simila	r Asse	ts (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, checl	k any of the	following that	are a sig	ınıfıcant u:	se of its	collection	ıtems
	(check all that apply)									
а	Public exhibition	d		Loan or exc	hange prograi	ms				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	nev further tl	he organizatio	n's exen	not purpos	se in Parl	t XIII	
5	During the year, did the organization solicit o	•		•	•					
•	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arran					Yes" to F	orm 990	Part IV. I		
	reported an amount on Form 990, Par			, o. ga			J 555,			
1a	Is the organization an agent, trustee, custodi	-	lary for	contribution	s or other ass	ets not i	ncluded			
	on Form 990, Part X?		, ,					X	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table						
-	Too, explain the arrangement in rate /till	and complete the te	our.ig					_	Amount	
С	Beginning balance						1c			,300.
	Additions during the year						1d			,325.
	Distributions during the year						1e			,281.
•	Ending balance						1f			,344.
' 2а	Did the organization include an amount on Fi	orm 990 Bart V lina	212				<u> </u>		Yes	X No
	If "Yes," explain the arrangement in Part XIII			an hac boon	provided in D	art VIII			_ 162	
Par							<u> </u>			'
	TT LITTLE COMPLETE	(a) Current year		Prior year	(c) Two years	1		are hack	(a) Four v	pare back
10	Beginning of year balance	691,301,	(6)	noi yeai	(C) (Wo years	S Dack 1	uj ililee ye	al S Dack	(e) roury	cars back
1a	Contributions	691,301.								
b	Net investment earnings, gains, and losses									
	Grants or scholarships				i					
d	Other expenditures for facilities			,						
E	. '									
	and programs Administrative expenses									
	End of year balance	601 301								
g	Provide the estimated percentage of the curr	691,301.	o (lino 1	a column (c)) hold as		·····		<u> </u>	
2	Board designated or quasi-endowment	rent year end baland	** **	g, coluitii (a	ij) Heid as					
a	Permanent endowment	%	_70							
b	Temporarily restricted endowment	% %								
С	The percentages in lines 2a, 2b, and 2c shou									
2-		•	-t.o the	at ara bald a	nd administra	ad far th				
Ja	Are there endowment funds not in the posse	ession of the organiza	ation the	at are rielo a	nu auminister	ed for tit	e organiza	MON	Ī,	/ N-
	by									es No
	(i) unrelated organizations								3a(i)	X
	(ii)- related organizations		٠.						3a(ii)	X
	If "Yes" to 3a(ii), are the related organizations	•							3b	
4 D2:	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment	tunos						
1 41	Complete if the organization answere		Dort IV	/ line 11e S	00 Form 000	Dart V li	no 10			
								, 	(a) D==!:	lus
	Description of property	(a) Cost or o basis (investr		, , ,	or other (other)	٠,,	cumulated reciation	'	(d) Book	value
	Lond	บลงเจ (แางฮิร์แ	neny	1	· · · · · ·	geb	- CIALIUIT	+	204	242
	Land .			1	4,342.	1 5	06 12			,342.
b	Buildings	•		3,03	1,041.	Ι, Σ	06,13	4 •	<u>4,144</u>	<u>,907.</u>
C	Leasehold improvements	-				-		-		
	Equipment			2 17	0,832.	1 0	16,89	-	252	024
	Other Add lines 1a through 1e (Column (d) must e	agual Form 990 Part	Y colur			1,3	10,09		<u>∠53</u> 2.583	<u>,934.</u> 183

Schedule D	(Form 990) 2013 ADULTS , INC	FOR FAMILIES	, CHILDREN AL		1326050 Pag	е 3
	Investments - Other Securities.					
	Complete if the organization answered "Yes"	to Form 990, Part IV, line	11b See Form 990, Part >	(, line 12		
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuati		of-year market value	
	al derivatives	-				
	held equity interests					
(3) Other	noid oddity intorooto					_
(A)						_
(B)						
(C)						
(D)						_
			 			_
(E)	_		 	-		
(F)			 			
(G)						
(H)	- 1					
	b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>	<u> </u>			
rart VIII	Investments - Program Related.					
	Complete if the organization answered "Yes"				-6	_
	(a) Description of investment	(b) Book value	(c) Method of valuati	on. Cost or end-	or-year market value	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	o) must equal Form 990, Part X, col. (B) line 13.)		<u> </u>			
Part IX	Other Assets.					
	Complete if the organization answered "Yes"	to Form 990, Part IV, line	11d See Form 990, Part >	ζ, line 15		
	(a)	Description			(b) Book value	
(1)						
(2)						
(3)						
(4)					_	
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col. (B) lin	ne 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		
1	(a) Description of liability		(b) Book value			_
1. (1) Fed	deral income taxes		1-, 2			
	FERRED INCOME		13,389.			
	TERRED INCOME		13,307.			
(3)						

