

Form **990**Department of the Treasury
Internal Revenue Service**** PUBLIC DISCLOSURE COPY ****
Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024Open to Public
Inspection**A For the 2024 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**FAMILY PROMISE, INC.**

Doing business as

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

71 SUMMIT AVENUE

City or town, state or province, country, and ZIP or foreign postal code

SUMMIT, NJ 07901**F** Name and address of principal officer: **CHERYL SCHUCH****SAME AS C ABOVE****D** Employer identification number**52-1591461****E** Telephone number**908-273-1100****G** Gross receipts \$ **12,045,778.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.FAMILYPROMISE.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1988** **M** State of legal domicile: **NJ****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE MISSION OF FAMILY PROMISE IS TO PREVENT AND END HOMELESSNESS FOR FAMILIES WITH CHILDREN AND HELP
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 18
	4	Number of independent voting members of the governing body (Part VI, line 1b) 18
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a) 36
	6	Total number of volunteers (estimate if necessary) 500
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 5,876,723.
	9	Program service revenue (Part VIII, line 2g) 740,326.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 27,679.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -33,349.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,611,379.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,482,440.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,546,380.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 356,617.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 755,388.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,784,208.
	19	Revenue less expenses. Subtract line 18 from line 12 827,171.
	20	Total assets (Part X, line 16) 7,560,643.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26) 449,731.
	22	Net assets or fund balances. Subtract line 21 from line 20 7,110,912.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	CHERYL SCHUCH, CHIEF EXECUTIVE OFFICER				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	BRIDGET HARTNETT	BRIDGET HARTNETT	05/08/25		P01429163
Preparer Use Only	Firm's name	Firm's EIN			
	CLIFTONLARSONALLEN LLP	41-0746749			
Preparer Use Only	Firm's address	Phone no.			
	293 EISENHOWER PARKWAY, 2ND FLOOR LIVINGSTON, NJ 07039	973-994-9494			

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

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

432001 12-10-24

Form **990** (2024)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

FAMILY PROMISE'S MISSION IS TO PREVENT AND END HOMELESSNESS FOR FAMILIES WITH CHILDREN AND HELP THEM ACHIEVE SUSTAINABLE INDEPENDENCE USING A COMMUNITY-BASED RESPONSE. FAMILY PROMISE IS THE NATIONAL LEADER OF EMERGENCY SERVICES FOR FAMILIES AT RISK OF AND EXPERIENCING

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 5,297,176. including grants of \$ 2,451,332.) (Revenue \$ 949,305.)

FAMILY PROMISE PROVIDES TECHNICAL ASSISTANCE TO OUR NETWORK OF NEARLY 200 AFFILIATES ACROSS THE COUNTRY WHICH PROVIDE PREVENTION, SHELTER, STABILIZATION, AND HOUSING SUPPORT SERVICES TO CHILDREN AND FAMILIES EXPERIENCING OR AT RISK OF HOMELESSNESS. OUR STAFF ASSISTS AFFILIATES TO ORGANIZE COMMUNITY EFFORTS, ASSISTS WITH TRAINING AND RECRUITING VOLUNTEERS, PROVIDES GUIDANCE ON OPERATIONS INCLUDING PROGRAM EXPERTISE, AND PROVIDES TECHNICAL ASSISTANCE. WE ALSO PROVIDE SIGNIFICANT PROGRAM FUNDING TO AFFILIATES THROUGH GRANTS ALLOWING THEM TO EXPAND THEIR LOCAL PROGRAMS.

4b (Code:) (Expenses \$ 1,294,064. including grants of \$ 623,273.) (Revenue \$)

FAMILY PROMISE UNION COUNTY SERVES THE LOCAL UNION COUNTY, NJ, COMMUNITY THROUGH SHELTER, PREVENTION, DIVERSION, AND STABILIZATION SERVICES. FAMILY PROMISE UNION COUNTY PROVIDES SHELTER TO FAMILIES IN TEMPORARY EMERGENCY SHELTER APARTMENTS AND ENGAGES CONGREGATIONS AND VOLUNTEERS THROUGH COLLECTION AND DISTRIBUTION OF MEALS, ALONG WITH GIFT CARDS FOR FAMILIES TO PURCHASE MEALS. A DAY CENTER IN ELIZABETH, NJ, SERVES AS THE PROGRAM'S CENTRAL LOCATION WHERE FAMILIES MAY SPEND TIME AND WHERE STAFF PROVIDES CASE MANAGEMENT. THE PREVENTION, DIVERSION, AND STABILIZATION PROGRAMS AND SERVICES ADDRESS HOUSING, EMPLOYMENT, FINANCIAL CAPABILITIES, TRANSPORTATION, AND HEALTH AND WELLNESS, ALONG WITH OTHER THINGS.

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 6,591,240.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

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

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

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 116	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	36
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	18			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		18		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	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			9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b 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	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	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	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
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?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

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.
☒ Own website ☐ Another's website ☒ 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
BRITT DARROW - (908) 273-1100
71 SUMMIT AVENUE, SUMMIT, NJ 07901

