

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2021 calendar year, or tax year beginning and ending

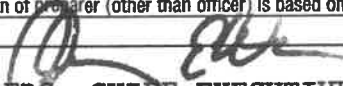
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FAMILY PROMISE, INC.</b>		<b>D</b> Employer identification number <b>52-1591461</b>
	Doing business as		<b>E</b> Telephone number <b>908-273-1100</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>71 SUMMIT AVENUE</b>	City or town, state or province, country, and ZIP or foreign postal code <b>SUMMIT, NJ 07901</b>	<b>G</b> Gross receipts \$ <b>7,055,142.</b>
	<b>F</b> Name and address of principal officer: <b>CLAAS EHLERS</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> 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			
<b>J</b> Website: ▶ <b>WWW.FAMILYPROMISE.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1988</b> <b>M</b> State of legal domicile: <b>NJ</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>FAMILY PROMISE EMPOWERS FAMILIES AND MOBILIZES COMMUNITIES. FAMILY PROMISE ORGANIZES THE DEVELOPMENT</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>20</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>19</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>44</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1500</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 7,355,479.	<b>Current Year</b> 5,859,636.
	<b>9</b> Program service revenue (Part VIII, line 2g)	582,133.	595,765.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,967.	44,600.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,850.	8,375.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,972,729.	6,508,376.
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,305,760.	2,959,454.
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,051,431.	2,622,023.
	<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>283,290.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	675,211.	881,262.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,032,402.	6,462,739.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	2,940,327.	45,637.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 7,291,427.	<b>End of Year</b> 7,678,924.
	<b>21</b> Total liabilities (Part X, line 26)	138,471.	228,449.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	7,152,956.	7,450,475.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer 	Date			
	<b>CLAAS EHLERS, CHIEF EXECUTIVE OFFICER</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>BRIDGET HARTNETT</b>	Preparer's signature <b>BRIDGET HARTNETT</b>	Date <b>05/13/22</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01429163</b>
	Firm's name ▶ <b>SOBEL &amp; CO., LLC CPA'S</b>	Firm's EIN ▶ <b>22-1430039</b>	Firm's address ▶ <b>293 EISENHOWER PARKWAY LIVINGSTON, NJ 07039-1711</b>		
			Phone no. <b>973-994-9494</b>		

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: FAMILY PROMISE EMPOWERS FAMILIES AND MOBILIZES COMMUNITIES. FAMILY PROMISE ORGANIZES THE DEVELOPMENT OF COMMUNITY-BASED AFFILIATE PROGRAMS THAT SERVE CHILDREN AND FAMILIES EXPERIENCING AND AT RISK OF HOMELESSNESS AND PROVIDES ONGOING SUPPORT FOR THESE AFFILIATES TO

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 4,186,142. including grants of \$ 1,685,310. ) (Revenue \$ 604,140. ) FAMILY PROMISE PROVIDES TECHNICAL ASSISTANCE TO COMMUNITY ORGANIZATIONS IN DEVELOPING, IMPLEMENTING, AND OPERATING AFFILIATE PROGRAMS ACROSS THE COUNTRY WHICH PROVIDE SHELTER, MEALS, AND COMPREHENSIVE SUPPORT SERVICES (INCLUDING PREVENTION AND STABILIZATION PROGRAMS) TO CHILDREN AND FAMILIES EXPERIENCING AND AT RISK OF HOMELESSNESS. OUR STAFF ASSISTS AFFILIATES THROUGH ORGANIZING COMMUNITY EFFORTS, ASSISTS WITH TRAINING/RECRUITING OF HOST SITES/VOLUNTEERS, PROVIDES GUIDANCE ON OPERATIONS, AND PROVIDES TECHNICAL ASSISTANCE. IN 2021, AS THE COVID-19 PANDEMIC CONTINUED, WE SUPPORTED AFFILIATES BY PROVIDING INSTRUCTION ON EXPANDING PREVENTION AND DIVERSION PROGRAMMING.

4b (Code: ) (Expenses \$ 1,660,904. including grants of \$ 1,274,144. ) (Revenue \$ 0. ) FAMILY PROMISE UNION COUNTY SERVES THE LOCAL UNION COUNTY, NJ COMMUNITY THROUGH SHELTER, PREVENTION, AND STABILIZATION SERVICES. OVERNIGHT ACCOMMODATIONS AND MEALS HAVE TRADITIONALLY BEEN PROVIDED ON A ROTATING BASIS BY PARTICIPATING CONGREGATIONS. IN RESPONSE TO THE COVID-19 PANDEMIC, FAMILY PROMISE UNION COUNTY BEGAN SHELTERING FAMILIES IN TEMPORARY EMERGENCY SHELTER APARTMENTS AND ENGAGING CONGREGATIONS/VOLUNTEERS THROUGH MEAL COLLECTION AND DISTRIBUTION AND CONTINUES TO DO SO. A DAY CENTER IN ELIZABETH, NJ SERVES AS THE PROGRAM'S CENTRAL LOCATION WHERE FAMILIES SPEND TIME DURING THE DAY AND STAFF PROVIDES CASE MANAGEMENT. DURING FY2021, MANY CASE MANAGEMENT AND OTHER SUPPORT SERVICES WERE PERFORMED REMOTELY. THE PROGRAM ALSO INCLUDES PREVENTION AND DIVERSION SERVICES AND STABILIZATION PROGRAMS

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 5,847,046.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Contains 21 main questions and sub-questions (a-f) regarding organizational activities, financial reporting, and compliance with various IRS sections.

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

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

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 128	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 20; 1b Enter the number of voting members included on line 1a... 19; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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; 7a 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; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 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 on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b 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; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... 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 or key employees of the organization... X; 16a 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; 16b 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 take steps to safeguard the organization's exempt status with respect to such arrangements? X

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NJ, AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 908-273-1100 71 SUMMIT AVENUE, SUMMIT, NJ 07901

**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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) CLAAS EHLERS CHIEF EXECUTIVE OFFICER	40.00	X		X				173,784.	0.	40,503.
(2) CARA BRADSHAW CHIEF IMPACT OFFICER	40.00				X			114,267.	0.	22,078.
(3) SANDRA MINIUTTI CHIEF OPERATING OFFICER	40.00				X			121,173.	0.	5,496.
(4) NADIM AHMED TRUSTEE	1.00	X						0.	0.	0.
(5) JOSH BARER SECRETARY	1.00	X		X				0.	0.	0.
(6) KEVIN BARRETT TRUSTEE	1.00	X						0.	0.	0.
(7) BETSY BERNARD TRUSTEE	1.00	X						0.	0.	0.
(8) SARAH BIRD TRUSTEE	1.00	X						0.	0.	0.
(9) VICTOR ALOYO TRUSTEE	1.00	X						0.	0.	0.
(10) ALEX ENGLISH TRUSTEE	1.00	X						0.	0.	0.
(11) OMAR MINAYA TRUSTEE	1.00	X						0.	0.	0.
(12) DAVID FLECK TRUSTEE	1.00	X						0.	0.	0.
(13) TIM GAMORY TRUSTEE	1.00	X						0.	0.	0.
(14) LEAH GRIFFITH BOARD CHAIR	1.00	X		X				0.	0.	0.
(15) STEPHEN WALLACE TRUSTEE	1.00	X						0.	0.	0.
(16) SUSAN HARDWICK TREASURER	1.00	X		X				0.	0.	0.
(17) LINDA HENRY TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) ROBERT J. HUGIN TRUSTEE	1.00	X						0.	0.	0.
(19) ANDREW PIERCE VICE CHAIR	1.00	X		X				0.	0.	0.
(20) STACEY SLATER SACKS TRUSTEE	1.00	X						0.	0.	0.
(21) EILEEN SERRA TRUSTEE	1.00	X						0.	0.	0.
(22) SHERINA SMITH TRUSTEE	1.00	X						0.	0.	0.
(23) RICHARD VICENS TRUSTEE	1.00	X						0.	0.	0.
(24) DAN TINKOFF TRUSTEE	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								409,224.	0.	68,077.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								409,224.	0.	68,077.