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 13,389. 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

(5) (6) (7) (8)

Sched	dule D (Form 990) 2013 ADULTS, INC.		62-1326050 Page 4
Parl		Statements With Revenue p	er Return.
	Complete if the organization answered "Yes" to Form 990, Part IV		
1	Total revenue, gains, and other support per audited financial statements		1
	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
	Net unrealized gains on investments	2a	
	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
	Other (Describe in Part XIII)	2d	
	Add lines 2a through 2d		
	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b	40	4c
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)	5
	t XII Reconciliation of Expenses per Audited Financial		
	Complete if the organization answered "Yes" to Form 990, Part IV	•	
1	Total expenses and losses per audited financial statements		1
	Amounts included on line 1 but not on Form 990, Part IX, line 25		•
	Donated services and use of facilities	2a	
	Prior year adjustments	2b	
	Other losses	2c	
-	Other (Describe in Part XIII)	2d	
	Add lines 2a through 2d	20	2e
	Subtract line 2e from line 1		3
	Amounts included on Form 990, Part IX, line 25, but not on line 1		3
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIII)	4b	
	Add lines 4a and 4b	1 40 1	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lir	20 18)	4c 5
	t XIII Supplemental Information.	ie 10)	
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	and 4 Part IV lines 1h and 2h: Part V	line 4 Part V line 2 Part VI
	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide		, line 4, r art X, line 2, r art Xi,
	and to part to provide	te any additional information.	
PAR	T IV, LINE 1B:		
EXP	LANATION: THE ORGANIZATION CONDUCTS	A CONSUMER CREDITY	COINSELING
		II COMBOILDI CILIDII (COUNDEDING
PRO	GRAM TO ASSIST INDIVIDUALS AND FAMIL	TES WHO ARE EXPERT	ENCING FINANCIAL
		TED WITO THE DITTER	DICTIO 1 IMMCIAL
DIF	FICULTIES. THE PROGRAM PROVIDES FACE	TO FACE, CUSTOMIZ	ED ASSISTANCE BY
			D HODIDIIA(CD DI
CER	TIFIED COUNSELORS IN AREAS SUCH AS B	UDGETING AND DERT I	МА НА СЕМЕНТ
 -		OBCETING THE PERI	PHINGEMENT:
AS	PART OF THE PROGRAM, THE ORGANIZATIO	N MATNTATNS A SEPA	የ ልጥድ ጥዩነነ ና ጥ
		THE PROPERTY OF THE PROPERTY O	THOO!
ACC	OUNT TO ACCUMULATE CLIENT FUNDS AND	PAY THE CLIENTS ET	NANCTAT.
		· CDIDATO III	THICIPE
OBL	IGATIONS. AS OF DECEMBER 31, 2013,	THE PARTNERSHIP FIR	NDS HELD IN THE
ACC	OUNT AMOUNTED TO \$3,344.		
			

,	PARTNER	SHIP	FOR	FAMILIES,	CHILDREN AND		
Schedule D (Form 990) 2013	ADULTS,	INC	•			62-1326050	Page 5
Schedule D (Form 990) 2013 Part XIII Supplemental Info	rmation (contil	nued)					
•							
							-
			—				•
			_				
					_		
		-			 		
							
							
							
						<u>_</u>	
					 		
							_
							
							
							
						_	-
 							
			_				
							
				-			
						Schedule D (Form	990) 20

332055 09-25-13

SCHEDULE (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990 Part IV line 21 or 22

Complete if the organization

If the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	
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OMB No 1545-0047	2013	Open to Public Inspection

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Department of the Treasury Internal Revenue Service