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****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, box 6 of 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) CHERYL SCHUCH CHIEF EXECUTIVE OFFICER	40.00			X				247,716.	0.	15,241.
(2) MICHAEL KERKORIAN CHIEF DEVELOPMENT OFFICER	40.00			X				150,902.	0.	21,816.
(3) BRITT DARROW CHIEF FINANCIAL OFFICER	40.00			X				144,835.	0.	18,881.
(4) SANDRA MINIUTTI CHIEF NETWORK OFFICER	40.00			X				152,288.	0.	10,024.
(5) SHARI COMPETIELLO CHIEF OPERATING OFFICER	40.00			X				135,769.	0.	8,945.
(6) MELISSA BIGGAR SENIOR DIRECTOR OF COMMUNICATIONS &	40.00					X		103,847.	0.	21,757.
(7) CAROLYN GORDON SENIOR DIRECTOR OF PROGRAM DEVELOPME	40.00					X		104,273.	0.	11,508.
(8) AMBER YOUNG DIRECTOR OF CORPORATE RELATIONS	40.00					X		101,156.	0.	12,233.
(9) JOSHUA BARER TRUSTEE	1.00	X						0.	0.	0.
(10) BETSY BERNARD BOARD CHAIR (THROUGH 12/2024)	1.00	X		X				0.	0.	0.
(11) SARAH BIRD TRUSTEE	1.00	X						0.	0.	0.
(12) ALEX ENGLISH TRUSTEE	1.00	X						0.	0.	0.
(13) DAVID FLECK TRUSTEE (AS OF 12/2024)	1.00	X						0.	0.	0.
(14) TIM GAMORY TRUSTEE	1.00	X						0.	0.	0.
(15) LEAH GRIFFITH TRUSTEE (AS OF 12/2024)	1.00	X						0.	0.	0.
(16) STEPHEN WALLACE TRUSTEE	1.00	X						0.	0.	0.
(17) LINDA HENRY TREASURER	1.00	X		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 TRUSTEE (THROUGH MID-2024)	1.00	X						0.	0.	0.
(20) STACEY SLATER SECRETARY	1.00	X		X				0.	0.	0.
(21) JOHN FERRIE TRUSTEE	1.00	X						0.	0.	0.
(22) LORI WINKLER TRUSTEE	1.00	X						0.	0.	0.
(23) CHRISTOPHER KING TRUSTEE	1.00	X						0.	0.	0.
(24) MICHAEL MOODY BOARD CHAIR (AS OF 12/2024)	1.00	X		X				0.	0.	0.
(25) MARY MULIETT TRUSTEE	1.00	X						0.	0.	0.
(26) VERNON WILLIAMS TRUSTEE	1.00	X						0.	0.	0.
1b Subtotal								1,140,786.	0.	120,405.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,140,786.	0.	120,405.

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

5

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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2024)

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

[illegible]

Part VIII Statement of RevenueCheck 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	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	97,553.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	386,362.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	7,794,320.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 342,515.			
	h	Total. Add lines 1a-1f		8,278,235.			
Program Service Revenue	2 a	NETWORK FEES	Business Code	900099	815,342.	815,342.	
	b	CONFERENCE FEES	900099	133,963.	133,963.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		949,305.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		122,726.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real				
b		Less: rental expenses ...	(ii) Personal				
c		Rental income or (loss)					
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	(i) Securities				
b		Less: cost or other basis and sales expenses	(ii) Other				
c		Gain or (loss)					
d		Net gain or (loss)		-3,037.			-3,037.
8 a		Gross income from fundraising events (not including \$ 97,553. of contributions reported on line 1c). See Part IV, line 18		18,352.			
b		Less: direct expenses		37,945.			
c		Net income or (loss) from fundraising events		-19,593.			-19,593.
9 a		Gross income from gaming activities. See Part IV, line 19					
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		9,327,636.	949,305.	0.	100,096.

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	2,451,332.	2,451,332.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	623,273.	623,273.		
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	906,417.	717,763.	115,352.	73,302.
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	1,767,998.	1,400,019.	224,997.	142,982.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	70,412.	55,757.	8,961.	5,694.
9 Other employee benefits	181,898.	144,039.	23,148.	14,711.
10 Payroll taxes	206,283.	163,349.	26,252.	16,682.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	33,354.	29,389.	2,418.	1,547.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	34,322.		34,322.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	446,568.	350,559.	58,711.	37,298.
12 Advertising and promotion				
13 Office expenses	157,601.	121,518.	20,534.	15,549.
14 Information technology	124,758.	98,792.	15,877.	10,089.
15 Royalties				
16 Occupancy	25,549.	20,231.	3,251.	2,067.
17 Travel	133,883.	106,018.	17,038.	10,827.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	212,384.	166,178.	28,256.	17,950.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,105.	8,794.	1,413.	898.
23 Insurance	26,484.	20,972.	3,370.	2,142.
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 TRAINING	110,325.	97,769.	7,677.	4,879.
b INTERNS AND REGIONAL RE	15,488.	15,488.		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	7,539,434.	6,591,240.	591,577.	356,617.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	442,303.	1	859,318.
	2 Savings and temporary cash investments	1,696,726.	2	4,684,097.
	3 Pledges and grants receivable, net	89,292.	3	27,667.
	4 Accounts receivable, net	7,358.	4	12,550.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	20,000.	7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	91,331.	9	66,680.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,276,637.		
	b Less: accumulated depreciation	10b 1,266,786.		
	11 Investments - publicly traded securities	20,956.	10c 9,851.	
	12 Investments - other securities. See Part IV, line 11	5,192,677.	11	6,333,953.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	0.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,560,643.	15	243,804.	
Liabilities	17 Accounts payable and accrued expenses	7,560,643.	16	12,237,920.
	18 Grants payable	171,531.	17	150,177.
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities	278,200.	19	2,848,676.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 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		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24	
	26 Total liabilities. Add lines 17 through 25		25	
	26 Total liabilities. Add lines 17 through 25	449,731.	26	2,998,853.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	6,929,295.	27	8,001,322.
	28 Net assets with donor restrictions	181,617.	28	1,237,745.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	7,110,912.	32	9,239,067.
	33 Total liabilities and net assets/fund balances	7,560,643.	33	12,237,920.

Form 990 (2024)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,327,636.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,539,434.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,788,202.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,110,912.
5	Net unrealized gains (losses) on investments	5	339,953.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,239,067.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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	2a	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	2b	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.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	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 _____	3b	

Form 990 (2024)

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Name of the organization

FAMILY PROMISE, INC.