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 3

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
NONE		

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



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	863,298.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	4,996,338.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 690,122.				
	<b>h Total.</b> Add lines 1a-1f			5,859,636.			
Program Service Revenue	<b>2 a</b> NETWORK FEES	Business Code					
		900099	576,812.	576,812.			
	<b>b</b> CONFERENCE FEES	900099	18,953.	18,953.			
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			595,765.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		46,981.			46,981.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real					
		(ii) Personal					
	<b>b</b> Less: rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	<b>b</b> Less: cost or other basis and sales expenses						
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss)			-2,381.			-2,381.
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18							
<b>b</b> Less: direct expenses							
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19							
<b>b</b> Less: direct expenses							
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances							
<b>b</b> Less: cost of goods sold							
<b>c</b> Net income or (loss) from sales of inventory			8,375.	8,375.			
Miscellaneous Revenue	<b>11 a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			6,508,376.	604,140.	0.	44,600.	

**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

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 domestic organizations and domestic governments. See Part IV, line 21 ...	1,685,310.	1,685,310.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....	1,274,144.	1,274,144.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	214,287.	176,208.	19,970.	18,109.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	2,051,720.	1,687,126.	191,201.	173,393.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	55,353.	45,516.	5,158.	4,679.
9 Other employee benefits .....	113,701.	93,496.	10,596.	9,609.
10 Payroll taxes .....	186,962.	153,738.	17,423.	15,801.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....				
c Accounting .....				
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	16,104.		16,104.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	354,266.	295,426.	30,857.	27,983.
12 Advertising and promotion .....				
13 Office expenses .....	208,096.	167,207.	18,948.	21,941.
14 Information technology .....	84,326.	69,340.	7,859.	7,127.
15 Royalties .....				
16 Occupancy .....	25,178.	22,346.	1,572.	1,260.
17 Travel .....	34,294.	34,025.	141.	128.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	12,559.	12,559.		
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	17,711.	14,564.	1,650.	1,497.
23 Insurance .....	20,861.	17,154.	1,944.	1,763.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>INTERNS AND REGIONAL RE</b>	45,584.	45,584.		
b <b>TRANSPORTATION</b>	44,133.	44,133.		
c <b>TRAINING</b>	9,170.	9,170.		
d <b>LOSS ON DISPOSAL OF FIX</b>	8,980.		8,980.	
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>6,462,739.</b>	<b>5,847,046.</b>	<b>332,403.</b>	<b>283,290.</b>
<b>26 Joint costs.</b> 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)

**Part X 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	280.	<b>1</b>	280.
	<b>2</b> Savings and temporary cash investments .....	4,591,533.	<b>2</b>	4,820,052.
	<b>3</b> Pledges and grants receivable, net .....	189,701.	<b>3</b>	347,808.
	<b>4</b> Accounts receivable, net .....	591,577.	<b>4</b>	291,239.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	21,278.	<b>9</b>	63,117.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,276,638.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,228,288.		
	<b>11</b> Investments - publicly traded securities .....	59,477.	<b>10c</b>	48,350.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,837,581.	<b>11</b>	2,108,078.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	7,291,427.	<b>15</b>		
		<b>16</b>	7,678,924.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	137,971.	<b>17</b>	227,949.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	500.	<b>19</b>	500.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	138,471.	<b>26</b>	228,449.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	6,528,681.	<b>27</b>	7,170,377.
	<b>28</b> Net assets with donor restrictions .....	624,275.	<b>28</b>	280,098.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	7,152,956.	<b>32</b>	7,450,475.
	<b>33</b> Total liabilities and net assets/fund balances .....	7,291,427.	<b>33</b>	7,678,924.

**Part XI Reconciliation of Net Assets**

Check 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	6,508,376.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,462,739.
3	Revenue less expenses. Subtract line 2 from line 1	3	45,637.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,152,956.
5	Net unrealized gains (losses) on investments	5	251,953.
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 on Schedule O)	9	-71.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,450,475.

**Part 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: <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 on 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 on 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 on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2021)

**SCHEDULE A**  
**(Form 990)**

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

<b>Name of the organization</b> <b>FAMILY PROMISE, INC.</b>	<b>Employer identification number</b> <b>52-1591461</b>
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**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 12, 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 (Form 990).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1607438.	2858686.	3541729.	7355479.	5859636.	21222968.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	1607438.	2858686.	3541729.	7355479.	5859636.	21222968.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						4154563.
<b>6 Public support.</b> Subtract line 5 from line 4.						17068405.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	1607438.	2858686.	3541729.	7355479.	5859636.	21222968.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	73,069.	60,315.	61,270.	46,012.	46,981.	287,647.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						21510615.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,960,392.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	79.35 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	75.09 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. 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.

b 33 1/3% support tests - 2020. 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.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**FAMILY PROMISE, INC.**

Employer identification number

**52-1591461**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

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

Name of organization <b>FAMILY PROMISE, INC.</b>	Employer identification number <b>52-1591461</b>
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**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 campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which 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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

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 separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....	X		500.
<b>e</b> Publications, or published or broadcast statements? .....	X		500.
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		500.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			1,500.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity 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."**

<b>1</b> Dues, assessments and similar amounts from members .....	1
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year .....	2a
<b>b</b> Carryover from last year .....	2b
<b>c</b> Total .....	2c
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3
<b>4</b> 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
<b>5</b> 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, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

EXPENSES INCLUDE TRAVEL TO WASHINGTON DC TO ENGAGE WITH HUD AND USICH, STAFF TIME, AND MATERIALS.



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

**Name of the organization** FAMILY PROMISE, INC. **Employer identification number** 52-1591461

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of 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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? .....

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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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**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 make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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" on 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
1a Land				
b Buildings				
c Leasehold improvements		751,548.	751,548.	0.
d Equipment		479,950.	431,600.	48,350.
e Other		45,140.	45,140.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				48,350.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on 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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (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 FASB 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" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	6,883,354.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	251,953.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	148,109.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-25,084.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		374,978.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	6,508,376.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	6,508,376.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	6,585,835.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	148,109.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-25,013.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		123,096.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	6,462,739.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	6,462,739.