Name of the organization		PARTNERSHIP FOR FAMILIES, ADULTS, INC.		CHILDREN AND				Employer identification number 62-1326050
Part I General I	1 22 1	and Assistance						
1 Does the organi	Does the organization maintain records to substantiate the amount of	to substantiate the		s or assistance, the	grantees' eligibility	/ for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to	criteria used to award the grants or assistance? Describe in Dart IV the organization's procedures for months and the use of great funds in the Hatel States	istance?	tacks to control to	of classic space of the control of t	00000			X Yes
art II	d Other Assistance to	Governments and	Organizations in the	Clumba in the Office	omplete of the organ	/ Foxoriogo doiporio	4 000 mis 3 of "cox	N 100 04 for car.
า	reality and Curer Assistance to Covernments and Organizations in the Offices. Complete in the Organization answered the 10 form 890, Part IV, line 21, 10f any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if additi	ional space is need	Jed Jed	allization answered	res to Form 990, Pan	ıv, iine z i, tor any
1 (a) Name and ar	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government org	janizations listed in the	te line 1 table				

332101 10-29-13

3 Enter total number of other organizations listed in the line 1 table
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

Page 2

62-1326050

Schedule I (Form 990) (2013) ADULTS, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III Grants and Other Assistance to Individuals in the United States.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ASSISTANCE TO MEET THE NEEDS OF INDIGENT AND	`				
ELDERLY,	490	60,086.	0.		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	quired in Part I, lin	e 2, Part III, column	(b), and any other ac	ditional information.	
PART I, LINE 2:			;		
EXPLANATION: EACH SITUATION IS INVESTIGATED AND A RECORD MAINTAINED FOR	/ESTIGATE	D AND A REC	CORD MAINT	AINED FOR	
EACH CASE OF ASSISTANCE.					

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047 Open to Public Inspection

Name of the organization

PARTNERSHIP FOR FAMILIES, CHILDREN AND ADULTS, INC.

Employer identification number 62-1326050

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INDIVIDUALS OF ALL AGES. OUR SERVICES PROVIDE BENEFITS THROUGH AN
EFFECTIVE ARRAY OF CRITICAL SERVICES AND COLLABORATIVE PARTNERSHIPS
THAT CONTINUALLY EVOLVE TO MEET COMMUNITY NEEDS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
NEEDS.
FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
EXPLANATION: THE FAMILIES, INC. MERGED WITH PARTNERSHIP FOR FAMILIES,
CHILDREN, AND ADULTS, INC. DURING THE 2013 CALENDAR YEAR. FAMILIES,
INC. HAS RETAINED THEIR OWN FEDERAL EIN, WHILE CHANGING THE NAME TO
PARTNERSHIP FOR FAMILIES, CHILDREN, AND ADULTS, INC., DUE TO IT'S
STATUS WITHIN THE COMMUNITY. THE NEW PROGRAM SERVICES UNDERTAKEN THAT
WERE NOT PREVIOUSLY REPORTED ON THE FORM 990 ARE THOSE THAT THE
PARTNERSHIP FOR FAMILIES, CHILDREN, AND ADULTS, INC. WAS PERFORMING
PRIOR TO THE MERGER, AND THEY ARE AS FOLLOWS: ELDER SERVICES, YOUTH
SERVICES, FAMILY VIOLENCE, FAMILY COUNSELING, UNITED WAY INITIATIVES,
EAP PROGRAMS, HOMEMAKER SERVICES, SUPERVISED VISITATION, HOMELESS
PROGRAMS, SEXUAL ASSAULT, AND CONSUMER CREDIT COUNSELING.
FORM 990, PART VI, SECTION A, LINE 2:
EXPLANATION: HAP HARWELL AND LINDA HARWELL ARE MARRIED, AND ARE EACH ON THE
BOARD OF DIRECTORS.

FUNDRAISING EXPENSES

2,809.

TOTAL EXPENSES

366,650.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A

366,650.