Employer identification number

52-1591461

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

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		
Total						

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7355479.	5859636.	5649385.	5876723.	8278235.	33019458.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7355479.	5859636.	5649385.	5876723.	8278235.	33019458.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8656626.
6 Public support. Subtract line 5 from line 4.						24362832.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	7355479.	5859636.	5649385.	5876723.	8278235.	33019458.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	46,012.	46,981.	11,449.	27,679.	122,726.	254,847.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			5,116.			5,116.
11 Total support. Add lines 7 through 10						33279421.
12 Gross receipts from related activities, etc. (see instructions)					12	3,551,439.
13 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

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	73.21	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	74.37	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			
			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			
			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			
			<input type="checkbox"/>

Schedule A (Form 990) 2024

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

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c 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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 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>		
8 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>		
9a 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 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>		
c 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>		
10a 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 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)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
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? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
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?		
1		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	Minimum Asset Amount (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	Distributable Amount. 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).		

Schedule A (Form 990) 2024

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

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

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).

Name of organization

Employer identification number

FAMILY PROMISE, INC.**52-1591461****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>263,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>284,385.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>1,800,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>1,013,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 550,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 257,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

52-1591461

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2024

Open to Public
Inspection

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

FAMILY PROMISE, INC.

Employer identification number (EIN)

52-1591461

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

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

2 Political 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 EINs 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) 2024

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

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

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

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

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
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?			
d Mailings to members, legislators, or the public?	X		315.
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			315.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, 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:

FAMILY PROMISE WAS A SIGNATORY TO A LETTER DRAFTED BY NONPROFIT PARTNERS THAT WAS SUBMITTED TO THE US HOUSE COMMITTEE ON WAYS AND MEANS, ADVOCATING FOR ENHANCEMENTS TO FEDERAL TAX CREDITS THAT IMPACT FAMILIES (I.E., CHILD TAX CREDIT, EARNED INCOME TAX CREDIT, PROPOSED RENTER TAX CREDIT). APPROXIMATELY \$315 IN STAFF TIME WAS ALLOCATED TO THE REVIEW OF THE LETTER SUBMITTED TO LEGISLATURE. NO GRASSROOTS LOBBYING WAS CONDUCTED, AND NO EXTERNAL LOBBYING FIRMS WERE RETAINED.

SCHEDULE D

(Form 990)

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III

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

Complete if the organization answered "Yes" 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 \$

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

Schedule D (Form 990) (Rev. 12-2024)

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" 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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
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 in 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:

(i) Unrelated organizations?

(ii) Related organizations?

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

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

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		479,949.	470,098.	9,851.
e Other		45,140.	45,140.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				9,851.

Schedule D (Form 990) (Rev. 12-2024)

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)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

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

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)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

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

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 ... ☒

Schedule D (Form 990) (Rev. 12-2024)

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.

1	Total revenue, gains, and other support per audited financial statements	1	9,984,144.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	339,953.
b	Donated services and use of facilities	2b	312,932.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	37,945.
e	Add lines 2a through 2d	2e	690,830.
3	Subtract line 2e from line 1	3	9,293,314.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	34,322.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	34,322.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	9,327,636.

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.

1	Total expenses and losses per audited financial statements	1	7,855,989.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	312,932.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	37,945.
e	Add lines 2a through 2d	2e	350,877.
3	Subtract line 2e from line 1	3	7,505,112.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	34,322.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	34,322.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	7,539,434.

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 PENALTIES WERE RECORDED DURING THE YEAR ENDED DECEMBER 31, 2024. AT DECEMBER 31, 2024, THERE ARE NO SIGNIFICANT INCOME TAX UNCERTAINTIES THAT ARE EXPECTED TO HAVE A MATERIAL IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE 37,945.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE 37,945.

Part XIII **Supplemental Information** *(continued)*

Supplemental information area with horizontal lines for text entry.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FAMILY PROMISE, INC.

Employer identification number

52-1591461

Part I

Fundraising Activities.

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

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

- a** ☐ Mail solicitations
- b** ☐ Internet and email solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of nongovernment grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

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

☐ Yes☐ **No**

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

[illegible]

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	115,905.			115,905.
	2 Less: Contributions	97,553.			97,553.
	3 Gross income (line 1 minus line 2)	18,352.			18,352.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	22,354.			22,354.
	7 Food and beverages	81.			81.
	8 Entertainment				
	9 Other direct expenses	15,510.			15,510.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				37,945.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-19,593.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

Name _____

Address _____

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

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

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

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

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

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

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

Part IV	Supplemental Information <i>(continued)</i>
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**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**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.

1 (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 noncash assistance	(h) Purpose of grant or assistance
FAMILY PROMISE IN ANOKA COUNTY 14515 NOWTHEN BLVD NW RAMSEY, MN 55303	27-1151848	501(C)3	15,000.	0.			GERSTNER HELPING HANDS
FAMILY PROMISE OF ALBANY COUNTY 215 S 11TH STREET LARAMIE, WY 82070	81-0766336	501(C)3	11,467.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF ATHENS PO BOX 581 ATHENS, GA 30603	57-1154361	501(C)3	21,000.	0.			BELK POS GRANT, GERSTNER HELPING HANDS
FAMILY PROMISE OF BALDWIN COUNTY 20511 CO RD 36 SUMMERDALE, AL 36580	20-5453410	501(C)3	21,000.	0.			BELK POS GRANT, FBH HOUSING & STABILIZAION GRANT
FAMILY PROMISE OF BEAUFORT COUNTY 181 BLUFFTON RD BUILDING D101 BLUFFTON, SC 29910	20-5647589	501(C)3	21,000.	0.			BELK POS GRANT, FBH HOUSING & STABILIZAION GRANT
FAMILY PROMISE OF BRADLEY COUNTY PO BOX 5703 CLEVELAND, TN 37320	27-2074609	501(C)3	16,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT, BELK POS GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

115.