**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.

**PART X, LINE 2:**

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, IS NOT LIABLE FOR FEDERAL AND STATE INCOME TAXES.

THE ORGANIZATION FOLLOWS STANDARDS THAT PROVIDE CLARIFICATION ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE ORGANIZATION'S FINANCIAL STATEMENTS. THE GUIDANCE PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, AND ALSO PROVIDES GUIDANCE ON DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE AND TRANSITION. NO INTEREST AND

**Part XIII** Supplemental Information (continued)

PENALTIES WERE RECORDED DURING THE YEAR ENDED DECEMBER 31, 2021. AT DECEMBER 31, 2021, THERE ARE NO SIGNIFICANT INCOME TAX UNCERTANTIES THAT ARE EXPECTED TO HAVE A MATERIAL IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT FEES	-16,104.
LOSS ON DISPOSAL OF FIXED ASSETS	-8,980.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-25,084.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT FEES	-16,104.
LOSS ON DISPOSAL OF FIXED ASSET	-8,980.
BAD DEBT EXPENSE	71.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-25,013.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **FAMILY PROMISE, INC.** Employer identification number **52-1591461**

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
FAMILY PROMISE IN ANOKA COUNTY 14515 NOWTHEN BLVD NW RAMSEY, MN 55303	27-1151848	501(C)3	8,500.	0.			FBH PREVENTION & SHELTER DIVERSION GRANT/GRANTS FROM FAMILY PROMISE NATIONAL EVENTS
FAMILY PROMISE OF ATHENS PO BOX 581 ATHENS, GA 30603	57-1154361	501(C)3	59,550.	0.			SYNCHRONY SHELTER DIVERSION/BELK POS GRANT/GRANTS FROM FAMILY PROMISE NATIONAL
FAMILY PROMISE OF AUGUSTA 2177 CENTRAL AVENUE AUGUSTA, GA 30904	58-2279801	501(C)3	9,050.	0.			BELK POS GRANT/INNOVATION TECHNOLOGY
FAMILY PROMISE OF BEAUFORT COUNTY 181 BLUFFTON ROAD BLUFFTON, SC 29910	20-5647589	501(C)3	6,550.	0.			BELK POS GRANT/COVID-19 PREVENTION INNOVATION GRANT
FAMILY PROMISE OF BERGEN COUNTY 100 DAYTON STREET RIDGEWOOD, NJ 07450	22-2853599	501(C)3	24,000.	0.			COVID-19 PREVENTION INNOVATION GRANT/NJ PANDEMIC RELIEF FUNDS/HURRICANE RELIEF
FAMILY PROMISE OF BERKS COUNTY 325 N. 5TH STREET #1 READING, PA 19601	20-4557683	501(C)3	11,000.	0.			FBH PREVENTION & SHELTER DIVERSION GRANT/GRANTS FROM FAMILY PROMISE NATIONAL EVENTS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 77.
- 3** Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) 2021

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY PROMISE OF BLOUNT COUNTY PO BOX 4457 MARYVILLE, TN 37802	26-1457703	501(C)3	16,550.	0.			BELK POS GRANT/GRANTS FROM FAMILY PROMISE NATIONAL EVENTS/FBH PREVENTION & SHELTER
FAMILY PROMISE OF BRADLEY COUNTY PO BOX 5703 CLEVELAND, TN 37320	27-2074609	501(C)3	14,050.	0.			BELK POS GRANT/FBH PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF BREVARD, INC. PO BOX 562666 ROCKLEDGE, FL 32956	33-1170962	501(C)3	7,050.	0.			BELK POS GRANT/COVID-19 PREVENTION INNOVATION GRANT/GRANTS TO AFFILIATES - OTHER
FAMILY PROMISE OF BUTLER COUNTY PO BOX 95 HAMILTON, OH 45011	47-2155537	501(C)3	10,000.	0.			FBH PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF CLARK COUNTY PO BOX 873308 VANCOUVER, WA 98687	81-4632218	501(C)3	11,000.	0.			COVID-19 PREVENTION INNOVATION GRANT/FBH PREVENTION & SHELTER DIVERSION GRANT/GRANTS
FAMILY PROMISE OF DAVIE COUNTY 129 LIBERTY CIRCLE MOCKSVILLE, NC 27028	81-1096297	501(C)3	9,550.	0.			BELK POS GRANT/INNOVATION TECHNOLOGY/GRANTS FROM FAMILY PROMISE NATIONAL EVENTS
FAMILY PROMISE OF GAINESVILLE PO BOX 5189 GAINESVILLE, FL 32627	59-3414493	501(C)3	7,050.	0.			BELK POS GRANT/GROW WITH GOOGLE/GRANTS FROM FAMILY PROMISE NATIONAL EVENTS
FAMILY PROMISE OF GALLATIN VALLEY, INC. - PO BOX 475 - BOZEMAN, MT 59771	11-3739588	501(C)3	12,655.	0.			PETS WITH A PROMISE GRANT/FBH HOUSING GRANT
FAMILY PROMISE OF GENESEE COUNTY PO BOX 4519 FLINT, MI 48504	36-4747380	501(C)3	7,500.	0.			FBH PREVENTION & SHELTER DIVERSION GRANT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY PROMISE OF GREATER CHATTANOOGA - 1184 BALDWIN ST - CHATTANOOGA, TN 37403	31-1529222	501(C)3	9,050.	0.			BELK POS GRANT/INNOVATION TECHNOLOGY
FAMILY PROMISE OF GREATER CLEVELAND - 3470 E 152ND ST - CLEVELAND, OH 44120	34-1598710	501(C)3	15,000.	0.			FBH HOUSING GRANT
FAMILY PROMISE OF GREATER HELENA PO BOX 939 HELENA, MT 59624	27-2482216	501(C)3	10,000.	0.			FBH PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF GREATER ORLANDO 1000 CLAY STREET WINTER PARK, FL 32789	59-3679904	501(C)3	6,050.	0.			BELK POS GRANT/GRANTS FROM FAMILY PROMISE NATIONAL EVENTS
FAMILY PROMISE OF GREATER ROANOKE 37 E CLAY ST SALEM, VA 24153	54-1868833	501(C)3	14,050.	0.			FBH PREVENTION & SHELTER DIVERSION GRANT/BELK POS GRANT
FAMILY PROMISE OF GREATER WICHITA 401 N. EMPORIA WICHITA, KS 67202	47-5491118	501(C)3	5,500.	0.			GRANTS FROM FAMILY PROMISE NATIONAL EVENTS/HUMI FAMILY PROMISE NATIONAL MATCHING
FAMILY PROMISE OF HENDRICKS COUNTY 238 N VINE ST PLAINFIELD, IN 46168	46-1733831	501(C)3	15,000.	0.			FBH HOUSING GRANT
FAMILY PROMISE OF HUDSON PO BOX 3701 JERSEY CITY, NJ 07302	81-0773421	501(C)3	31,500.	0.			HURRICANE RELIEF/NJ PANDEMIC RELIEF FUNDS
FAMILY PROMISE OF HUNTERDON COUNTY 8 BARTLES CORNER RD STE 11 FLEMINGTON, NJ 08822	22-3049800	501(C)3	20,000.	0.			NJ PANDEMIC RELIEF FUNDS