Schedule O.(Form 990 or 990-EZ) (2013)	Page 2
Name of the organization PARTNERSHIP FOR FAMILIES, CHILDREN AND ADULTS, INC.	Employer identification number 62-1326050
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
NET ASSETS FROM MERGER	6,444,550.
FORM 990, PART III, LINE 2	
EXPLANATION: ON JULY 1, 2013 THE ORGANIZATIONS "PARTNE	RSHIP FOR
FAMILIES, CHILDREN, AND ADULTS, INC.", AND "FAMILIES,	INC.", MERGED TO
FORM ONE ORGANIZATION TO BE KNOWN AS "PARTNERSHIP FOR	FAMILIES,
CHILDREN, AND ADULTS, INC.". THE NEWLY FORMED "PARTNER	SHIP FOR
FAMILIES, CHILDREN, AND ADULTS, INC. " ORGANIZATION HAS	FILED AN
APPLICATION WITH THE IRS TO CONTINUE OPERATING UNDER T	HE FEDERAL EIN
NUMBER FOR THE ORGANIZATION PREVIOUSLY KNOWN AS "FAMIL	IES, INC.".

Schedule O (Form 990 or 990-EZ) (2013)

332212 09-04-13

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ See separate instructions. ►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, Part IV, line 34, Part IV

	.37.	
	36, or	
)	35b, 3	
_ :	8,8	
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2013 2013

Open to Public, Inspection

Employer identification number 62-1326050 PARTNERSHIP FOR FAMILIES, CHILDREN AND INC. ADULTS, Name of the organization Department of the Treasury Internal Revenue Service

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

Part

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) r Total income	(e) End-of-year assets		(f) Direct controlling entity	
Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year	ations Complete if the organization ar	nswered "Yes" on Form 990	Part IV, line 34 be	scause it had one o	more related tax-exer	npt	
(a) Name, address, and EiN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(b)(13)
PARTNERSHIP FOR FAMILIES, CHILDREN AND ADULTS - 62-0911679, 1800 MCCALLIE AVENUE, CHATTANOOGA, TN 37404	EMPOWERING PEOPLE TO BUILD BETTER LIVES	TENNESSEE	501 (C) (3)				<u> </u>

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

Schedule R (Form 990) 2013

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Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Part III

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General or Percentage managing ownership Yes No (i) Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. 3 Percentage ownership Yes Code V-UBI amount in box 1/20 of Schedule K-1 (Form 1065) Share of end-of-year assets Disproportionate ž allocations? Ξ Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) Share of total Income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ত্ত <u>e</u> Legal domicile (state or foreign country) Direct controlling entity ፱ Primary activity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV

Schedule R (Form 990) 2013

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PARTNERSHIP FOR FAMILIES, CHILDREN AND Schedule R (Form 990) 2013 ADULTS, INC.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Make Complete Land 1 to the Carlotter of				, T
Touring the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more r	elated organizations listed	ın Parts II-IV?	ON SEE
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				_
 b Gift, grant, or capital contribution to related organization(s) 				ф Ж
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				×
9 Oak of account of particular (v) h Durchase of accete from related organization(s)				
				* ×
j Lease of facilities, equipment, or other assets to related organization(s)				×
k Lease of facilities, equipment, or other assets from related organization(s)				* X
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			T X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			th X
 Sharing of paid employees with related organization(s) 				0 X
 Peimbursement paid to related organization(s) for expenses 				р
q Reimbursement paid by related organization(s) for expenses				
r Other transfer of cash or property to related organization(s)				×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ho must complete t	ris line, including covered	relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	involved
(1)				
(2)				
(3)			2.2.2	
(4)				
(5)				
197				
10			ilbed28	Schedule B (Form 990) 2013

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PARTNERSHIP FOR FAMILIES, CHILDREN AND

ADULTS, INC

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Schedule R (Form 990) 2013

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

(h) (i) u. Code V-UBI General or Percentage blosproper allocations? of Schedule K-1 parher? end-of-year Share of assets Share of income total Predominant income parters ser (related, unrelated, orgs) excluded from tax under section 512-514) Yes No (e) Are all partners sec 501(c)(3) orgs? that was not a related organization. See instructions regarding exclusion for certain investment partnerships ত্ত (state or foreign Legal domicile country) Primary activity Name, address, and EIN of entity

Schedule R (Form 990) 2013

PARTNERSHIP FOR FAMILIES, CHILDREN AND 62-1326050 Page 5 Schedule R (Form 990) 2013 ADULTS, INC. Part VII | Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions)

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