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (Rev. 12-2024)

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 BREVARD, INC. PO BOX 562666 ROCKLEDGE, FL 32956	33-1170962	501(C)3	21,000.	0.			BELK POS GRANT, GERSTNER HELPING HANDS
FAMILY PROMISE OF CHEYENNE 2950 SPRUCE DR CHEYENNE, WY 82001	83-0329171	501(C)3	15,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF CLARK COUNTY 2400 E 4TH PLAIN BLVD VANCOUVER, WA 98661	81-4632218	501(C)3	17,778.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT, RAINBOW FOR GIRLS GRANT
FAMILY PROMISE OF COBB COUNTY 1823 BLACKWELL RD MARIETTA, GA 30066	46-0531824	501(C)3	16,000.	0.			BELK POS GRANT, FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF COWLITZ PO BOX 1152 KELSO, WA 98626	81-4619234	501(C)3	17,778.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT, RAINBOW FOR GIRLS GRANT
FAMILY PROMISE OF DAVIE COUNTY 129 LIBERTY CIRCLE MOCKSVILLE, NC 27028	81-1096297	501(C)3	16,000.	0.			BELK POS GRANT, FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF ESSEX COUNTY 46 PARK ST MONTCLAIR, NJ 07042	22-2841105	501(C)3	20,000.	0.			GERSTNER HELPING HANDS
FAMILY PROMISE OF GAINESVILLE PO BOX 5189 GAINESVILLE, FL 32627	59-3414493	501(C)3	21,000.	0.			GERSTNER HELPING HANDS, BELK POS GRANT
FAMILY PROMISE OF GALLATIN VALLEY, INC. - PO BOX 475 - BOZEMAN, MT 59771	11-3739588	501(C)3	25,000.	0.			GERSTNER HELPING HANDS

Schedule I (Form 990)

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FAMILY PROMISE OF GRAYSON COUNTY 901 E HOUSTON ST, SUITE 100 SHERMAN, TX 75090	81-1140179	501(C)3	16,000.	0.			BELK POS GRANT, FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF GREAT FALLS PO BOX 455 GREAT FALLS, MT 59403	46-2655042	501(C)3	20,000.	0.			FBH HOUSING & STABILIZATION GRANT
FAMILY PROMISE OF GREATER CONCORD 79 CLINTON STREET CONCORD, NH 03301	61-1694332	501(C)3	15,000.	0.			GERSTNER HELPING HANDS
FAMILY PROMISE OF GREATER DENVER P.O. BOX 40550 DENVER, CO 80204	84-1367869	501(C)3	20,014.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT, TARGET CIRCLE GRANT
FAMILY PROMISE OF GREATER HELENA PO BOX 939 HELENA, MT 59624	27-2482216	501(C)3	15,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF GREATER INDIANAPOLIS - PO BOX 441367 - INDIANAPOLIS, IN 46244	35-1909912	501(C)3	24,107.	0.			GERSTNER HELPING HANDS
FAMILY PROMISE OF GREATER JOHNSON CITY - 215 W WATAUGA AVE #4 - JOHNSON CITY, TN 37604	62-1808323	501(C)3	16,000.	0.			BELK POS GRANT, FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF GREATER ORLANDO 1000 CLAY STREET WINTER PARK, FL 32789	59-3679904	501(C)3	26,000.	0.			GERSTNER HELPING HANDS, BELK POS GRANT
FAMILY PROMISE OF GREATER PHOENIX 7447 E. EARLL DR. SCOTTSDALE, AZ 85251	86-0914408	501(C)3	24,930.	0.			GERSTNER HELPING HANDS

Schedule I (Form 990)

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

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FAMILY PROMISE OF GREATER WASHINGTON - 5625 SW ERICKSON AVE - BEAVERTON, OR 97007	81-2940849	501(C)3	15,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF GREATER WICHITA 401 N. EMPORIA WICHITA, KS 67202	47-5491118	501(C)3	15,000.	0.			GERSTNER HELPING HANDS
FAMILY PROMISE OF GREEN COUNTY W4611 MIDDLE JUDA RD MONROE, WI 53566	45-2074314	501(C)3	17,965.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF HALL COUNTY 3606 MCEVER RD OAKWOOD, GA 30566	27-5544034	501(C)3	16,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT, BELK POS GRANT
FAMILY PROMISE OF HAMILTON COUNTY 1051 N 10TH ST NOBLESVILLE, IN 46060	82-1163084	501(C)3	15,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF HAWAII 245 NORTH KUKUI ST ST 104 HONOLULU, HI 96817	20-2645489	501(C)3	25,000.	0.			GERSTNER HELPING HANDS
FAMILY PROMISE OF HENDRICKS COUNTY 238 N VINE ST PLAINFIELD, IN 46168	46-1733831	501(C)3	25,000.	0.			GERSTNER HELPING HANDS
FAMILY PROMISE OF HUDSON PO BOX 3701 JERSEY CITY, NJ 07302	81-0773421	501(C)3	15,000.	0.			GERSTNER HELPING HANDS
FAMILY PROMISE OF IRVING 315 W 3RD ST IRVING, TX 75060	80-0630564	501(C)3	16,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT, BELK POS 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 JACKSONVILLE PO BOX 40363 JACKSONVILLE, FL 32203	59-3685470	501(C)3	16,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT, BELK POS GRANT
FAMILY PROMISE OF JUNEAU PO BOX 32775 JUNEAU, AR 99803	47-5613303	501(C)3	15,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF KNOXVILLE P. O. BOX 10184 KNOXVILLE, TN 37939	56-2434770	501(C)3	21,000.	0.			BELK POS GRANT, FBH HOUSING & STABILIZATION GRANT
FAMILY PROMISE OF LAKE HOUSTON 111 S AVENUE G HUMBLE, TX 77338	20-8217060	501(C)3	15,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF LAURENS COUNTY 205 CHURCH ST LAURENS, SC 29360	82-0935712	501(C)3	15,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF LAWRENCE PO BOX 266 LAWRENCE, KS 66044	26-2709610	501(C)3	115,000.	0.			GERSTNER HELPING HANDS, SIEMER FAMILY STABILIZATION GRANT
FAMILY PROMISE OF LEHIGH VALLEY 1346 HAMILTON ST ALLENTOWN, PA 18102	47-4401737	501(C)3	15,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF MAIN LINE 1449 DEKALB ST NORRISTOWN, PA 19401	23-2664739	501(C)3	15,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF METROWEST 6 MULLIGAN ST NATICK, MA 01760	20-5963640	501(C)3	20,000.	0.			GERSTNER HELPING HANDS