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY PROMISE OF IRVING 315 W 3RD ST IRVING , TX 75060	80-0630564	501(C)3	7,500.	0.			BELK POS GRANT/INNOVATION TECHNOLOGY
FAMILY PROMISE OF JACKSONVILLE PO BOX 40363 JACKSONVILLE, FL 32203	59-3685470	501(C)3	11,550.	0.			BELK POS GRANT/FBH PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF LAURENS COUNTY PO BOX 1608 LAURENS, SC 29360	82-0935712	501(C)3	14,050.	0.			BELK POS GRANT/FBH PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF LAWRENCE PO BOX 266 LAWRENCE, KS 66044	26-2709610	501(C)3	11,250.	0.			FBH HOUSING GRANT
FAMILY PROMISE OF LEHIGH VALLEY 1346 W. HAMILTON STREET ALLENTOWN, PA 18102	47-4401737	501(C)3	11,875.	0.			COVID-19 PREVENTION INNOVATION GRANT/FBH PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF LINN COUNTY 610 31ST STREET SE CEDAR RAPIDS, IA 52403	27-3296139	501(C)3	10,000.	0.			FBH PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF MISSOULA 202 BROOKS ST MISSOULA, MT 59801	27-3168018	501(C)3	50,000.	0.			SYNCHRONY SHELTER DIVERSION
FAMILY PROMISE OF METROWEST 6 MULLIGAN ST NATICK , MA 01760	20-5963640	501(C)3	10,000.	0.			FBH PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF MONTCO PA 31 S SPRING GARDEN ST AMBLER , PA 19002	22-2708420	501(C)3	8,500.	0.			INNOVATION TECHNOLOGY/GRANTS FROM FAMILY PROMISE NATIONAL EVENTS/GROW WITH GOOGLE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY PROMISE OF NORTH SHORE BOSTON - 8 RANTOUL ST - BEVERLY , MA 01915	27-1801635	501(C)3	62,500.	0.			HUMI FAMILY PROMISE NATIONAL MATCHING GRANT/SYNCHRONY SHELTER DIVERSION/GRANTS FROM
FAMILY PROMISE OF NORTH CENTRAL PALM BEACH - 2635 OLD OKEECHOBEE RD - WEST PALM BEACH , FL 33409	26-2142007	501(C)3	52,500.	0.			SYNCHRONY SHELTER DIVERSION/GROW WITH GOOGLE
FAMILY PROMISE OF NORTH FULTON/DEKALB - 1978 MOUNT VERNON ROAD - DUNWOODY, GA 30338	45-2803656	501(C)3	10,300.	0.			BELK POS GRANT/COVID-19 PREVENTION INNOVATION GRANT/INNOVATION TECHNOLOGY
FAMILY PROMISE OF MOORE COUNTY P.O. BOX 1173 ABERDEEN, NC 28315	58-2480637	501(C)3	9,050.	0.			BELK POS GRANT/INNOVATION TECHNOLOGY
FAMILY PROMISE OF MORRIS COUNTY PO BOX 1494 MORRISTOWN, NJ 07962	52-1572014	501(C)3	70,500.	0.			SYNCHRONY SHELTER DIVERSION/NJ PANDEMIC RELIEF FUNDS/GRANTS TO AFFILIATES- OTHER
FAMILY PROMISE OF OGDEN COUNTY 256 24TH ST OGDEN , UT 84401	47-4944656	501(C)3	7,500.	0.			INNOVATION TECHNOLOGY/GROW WITH GOOGLE
FAMILY PROMISE OF ROANE COUNTY PO BOX 605 ROCKWOOD, TN 37854	46-2584289	501(C)3	15,000.	0.			INNOVATION TECHNOLOGY/BELK POS GRANT/GROW WITH GOOGLE/GRANTS TO
FAMILY PROMISE OF SHENANDOAH COUNTY - 781 SPRING PARKWAY - WOODSTOCK, VA 22664	47-1024116	501(C)3	59,550.	0.			SYNCHRONY SHELTER DIVERSION/GRANTS TO AFFILIATES-OTHER/BELK POS GRANT/HUMI FAMILY PROMISE
FAMILY PROMISE OF SACRAMENTO 1400 NORTH C STREET DOWNTOWN , CA 95811	68-0404332	501(C)3	10,000.	0.			FBH PREVENTION & SHELTER DIVERSION GRANT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY PROMISE OF SOUTH SARASOTA COUNTY - 720 SHAMROCK BLVD - VENICE, FL 34293	46-4906213	501(C)3	15,300.	0.			BELK POS GRANT/FBH HOUSING GRANT
FAMILY PROMISE OF SOUTHERN CHESTER COUNTY - 1156 W. BALTIMORE PIKE PO BOX 394 - KENNETT SQUARE, PA 19348	35-2518819	501(C)3	7,500.	0.			FBH PREVENTION AND SHELTER DIVERSION GRANT
FAMILY PROMISE OF SALT LAKE 814 W 800 S SALT LAKE CITY, UT 84104	87-0547916	501(C)3	10,500.	0.			FBH PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF SPOKANE 904 E HARTSON AVENUE SPOKANE, WA 99202	91-1707988	501(C)3	5,500.	0.			COVID-19 PREVENTION INNOVATION GRANT/GROW WITH GOOGLE/GRANTS TO AFFILIATES - OTHER
FAMILY PROMISE OF SAN GABRIELLE VALLEY - 1005 E LAS TUNAS DR #525, SAN GABRIEL, CA 91776 - SAN GABRIELLE, CA 91776	27-0315194	501(C)3	50,000.	0.			SYNCHRONY SHELTER DIVERSION
FAMILY PROMISE OF THE LOWER CAPE FEAR - 20 N. 4TH STREET - WILMINGTON, NC 28401	56-1925967	501(C)3	10,925.	0.			BELK POS GRANT/COVID-19 PREVENTION INNOVATION GRANT/INNOVATION TECHNOLOGY
FAMILY PROMISE OF THE SOUTH BAY 2930 EL DORADO STREET TORRANCE, CA 90503	45-2812002	501(C)3	14,000.	0.			FBH PREVENTION & SHELTER DIVERSION GRANT/GRANTS FROM FAMILY PROMISE NATIONAL EVENTS/GROW WITH
FAMILY PROMISE OF PALOUSE 510 W PALOUSE RIVER DR MOSCOW, ID 83843	45-5497267	501(C)3	8,000.	0.			GRANTS FROM FAMILY PROMISE NATIONAL EVENTS/INNOVATION TECHNOLOGY/GROW WITH
FAMILY PROMISE OF TUALATIN VALLEY 20425 SW STAFFORD RD TUALATIN, OR 97062	81-5297091	501(C)3	11,091.	0.			FBH PREVENTION & SHELTER DIVERSION GRANT/GRANTS FROM FAMILY PROMISE NATIONAL EVENTS/GRANTS TO

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORT BEND FAMILY PROMISE 4645 CARTWRIGHT ROAD MISSOURI CITY, TX 77459	20-3263469	501(C)3	12,500.	0.			FBH PREVENTION & SHELTER DIVERSION GRANT/COVID-19 PREVENTION INNOVATION GRANT
FAMILY PROMISE OF WAUKESHA COUNTY 139 E NORTH ST WAUKESHA, WI 53188	45-5502675	501(C)3	12,000.	0.			FBH PREVENTION & SHELTER DIVERSION GRANT/GRANTS FROM FAMILY PROMISE NATIONAL EVENTS
FAMILY PROMISE WHITE COUNTY P.O BOX 905 CLEVELAND, GA 30528	45-2221200	501(C)3	11,550.	0.			BELK POS GRANT/INNOVATION TECHNOLOGY/GROW WITH GOOGLE
FAMILY PROMISE OF BRISTOL 100 ASH STREET #2 BRISTOL, TN 37620	45-2278494	501(C)3	9,050.	0.			BELK POS GRANT/INNOVATION TECHNOLOGY
FAMILY PROMISE OF BURLINGTON COUNTY - 16 E. MAIN STREET - MOORESTOWN, NJ 08057	22-3516503	501(C)3	21,000.	0.			GRANTS FROM FAMILY PROMISE NATIONAL EVENTS/NJ PANDEMIC RELIEF FUNDS
FAMILY PROMISE OF CHEYENNE 2950 SPRUCE DRIVE CHEYENNE, WY 82001	83-0329171	501(C)3	12,500.	0.			GROW WITH GOOGLE/FBH PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF CLEAR CREEK 1101 S. EGRET BAY BLVD BLDG B LEAGUE CITY, TX 77573	27-0635006	501(C)3	7,500.	0.			INNOVATION TECHNOLOGY/GROW WITH GOOGLE
FAMILY PROMISE OF COASTAL ALABAMA PO BOX 40881 MOBILE, AL 36640	38-3684968	501(C)3	9,050.	0.			BELK POS GRANT/INNOVATION TECHNOLOGY
FAMILY PROMISE OF COBB COUNTY 1823 BLACKWELL RD MARIETTA, GA 30066	46-0531824	501(C)3	9,050.	0.			BELK POS GRANT/INNOVATION TECHNOLOGY

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY PROMISE OF COLLINS COUNTY PO BOX 1601 ALLEN , TX 75013	26-3417504	501(C)3	11,550.	0.			BELK POS GRANT/FBH PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF COLORADO SPRINGS 1647 S. NEVADA AVENUE COLORADO SPRINGS , CO 80906	84-1366832	501(C)3	15,000.	0.			FBH HOUSING GRANT
FAMILY PROMISE OF E. BELL COUNTY 1018 E AVENUE A TEMPLE, TX 76501	11-3703229	501(C)3	56,550.	0.			SYNCHRONY SHELTER DIVERSION/BELK POS GRANT/GROW WITH GOOGLE
FAMILY PROMISE OF ESSEX COUNTY 46 PARK ST MONTCLAIR, NJ 07042	22-2841105	501(C)3	37,500.	0.			HUMI FAMILY PROMISE NATIONAL MATCHING GRANT/GROW WITH GOOGLE/NJ PANDEMIC RELIEF FUND
FAMILY PROMISE OF GREATER LAFAYETTE - 2010 ELMWOOD AVE - LAFAYETTE, IN 47904	26-0827155	501(C)3	6,500.	0.			GRANTS FROM FAMILY PROMISE NATIONAL EVENTS/INNOVATION TECHNOLOGY
FAMILY PROMISE OF LAKE HOUSTON 111 S AVENUE G HUMBLE , TX 77338	20-8217060		11,000.	0.			FBH PREVENTION AND SHELTER DIVERSION GRANT/GRANTS FROM FAMILY PROMISE NATIONAL EVENTS
FAMILY PROMISE OF LAS VEGAS 1410 S MARYLAND PKWY LAS VEGAS , NV 89104	88-0352350	501(C)3	13,000.	0.			FBH HOUSING GRANT/COVID-19 PREVENTION INNOVATION GRANT/GRANTS TO AFFILIATES -OTHER
FAMILY PROMISE OF ONTARIO COUNTY 185 N MAIN ST CANANDAIGUA, NY 14424	81-4353748	501(C)3	11,750.	0.			FBH HOUSING GRANT
FAMILY PROMISE OF ORANGE COUNTY 310 W BROADWAY SUITE 203-205 ANAHEIM , CA 92805	27-0660182	501(C)3	12,500.	0.			HUMI FAMILY PROMISE NATIONAL MATCHING GRANT/GROW WITH GOOGLE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY PROMISE OF PHILADELPHIA 7047 GERMANTOWN AVENUE PHILADELPHIA, PA 19119	23-2633807	501(C)3	11,250.	0.			HUMI FAMILY PROMISE NATIONAL MATCHING GRANT
FAMILY PROMISE OF PULASKI COUNTY 222 E 8TH ST LITTLE ROCK , AR 72202	02-0703257	501(C)3	11,550.	0.			BELK POS GRANT/INNOVATION TECHNOLOGY/GROW WITH GOOGLE
FAMILY PROMISE OF SARASOTA 8499 TAMIAMI TRAIL, PMB 267 SARASOTA, FL 34238	20-5058968	501(C)3	10,000.	0.			FBH PREVENTON & SHELTER DIVERSION GRANT/BELK POS GRANT
FAMILY PROMISE OF SOUTHERN OCEAN COUNTY - 1001 S MAIN ST - WEST CREEK , NJ 08092	26-1970045	501(C)3	30,000.	0.			NJ PANDEMIC RELIEF FUNDS/INNOVATION TECNOLOGY
FAMILY PROMISE OF SOUTH NEW HAMPSHIRE - 3 CROWN ST BUILDING B - NASHUA, NH 03061	02-0528837	501(C)3	7,500.	0.			FBH PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF SOUTHWEST JERSEY 206 ELLIS STREET GLASSBORO, NJ 08028	55-0830629	501(C)3	31,500.	0.			NJ PANDEMIC RELIEF FUNDS/HUMI FAMILY PROMISE NATIONAL MATCHING GRANT
FAMILY PROMISE OF SUSSEX COUNTY 19 CHURCH ST NEWTON , NJ 07860	22-3496775	501(C)3	75,000.	0.			SYNCHRONY SHELTER DIVERSION/NJ PANDEMIC RELIEF FUNDS
FAMILY PROMISE OF THE COASTAL EMPIRE - P.O. BOX 22023 - SAVANNAH, GA 31403	58-2345964	501(C)3	22,800.	0.			HUMI FAMILY PROMISE NATIONAL MATCHING GRANT/GRANTS TO AFFILIATES- OTHER/BELK