Schedule I (Form 990)

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

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FAMILY PROMISE OF MID MICHIGAN PO BOX 4519 FLINT, MI 48504	36-4747380	501(C)3	20,000.	0.			FBH HOUSING & STABILIZATION GRANT
FAMILY PROMISE OF MID-WILLAMETTE VALLEY - 1055 EDGEWATER STREET - NW SALEM, OR 97304	93-1234367	501(C)3	115,000.	0.			GERSTNER HELPING HANDS, SIEMER FAMILY STABILIZATION GRANT
FAMILY PROMISE OF MONMOUTH COUNTY PO BOX 70 MIDDLETON, NJ 07748	22-3674477	501(C)3	15,000.	0.			GERSTNER HELPING HANDS
FAMILY PROMISE OF MONTCO PA 31 S SPRING GARDEN ST AMBLER, PA 19002	22-2708420	501(C)3	15,000.	0.			GERSTNER HELPING HANDS
FAMILY PROMISE OF MONTGOMERY COUNTY - PO BOX 692 - CONROE, TX 77305	76-0669722	501(C)3	20,000.	0.			FBH HOUSING & STABILIZATION GRANT
FAMILY PROMISE OF MORRIS COUNTY PO BOX 1494 MORRISTOWN, NJ 07962	52-1572014	501(C)3	20,000.	0.			GERSTNER HELPING HANDS
FAMILY PROMISE OF NORTH IDAHO 501 E WALLACE AVE COUER D'ALENE, ID 83814	14-1971894	501(C)3	17,778.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT, RAINBOW FOR GIRLS GRANT
FAMILY PROMISE OF NORTH SHORE BOSTON - 35 CONANT ST - BEVERLY, MA 01915	27-1801635	501(C)3	20,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF NORTHERN SHENANDOAH VALLEY - 131 S. CAMERON ST. - WINCHESTER, VA 22601	35-2641331	501(C)3	11,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT, BELK POS 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.)

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FAMILY PROMISE OF OGDEN 256 24TH ST OGDEN, UT 84401	47-4944656	501(C)3	15,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF ONTARIO COUNTY 185 N MAIN ST CANANDAIGUA, NY 14424	81-4353748	501(C)3	15,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF ORANGE COUNTY 174 W LINCOLN AVE #624 ANAHEIM, CA 92805	27-0660182	501(C)3	20,000.	0.			FBH HOUSING & STABILIZATION GRANT
FAMILY PROMISE OF OZAUKEE COUNTY 136 W GRAND AVE PORT WASHINGTON, WI 53074	46-4227704	501(C)3	15,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF PHILADELPHIA 7047 GERMANTOWN AVENUE PHILADELPHIA, PA 19119	23-2633807	501(C)3	20,000.	0.			GERSTNER HELPING HANDS
FAMILY PROMISE OF PICKENS COUNTY PO BOX 1165 EASLEY, SC 29641	45-5195142	501(C)3	16,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION, BELK POS GRANT
FAMILY PROMISE OF ROANE COUNTY PO BOX 605 ROCKWOOD, TN 37854	46-2584289	501(C)3	16,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION, BELK POS GRANT
FAMILY PROMISE OF SAN GABRIEL VALLEY - 1005 E LAS TUNAS DR #525 - SAN GABRIEL, CA 91776	27-0315194	501(C)3	15,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF SANTA CLARITA VALLEY - 24820 ORCHARD VILLAGE RD STE A, #391 - SANTA CLARITA, CA 91355	27-0443114	501(C)3	15,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT

Schedule I (Form 990)

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FAMILY PROMISE OF SHENANDOAH COUNTY - 781 SPRING PARKWAY - WOODSTOCK, VA 22664	47-1024116	501(C)3	21,000.	0.			BELK POS GRANT, FBH HOUSING & STABILIZATION GRANT
FAMILY PROMISE OF SKAGIT VALLEY PO BOX 335 SEDRO WOOLLEY, WA 98284	46-2556043	501(C)3	17,778.	0.			GERSTNER HELPING HANDS, RAINBOW FOR GIRLS GRANT
FAMILY PROMISE OF SOUTH SARASOTA COUNTY - 720 SHAMROCK BLVD - VENICE, FL 34293	46-4906213	501(C)3	16,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT, BELK POS GRANT
FAMILY PROMISE OF SOUTHERN NEW HAMPSHIRE - 3 CROWN ST BUILDING B - NASHUA, NH 03061	02-0528837	501(C)3	15,000.	0.			GERSTNER HELPING HANDS
FAMILY PROMISE OF SPOKANE 904 E HARTSON AVENUE SPOKANE, WA 99202	91-1707988	501(C)3	127,778.	0.			GERSTNER HELPING HANDS, RAINBOW FOR GIRLS GRANT, SIEMER FAMILY STABILIZATION GRANT
FAMILY PROMISE OF ST. TAMMANY 23464 S. ROBIN ROAD MANDEVILLE, LA 70448	35-2489888	501(C)3	15,000.	0.			GERSTNER HELPING HANDS
FAMILY PROMISE OF SUSSEX COUNTY 19 CHURCH ST NEWTON, NJ 07860	22-3496775	501(C)3	25,000.	0.			GERSTNER HELPING HANDS
FAMILY PROMISE OF THE JERSEY SHORE 1001 S MAIN ST WEST CREEK, NJ 08092	26-1970045	501(C)3	15,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF THE SOUTH BAY 2930 EL DORADO STREET TORRANCE, CA 90503	45-2812002	501(C)3	20,000.	0.			GERSTNER HELPING HANDS

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FAMILY PROMISE OF THE TRIANGLE 903 METHOD ROAD RALEIGH, NC 27606	56-1843022	501(C)3	16,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT, BELK POS GRANT
FAMILY PROMISE OF WAUKESHA COUNTY 139 E NORTH ST WAUKESHA, WI 53188	45-5502675	501(C)3	15,000.	0.			GERSTNER HELPING HANDS
FAMILY PROMISE OF WEST MICHIGAN 516 CHERRY ST SE GRAND RAPIDS, MI 49503	38-3357709	501(C)3	25,000.	0.			GERSTNER HELPING HANDS
FAMILY PROMISE OF YELLOWSTONE VALLEY - 10 SOUTH 26TH STREET - BILLINGS, MT 59101	20-0323622	501(C)3	20,000.	0.			FBH HOUSING & STABILIZATION GRANT
FAMILY PROMISE OF WHITE COUNTY P.O BOX 905 CLEVELAND, GA 30528	45-2221200	501(C)3	16,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT, BELK POS GRANT
FORT BEND FAMILY PROMISE 4645 CARTWRIGHT ROAD MISSOURI CITY, TX 77459	20-3263469	501(C)3	15,000.	0.			GERSTNER HELPING HANDS
GREATER PORTLAND FAMILY PROMISE PO BOX 11048 PORTLAND, ME 04104	81-2565353	501(C)3	15,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE CHICAGO NORTH SHORE PO BOX 484 GLENCOE, IL 60022	27-0288849	501(C)3	15,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF AUGUSTA 4211 WHEELER RD. MARTINEZ, GA 30907	58-2279801	501(C)3	16,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT, BELK POS GRANT

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FAMILY PROMISE OF BELL COUNTY 1411 EAST AVE. N TEMPLE, TX 76501	11-3703229	501(C)3	16,000.	0.			BELK POS GRANT, GERSTNER HELPING HANDS
FAMILY PROMISE OF BLOUNT COUNTY P.O. BOX 4457 MARYVILLE, TN 37802	26-1457703	501(C)3	16,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT, BELK POS GRANT
FAMILY PROMISE OF BRISTOL 100 ASH ST., #2 BRISTOL, TN 37620	45-2278494	501(C)3	16,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT, BELK POS GRANT
FAMILY PROMISE OF BUTLER COUNTY PO BOX 95 HAMILTON, OH 45011	47-2155537	501(C)3	20,000.	0.			FBH HOUSING & STABILIZATION GRANT
FAMILY PROMISE OF CARBON COUNTY 140 WEST MILL ST. NESQUEHONING, PA 18240	27-0763520	501(C)3	15,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF CLEAR CREEK PO BOX 2723 LEAGUE CITY, TX 77574	27-0635006	501(C)3	20,625.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF COASTAL ALABAMA 1260 DAUPHIN ST. MOBILE, AL 36604	38-3684968	501(C)3	16,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT, BELK POS GRANT
FAMILY PROMISE OF FORSYTH COUNTY P.O. BOX 3305 CUMMING, GA 30028	46-5664080	501(C)3	21,000.	0.			BELK POS GRANT, FBH HOUSING & STABILIZATION GRANT
FAMILY PROMISE OF GRANT COUNTY 333 W. CHERRY ST. LANCASTER, WI 53813	47-1205476	501(C)3	15,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT

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FAMILY PROMISE OF GRAYS HARBOR PO BOX 1474 ABERDEEN, WA 98520	81-2823181	501(C)3	17,778.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT, RAINBOW FOR GIRLS GRANT
FAMILY PROMISE OF GREATER KINGSPORT - 601 HOLSTON STREET - KINGSPORT, TN 37660	31-1703388	501(C)3	16,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT, BELK POS GRANT
FAMILY PROMISE OF LARIMER COUNTY 1511 E. 11TH ST., SUITE 200 LOVELAND, CO 80537	84-0568546	501(C)3	26,250.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF LAS VEGAS PO BOX 270128 LAS VEGAS, NV 89127	88-0352350	501(C)3	120,000.	0.			GERSTNER HELPING HANDS, SIEMER FAMILY STABILIZATION GRANT
FAMILY PROMISE OF METRO EAST 4837 NE COUCH ST. PORTLAND, OR 97213	30-1228881	501(C)3	15,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF MIDCOAST MAINE 37 MILLER STREET BELFAST, ME 04915	52-1591461	501(C)3	25,193.	0.			GRANTS FROM NATIONAL
FAMILY PROMISE OF NORTHWEST ARKANSAS - 2925 OLD MISSOURI RD. - FAYETTEVILLE, AR 72703	52-1591461	501(C)3	30,360.	0.			GRANTS FROM NATIONAL
FAMILY PROMISE OF PIERCE COUNTY PO BOX 1203 SPANAWAY, WA 98387	92-3156045	501(C)3	22,778.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT, RAINBOW FOR GIRLS GRANT, GRANTS FROM NATIONAL
FAMILY PROMISE OF SACRAMENTO PO BOX 1378 SACRAMENTO, CA 95812	68-0404332	501(C)3	15,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT