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RENTAL ASSISTANCE	38	168,013.	0.		
BRIDGE TO SUCCESS	28	22,292.	0.		
SHELTER DIVERSION	49	103,980.	0.		
VARIOUS ASSISTANCE	350	205,495.	484,011.	FMV	SHELTER SUPPORT/CHILDCARE/DONATED CLOTHING, HH ITEMS, CARS, MATTRESSES, FOOD, AND OTHER
CDBG CARES ACT FUNDING - RENTAL ASSISTANCE	57	290,353.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

**GRANTS TO AFFILIATES:**

GROW WITH GOOGLE: FUNDS ALLOCATED IN GRANTS TO AFFILIATES VIA NATIONAL RFP

PROCESS. FUNDING IS TO SUPPORT THE FAMILY PROMISE/GOOGLE PARTNERSHIP,

INCLUDING TECHNOLOGY AND CASE MANAGEMENT SUPPORT FOR AFFILIATES OFFERING

GROW WITH GOOGLE TRAININGS AND DIGITAL SKILLS TO AFFILIATE STAFF, GUESTS,

VOLUNTEERS, AND NETWORK. AFFILIATES REQUIRED TO REPORT ON SPENDING AND

IMPACT SIX MONTHS AFTER RECEIVING THE FUNDING AND TWELVE MONTHS AFTER

RECEIVING THE FUNDING.

**Part IV** Supplemental Information

INNOVATION TECHNOLOGY: FUNDS ALLOCATED IN GRANTS TO AFFILIATES VIA NATIONAL RFP PROCESS. FUNDING IS TO BE USED FOR TECHNOLOGY OPTIMIZATION AND IMPROVED RESOURCES FOR FP AFFILIATE STAFF AND FOR FP FAMILIES. AFFILIATES WILL REPORT ON SPENDING AND IMPACT SIX MONTHS AFTER RECEIVING THE FUNDING AND TWELVE MONTHS AFTER RECEIVING THE FUNDING.

FBH HOUSING GRANT: FUNDS ALLOCATED IN GRANTS TO AFFILIATES VIA NATIONAL RFP PROCESS. FUNDING IS TO BE USED TO BUILD OR CONTINUE ONE OF FIVE HOUSING PROGRAMS: PROPERTY ACQUISITION, PARTNERS IN HOUSING, LANDLORD PARTNERSHIPS, MASTER LEASING, AND SHARED HOUSING. AFFILIATES WERE REQUIRED TO SIGN A MOU AT THE START OF THE GRANT CYCLE AND SUBMIT QUARTERLY REPORTS ON THE USAGE OF THE FUNDS. THIS IS A MATCHING GRANT. CLAYTON HOMES PROVIDED THE FUNDING FOR THIS GRANT.

FBH PREVENTION AND SHELTER DIVERSION GRANT: FUNDS ALLOCATED IN GRANTS TO AFFILIATES VIA NATIONAL RFP PROCESS. FUNDING IS TO BE USED FOR HOMELESSNESS PREVENTION ASSISTANCE AND SHELTER DIVERSION ASSISTANCE, INCLUDING RENTAL ASSISTANCE, UTILITIES ASSISTANCE, ETC. AFFILIATES WERE REQUIRED TO SIGN A MOU AT THE START OF THE GRANT CYCLE AND SUBMIT QUARTERLY REPORTS ON THE USAGE OF THE FUNDS. THIS IS A MATCHING GRANT. CLAYTON HOMES AND FP NATIONAL PROVIDED THE FUNDING FOR THIS GRANT.

COVID-19 PREVENTION INNOVATION GRANT: FUNDS ALLOCATED IN GRANTS TO AFFILIATES VIA NATIONAL RFP PROCESS. FUNDING OFFERED LIMITED FINANCIAL ASSISTANCE AND CASE MANAGEMENT TO FAMILIES WITH CHILDREN TO AVOID EPISODES OF HOMELESSNESS, EVICTION, OR HOUSING INSTABILITY. THIS IS A MATCHING GRANT. CLAYTON HOMES PROVIDED THE FUNDING FOR THIS GRANT.



**Part IV** Supplemental Information

NJ PANDEMIC RELIEF FUND : FUNDS ALLOCATED TO NEW JERSEY AFFILIATES TO OFFER PREVENTION SERVICES TO FAMILIES. FUNDING PROVIDED LIMITED FINANCIAL ASSISTANCE AND CASE MANAGEMENT TO FAMILIES WITH CHILDREN TO AVOID EPISODES OF HOMELESSNESS, EVICTION, OR HOUSING INSTABILITY.

BELK POS GRANTS: FUNDS DISTRIBUTED IN GRANTS TO AFFILIATES IN THE BELK FOOTPRINT. AFFILIATES IN THE BELK FOOTPRINT WERE INVITED TO PARTICIPATE IN THE FALL CHARITY SALE AND ALL THAT CONFIRMED THEIR INTEREST AND WERE IN GOOD STANDING RECEIVED FUNDS. THE FUNDS FROM THE SALE WERE DISTRIBUTED EQUALLY AMONGST THE AFFILIATES.

HUMI FAMILY PROMISE NATIONAL MATCHING GRANT: FUNDS PROVIDED TO AFFILIATES AS A MATCHING GRANT AFTER THEY RAISED A MINIMUM LEVEL OF FUNDS FROM THEIR COMMUNITY. DESIGNED TO SUPPORT PREVENTION AND STABILIZATION PRACTICES. AFFILIATES APPLY VIA NATIONAL RFP PROCESS, REVIEWED BY HUMI AND FAMILY PROMISE NATIONAL STAFF. SELECTED AFFILIATES SIGN A MOU COMMITTING TO SPECIFIC REPORTING, PROGRAM, AND FUNDRAISING REQUIREMENTS.

SYNCHRONY SHELTER DIVERSION: FUNDS DISTRIBUTED IN GRANTS TO AFFILIATES VIA NATIONAL RFP PROCESS. FUNDING CAN BE USED TO PILOT SHELTER DIVERSION PRACTICES AT EACH AFFILIATE, INCLUDING RENTAL ASSISTANCE, UTILITY ASSISTANCE, AND INTENSIVE CASE MANAGEMENT. PARTICIPATING AFFILIATES COMMITTED TO PROVIDING QUARTERLY REPORTS, ATTEND TRAINING AT ONSET OF PROGRAM, ALONG WITH ONGOING GROUP MEETINGS. SYNCHRONY BANK PROVIDED THE FUNDING FOR THIS GRANT.

PETS WITH A PROMISE GRANT: FUNDS DISTRIBUTED IN GRANTS THROUGH A ROLLING

**Part IV** Supplemental Information

APPLICATION PROCESS. THE FINAL GRANT FROM PETSMAART CHARITIES WAS RECEIVED IN 2020 SO GOAL OF 2021 WAS TO DISTRIBUTE REMAINING FUNDS. FUNDS MUST BE USED FOR SERVICES RELATED TO KEEPING PETS WITH THEIR FAMILIES AND ARE MONITORED BY THE BOOKKEEPER AND EDUCATION & ENGAGEMENT MANAGER.

HURRICANE RELIEF: FUNDS RAISED IN AFTERMATH OF HURRICANE IDA FOR AFFILIATES THAT WERE IMPACTED BY HURRICANE IDA. THERE WERE THREE AFFILIATES IDENTIFIED AND PROVIDED WITH GRANT FUNDS TO BE USED ON THEIR POST-STORM RECOVERY.

GRANTS FROM FAMILY PROMISE NATIONAL EVENTS: FUNDS DISTRIBUTED IN GIFTS OF VARYING AMOUNTS TO AFFILIATES AS PRIZES FOR MEETING CAMPAIGN SPECIFIC CRITERIA. TO RECEIVE THE PRIZES, AFFILIATES NEEDED TO PARTICIPATE IN THE CORRESPONDING NATIONAL CAMPAIGN (GIVING DAY, FAMILY PROMISE WEEK, ETC.), MEET THE CONTEST REQUIREMENTS (REGISTERING BY SET DATE, SUBMITTING A PHOTO FOR JUDGEMENT, ETC.), AND BE SELECTED BY FAMILY PROMISE NATIONAL STAFF.

GRANTS TO AFFILIATES-OTHER:

BELK MATCHING HOMETOWN GRANT: FUNDS DISTRIBUTED TO 1 AFFILIATE IN 2021, AS CARRY-OVER FROM AN EARLIER GRANT. NEW AFFILIATES, DEVELOPING IN THE BELK FOOTPRINT, WERE ELIGIBLE TO RECEIVE FUNDS WHEN THEY HIRED THEIR FIRST STAFF MEMBER.

GUEST SURVEY: NINE AFFILIATES WERE EACH PROVIDED \$500 TO PARTICIPATE IN A CONSTITUENT SURVEY. THE GOAL OF THIS SURVEY WAS TO BETTER UNDERSTAND THE WELL-BEING OF PROGRAM PARTICIPANTS AND THE IMPACT OF OUR WORK.

GRANTS TO INDIVIDUALS FPUC:

RENTAL ASSISTANCE (UNION COUNTY PROGRAM): RENTAL ASSISTANCE FUNDS ARE

**Part IV** Supplemental Information

RECEIVED FROM THE COUNTY OF UNION THROUGH FEDERAL GRANTS PROGRAMS. THERE ARE STRICT FEDERAL GUIDELINES WE FOLLOW IN DISBURSING THESE FUNDS. ONCE IT IS DETERMINED THAT FUNDS WILL BE DISTRIBUTED, THE EXECUTIVE DIRECTOR OF THE UNION COUNTY PROGRAM SUBMITS A CHECK REQUEST AND FUNDS ARE PAID DIRECTLY TO THE LANDLORD. THESE INCLUDE:

- HES CARES ACT FUNDING FOR RAPID RE-HOUSING AND PREVENTION
- HTF (HOMELESS TRUST FUND) RAPID RE-HOUSING AND SECURITY DEPOSITS
- SSH (SOCIAL SERVICES FOR HOMELESS) SECURITY DEPOSITS

BRIDGE TO SUCCESS (UNION COUNTY PROGRAM): AS PART OF EACH CLIENT FAMILY'S CASE MANAGEMENT, THE TEAM DETERMINES WHETHER A FAMILY REQUIRES ASSISTANCE FROM BRIDGE TO SUCCESS. THIS PROGRAM WILL COVER FUNDING FOR ITEMS SUCH AS MEDICATION, FOOD, CLOTHING, BABY ITEMS, FIELD TRIPS, LAUNDRY, HOTELS, UNIFORMS, U-HAUL TRUCKS, STORAGE, AUTO REPAIR, BIRTH CERTIFICATES, BUS PASSES, GAS, AND FOOD GIFT CARDS. THE EXECUTIVE DIRECTOR PROVIDES FINAL APPROVAL OF SUCH EXPENSES. ONCE A DETERMINATION IS MADE THAT A FAMILY (WHICH COULD BE FROM THE SHELTER PROGRAM, GRADUATE GUEST FAMILY, RENTAL ASSISTANCE FAMILY) NEEDS FUNDS AND APPROVAL IS RECEIVED, THE ITEM(S) ARE PURCHASED. A SIGNED EXPENSE REPORT IS SUBMITTED, WHICH IS REVIEWED AND APPROVED BY THE CEO. A COPY OF THE ITEM IS MAINTAINED IN THE CASE MANAGEMENT FILE.

SHELTER DIVERSION PROGRAM (UNION COUNTY PROGRAM): FUNDS ARE RECEIVED FROM THE UNION COUNTY BOARD OF CHOSEN FREEHOLDERS' DISCRETIONARY FUND. FPUC ADHERES TO GUIDELINES OF THE PROGRAM, AS CO-DEVELOPED AND APPROVED BY THE UNION COUNTY DEPARTMENT OF HUMAN SERVICES. THE SHELTER DIVERSION CASE MANAGEMENT TEAM DETERMINES WHICH EXPENSES SHOULD BE APPROVED AND DISBURSED.

**Part IV** Supplemental Information

FUNDING MAY BE PROVIDED FOR SECURITY DEPOSITS, BACK RENT, CURRENT OR UPCOMING RENT, HOTEL COSTS, STORAGE, TRANSPORTATION, CHILDCARE, OR OTHER SIMILAR EXPENSES. EXPENSE REPORTS ARE PREPARED MONTHLY BY THE EXECUTIVE DIRECTOR AND APPROVED BY THE CEO.

CDBG CARES ACT FUNDING RENTAL ASSISTANCE: THIS FUNDING IS SPECIFICALLY FOR HOUSEHOLDS IN UNION COUNTY, WHO ARE AT THE 50-80% AMI, AND HAVE BEEN AFFECTED BY THE COVID-19 PANDEMIC. POTENTIAL PARTICIPANTS APPLY VIA OUR WEBSITE. A CASE MANAGER IS ASSIGNED AFTER APPLICATION IS COMPLETED. FPUC IS ONE OF THREE AGENCIES WORKING WITH THIS PROGRAM. AFTER THE CASH MANAGER DETERMINES THAT AN APPLICANT HAS MET THE GUIDELINES, THE APPLICATION IS REVIEWED BY COUNTY STAFF WHO WILL APPROVE THE CASE. THE CASE MANAGER OBTAINS APPROVAL FROM THE EXECUTIVE DIRECTOR FOR PAYMENT AND REQUEST IS MADE TO BOOKKEEPER TO CUT A CHECK. COPIES OF CHECKS ARE RETAINED BY EXECUTIVE DIRECTOR AND TEAM. REPORTS ARE SENT TO THE COUNTY FOR A DRAWDOWN REIMBURSEMENT OF FUNDS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY PROMISE OF ATHENS

(H) PURPOSE OF GRANT OR ASSISTANCE: SYNCHRONY SHELTER DIVERSION/BELK POS GRANT/GRANTS FROM FAMILY PROMISE NATIONAL EVENTS/HUMI FAMILY PROMISE NATIONAL MATCHING GRANT

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY PROMISE OF BLOUNT COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: BELK POS GRANT/GRANTS FROM FAMILY PROMISE NATIONAL EVENTS/FBH PREVENTION & SHELTER DIVERSION GRANT/GRANTS TO AFFILIATES- OTHER