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FAMILY PROMISE OF SEACOAST, NH 27 HAMPTON RD EXETER, NH 03833	02-0529881	501(C)3	14,911.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF SOUTH PALM BEACH COUNTY - 112 SE 10TH ST. - DELRAY BEACH, FL 33483	56-2656166	501(C)3	20,000.	0.			GERSTNER HELPING HANDS
FAMILY PROMISE OF SOUTHERN CHESTER COUNTY - 1156 W. BALTIMORE PIKE - KENNETT SQUARE, PA 19348	35-2518819	501(C)3	15,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF SOUTHWEST NEW JERSEY - 302 KINGS HIGHWAY - CLARKSBORO, NJ 08028	55-0830629	501(C)3	20,000.	0.			FBH HOUSING & STABILIZATION GRANT
FAMILY PROMISE OF SUMMIT COUNTY 1040 EAST TALMADGE AVE. AKRON, OH 44310	75-3101718	501(C)3	15,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF THE GREAT RIVERS 117 WEST OAK ST. SPARTA, WI 54656	45-5319621	501(C)3	15,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF THE LOWER CAPE FEAR - 20 N. 4TH STREET, SUITE 440 - WILMINGTON, NC 28401	56-1925967	501(C)3	21,000.	0.			BELK POS GRANT, FBH HOUSING & STABILIZATION GRANT
FAMILY PROMISE OF THE MIDLANDS 1333 OMAREST DR. COLUMBIA, SC 29210	26-4259689	501(C)3	21,000.	0.			BELK POS GRANT, FBH HOUSING & STABILIZATION GRANT
FAMILY PROMISE OF THE PALOUSE PO BOX 9389 MOSCOW, ID 83843	45-5497267	501(C)3	17,776.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT, RAINBOW FOR GIRLS 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 TULSA COUNTY 1616 N. GILCREASE MUSEUM RD. TULSA, OK 74127	81-2635569	501(C)3	21,625.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT, BELK POS GRANT
FAMILY PROMISE OF TUSCOLA COUNTY 38 S ELK STREET SANDUSKY, MI 48471	52-1591461	501(C)3	10,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF WASHINGTON COUNTY WI - 450 EAST WATER ST. - WEST BEND, WI 53095	27-0740203	501(C)3	15,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE OF WAYNE COUNTY 3 HOLLEY STREET LYONS, NY 14489	81-4005044	501(C)3	15,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE ROCHESTER 913 1ST ST., NW ROCHESTER, MN 55901	41-1953191	501(C)3	15,000.	0.			FBH EVICTION PREVENTION & SHELTER DIVERSION GRANT
FAMILY PROMISE SALT LAKE 814 WEST 800 SOUTH SALT LAKE CITY, UT 84104	87-0547916	501(C)3	20,000.	0.			FBH HOUSING & STABILIZATION GRANT
FAMILY PROMISE UNION COUNTY 402 UNION AVENUE ELIZABETH, NJ 07208	52-1591461	501(C)3	57,540.	0.			GERSTNER HELPING HANDS, SIEMER FAMILY STABILIZATION GRANT

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
BRIDGE TO SUCCESS	86	15,748.	0.		
SHELTER DIVERSION	259	150,438.	0.		
RENTAL ASSISTANCE	215	266,427.	0.		
VARIOUS ASSISTANCE	179	95,562.	95,098.	FMV	SHELTER SUPPORT, CHILDCARE, DONATED CLOTHING, HEALTHY HOMES ITEMS, CARS, MATTRESSES, FOOD, AND OTHER

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:**

GERSTNER HELPING HANDS: FUNDS AWARDED AS GRANTS TO AFFILIATES TO PROVIDE PREVENTION SERVICES FOR FAMILIES WITH CHILDREN TO AVOID A TRIGGERING EVENT THAT WOULD LEAD TO HOMELESSNESS OR SHELTER ENTRY. ALL AFFILIATES WERE DEEMED IN GOOD STANDING AND WERE REQUIRED TO SIGN AN MOU AT THE START OF THE GRANT CYCLE. THE NATIONAL TEAM OBTAINS DATA FROM THE PARTICIPATING AFFILIATES MONTHLY AND REPORTS THAT INFORMATION TO THE GRANTOR.

FUTURE BEGINS AT HOME (FBH) STABILIZATION GRANTS: FUNDS ALLOCATED AS GRANTS TO AFFILIATES TO BE USED FOR LONG-TERM STABILIZATION SUPPORT, INCLUDING RENTAL ASSISTANCE, UTILITIES ASSISTANCE, ETC. AFFILIATES WERE DEEMED IN GOOD STANDING, REQUIRED TO SIGN A MOU AT THE START OF THE GRANT CYCLE, AND SUBMIT QUARTERLY REPORTS ON THE USAGE OF THE FUNDS. GRANTS WERE FUNDED BY CLAYTON HOMES.

FUTURE BEGINS AT HOME (FBH) EVICTION PREVENTION AND SHELTER DIVERSION GRANTS: FUNDS ALLOCATED AS GRANTS TO AFFILIATES FOR EVICTION PREVENTION AND SHELTER DIVERSION ASSISTANCE (E.G., RENTAL ASSISTANCE, UTILITIES

Part IV Supplemental Information

ASSISTANCE, ETC.). AFFILIATES WERE DEEMED IN GOOD STANDING, REQUIRED TO SIGN A MOU AT THE START OF THE GRANT CYCLE, AND SUBMIT QUARTERLY REPORTS ON THE USAGE OF THE FUNDS. FUNDING WAS PROVIDED BY CLAYTON HOMES AND IKEA.

SIEMER FAMILY STABILIZATION GRANTS: FUNDS AWARDED AS GRANTS TO AFFILIATES FOR FAMILY STABILIZATION PROGRAMMING THAT CROSSCUTS FAMILY PROMISE'S EVICTION PREVENTION AND STABILIZATION CORE PROGRAMS. AFFILIATES WERE DEEMED TO BE IN GOOD STANDING BY THE NATIONAL TEAM, REQUIRED TO SIGN A MOU AT THE START OF THE GRANT CYCLE, AND SUBMIT MONTHLY REPORTS ON THE USAGE OF THE FUNDS AND PROGRAM OUTCOMES. GRANTS WERE FUNDED BY THE SIEMER INSTITUTE.

BELK POINT OF SALE (POS) FUNDRAISING CAMPAIGN: FUNDS DISTRIBUTED TO AFFILIATES OPERATING WITHIN THE REGIONAL BELK FOOTPRINT AND DEEMED TO BE IN GOOD STANDING BY NATIONAL TEAM. FUNDS RAISED FROM THE CAMPAIGN WERE DISTRIBUTED EQUALLY AMONGST THE PARTICIPATING AFFILIATES.

TARGET CIRCLE: FUNDS ALLOCATED TO AFFILIATES VIA TARGET LOYALTY PROGRAM IN WHICH CUSTOMERS ASSIGN POINTS BASED ON THEIR SHOPPING LEVELS TO LOCAL CHARITIES. POINTS ARE CONVERTED INTO DOLLARS, SENT TO THE NATIONAL OFFICE, THEN DISTRIBUTED TO THE AFFILIATES LOCATED IN THE COMMUNITIES IN WHICH THE POINTS WERE EARNED.

RAINBOW FOR GIRLS GRANT: FUNDING AWARDED TO AFFILIATES LOCATED IN WASHINGTON AND OREGON TO ASSIST FAMILIES EXPERIENCING HOMELESSNESS WITHIN THOSE COMMUNITIES.

GRANTS FROM NATIONAL: GRANT FUNDING AWARDED TO AFFILIATES FOR EXPANSION AND DEVELOPMENT INITIATIVES FROM NATIONAL OPERATING FUNDS.

SCHEDULE J
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

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 checked="" 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

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) (Rev. 12-2024)

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) CHERYL SCHUCH	(i)	247,716.	0.	0.	12,584.	2,657.	262,957.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL KERKORIAN	(i)	150,902.	0.	0.	9,302.	12,514.	172,718.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BRITT DARROW	(i)	144,835.	0.	0.	8,999.	9,882.	163,716.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SANDRA MINIUTTI	(i)	152,288.	0.	0.	8,939.	1,085.	162,312.	0.
CHIEF NETWORK OFFICER	(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)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE PROPOSED CEO SALARY IS DERIVED FROM BENCHMARKING COMPARABLE NONPROFIT ORGANIZATIONS. THE TALENT AND COMPENSATION COMMITTEE REVIEW AND APPROVE THE PROPOSED COMPENSATION FOR INCLUSION IN THE BUDGET.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public
Inspection

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		82,892.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	10	259,623.	VALUE AT SETTLEMENT
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

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

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.

Yes No

30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2024

Schedule M (Form 990) 2024

Schedule M (Form 990) 2024

SCHEDULE O
(Form 990)

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

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:
THEM ACHIEVE SUSTAINABLE INDEPENDENCE THROUGH A COMMUNITY- BASED
RESPONSE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HOMELESSNESS AND OFFERS A COMPREHENSIVE, INDIVIDUALIZED AND
TRAUMA-INFORMED APPROACH. OFFERING PREVENTION, SHELTER, STABILIZATION
AND HOUSING, EACH PROGRAM ASCRIBES TO NATIONAL BEST PRACTICES YET IS
CUSTOMIZED TO THE NEEDS OF THE COMMUNITY. FAMILY PROMISE WORKS TO
PREVENT HOMELESSNESS AND IS OFTEN THE ONLY SHELTER SOLUTION IN
COMMUNITIES THAT WILL KEEP FAMILIES IN CRISIS TOGETHER. FAMILY
PROMISE'S WRAPAROUND SERVICES HELP FAMILIES QUICKLY STABILIZE AND
SECURE LONG-TERM, AFFORDABLE, SAFE HOUSING. THE NATIONAL OFFICE
PROVIDES TECHNICAL ASSISTANCE AND EXPERTISE TO A NETWORK OF NEARLY 200
AFFILIATES IN OVER 40 STATES, MOBILIZING THOUSANDS OF VOLUNTEERS AND
SERVING APPROX. 72,000 FAMILIES INCLUDING 110,000 CHILDREN EACH YEAR.

FORM 990, PART VI, SECTION A, LINE 8B:
THE ORGANIZATION'S GOVERNING BODY DOES NOT DELEGATE AUTHORITY TO ACT ON ITS
BEHALF

FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION'S FINANCE TEAM AND LEADERSHIP TEAM REVIEW THE 990 PRIOR TO
CIRCULATING IT TO THE BOARD FOR REVIEW AND FORMAL APPROVAL

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 15:
COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD.
THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2024.

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:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THEY
ARE ALSO POSTED ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XII, LINE 2C:
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. FAMILY PROMISE, INC.	Taxpayer identification number (TIN) 52-1591461
	Number, street, and room or suite no. If a P.O. box, see instructions. 71 SUMMIT AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SUMMIT, NJ 07901	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **BRITT DARROW**
71 SUMMIT AVENUE - SUMMIT, NJ 07901

Telephone No. **(908) 273-1100** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1** I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20 **24** or
- ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

- 2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2025)