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY PROMISE OF CLARK COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID-19 PREVENTION INNOVATION

GRANT/FBH PREVENTION & SHELTER DIVERSION GRANT/GRANTS FROM FAMILY PROMISE NATIONAL EVENTS

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY PROMISE OF GREATER WICHITA

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS FROM FAMILY PROMISE NATIONAL EVENTS/HUMI FAMILY PROMISE NATIONAL MATCHING GRANT

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY PROMISE OF NORTH SHORE BOSTON

(H) PURPOSE OF GRANT OR ASSISTANCE: HUMI FAMILY PROMISE NATIONAL MATCHING GRANT/SYNCHRONY SHELTER DIVERSION/GRANTS FROM FAMILY PROMISE NATIONAL GRANTS

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY PROMISE OF ROANE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: INNOVATION TECHNOLOGY/BELK POS GRANT/GROW WITH GOOGLE/GRANTS TO AFFILIATES - OTHER

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY PROMISE OF SHENANDOAH COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: SYNCHRONY SHELTER DIVERSION/GRANTS TO AFFILIATES-OTHER/BELK POS GRANT/HUMI FAMILY PROMISE NATIONAL MATCHING GRANT

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY PROMISE OF THE SOUTH BAY

(H) PURPOSE OF GRANT OR ASSISTANCE: FBH PREVENTION & SHELTER DIVERSION GRANT/GRANTS FROM FAMILY PROMISE NATIONAL EVENTS/GROW WITH GOOGLE

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY PROMISE OF PALOUSE

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS FROM FAMILY PROMISE NATIONAL EVENTS/ INNOVATION TECHNOLOGY/GROW WITH GOOGLE

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY PROMISE OF TUALATIN VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: FBH PREVENTION & SHELTER DIVERSION GRANT/GRANTS FROM FAMILY PROMISE NATIONAL EVENTS/GRANTS TO AFFILIATES- OTHER

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY PROMISE OF THE COASTAL EMPIRE

(H) PURPOSE OF GRANT OR ASSISTANCE: HUMI FAMILY PROMISE NATIONAL MATCHING GRANT/GRANTS TO AFFILIATES- OTHER/BELK POS GRANT/GRANTS FROM FAMILY PROMISE NATIONAL EVENTS/FBH HOUSING GRANT

(F) DESCRIPTION OF NON-CASH ASSISTANCE: SHELTER SUPPORT/CHILDCARE/DONATED CLOTHING, HH ITEMS, CARS, MATTRESSES, FOOD, AND OTHER ITEMS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **FAMILY PROMISE, INC.**  
 Employer identification number: **52-1591461**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input type="checkbox"/> Compensation survey or study                               |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2021

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CLAAS EHLERS CHIEF EXECUTIVE OFFICER	(i)	173,784.	0.	0.	11,262.	29,241.	214,287.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **FAMILY PROMISE, INC.** Employer identification number **52-1591461**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		484,011.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	9	206,111.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021



**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

FAMILY PROMISE, INC.

Employer identification number

52-1591461

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OF COMMUNITY-BASED AFFILIATE PROGRAMS THAT SERVE CHILDREN AND FAMILIES

EXPERIENCING AND AT RISK OF HOMELESSNESS AND PROVIDES ONGOING SUPPORT

FOR THESE AFFILIATES TO EMPOWER FAMILIES TO ACHIEVE SUSTAINABLE

INDEPENDENCE THROUGH A HOLISTIC, COMMUNITY-BASED RESPONSE. THROUGH

HIGHLY INDIVIDUALIZED, PERSON-CENTERED, TRAUMA-INFORMED CARE, WE

PROVIDE A COMPASSIONATE, COMPREHENSIVE RESPONSE TO THE CRISIS OF FAMILY

HOMELESSNESS - PREVENTION SERVICES BEFORE FAMILIES REACH CRISIS,

SHELTER AND CASE MANAGEMENT WHEN THEY BECOME HOMELESS, AND

STABILIZATION PROGRAMS ONCE THEY HAVE SECURED HOUSING, TO ENSURE THEY

REMAIN INDEPENDENT. FAMILY PROMISE PROVIDES TECHNICAL ASSISTANCE AND

EXPERTISE TO A NATIONAL NETWORK OF MORE THAN 200 AFFILIATE

ORGANIZATIONS IN 43 STATES, MOBILIZING AN AVERAGE OF 200,000 VOLUNTEERS

AND SERVING APPROXIMATELY 125,000 FAMILY MEMBERS EXPERIENCING

HOMELESSNESS EACH YEAR.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EMPOWER FAMILIES TO ACHIEVE SUSTAINABLE INDEPENDENCE THROUGH A

HOLISTIC, COMMUNITY-BASED RESPONSE. THROUGH HIGHLY INDIVIDUALIZED,

PERSON-CENTERED, TRAUMA-INFORMED CARE, WE PROVIDE A COMPASSIONATE,

COMPREHENSIVE RESPONSE TO THE CRISIS OF FAMILY HOMELESSNESS -

PREVENTION SERVICES BEFORE FAMILIES REACH CRISIS, SHELTER AND CASE

MANAGEMENT WHEN THEY BECOME HOMELESS, AND STABILIZATION PROGRAMS ONCE

THEY HAVE SECURED HOUSING, TO ENSURE THEY REMAIN INDEPENDENT. FAMILY

PROMISE PROVIDES TECHNICAL ASSISTANCE AND EXPERTISE TO A NATIONAL

NETWORK OF MORE THAN 200 AFFILIATE ORGANIZATIONS IN 43 STATES,

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization <b>FAMILY PROMISE, INC.</b>	Employer identification number <b>52-1591461</b>
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**MOBILIZING AN AVERAGE OF 200,000 VOLUNTEERS AND SERVING APPROXIMATELY  
125,000 FAMILY MEMBERS EXPERIENCING HOMELESSNESS EACH YEAR.**

**FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:**

**ADDRESSING HOUSING, EMPLOYMENT, FINANCIAL CAPABILITY, TRANSPORTATION,  
AND HEALTH/WELLNESS.**

**FORM 990, PART VI, SECTION A, LINE 2:**

**TWO BOARD MEMBERS, DAVID FLECK AND KEVIN BARRETT ARE BUSINESS PARTNERS.**

**FORM 990, PART VI, SECTION B, LINE 11B:**

**THE FORM IS PROVIDED TO THE ORGANIZATION TO BE FILED. THE 990 IS REVIEWED  
AND APPROVED BY THE GOVERNING BODY.**

**FORM 990, PART VI, SECTION B, LINE 12C:**

**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, SECTION B, LINE 15A:**

**COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD.**

**FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:**

**NJ,AL,AR,CA,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NM,NY,NC,ND,PA,RI,SC,TN,UT  
VA,WV,WI**

**FORM 990, PART VI, SECTION C, LINE 19:**

Name of the organization <b>FAMILY PROMISE, INC.</b>	Employer identification number <b>52-1591461</b>
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THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

BAD DEBT EXPENSE	-71.
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FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.