

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2025

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FAMILY PROMISE, INC.		D Employer identification number 52-1591461
	Doing business as		E Telephone number 908-273-1100
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 15,936,002.
	71 SUMMIT AVENUE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code SUMMIT, NJ 07901		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: CHERYL SCHUCH SAME AS C ABOVE			H(c) Group exemption number If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.FAMILYPROMISE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1988
			M State of legal domicile: NJ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PREVENT AND END HOMELESSNESS FOR FAMILIES WITH CHILDREN TO ACHIEVE SUSTAINABLE INDEPENDENCE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	43
	6 Total number of volunteers (estimate if necessary)	6	450
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,278,235.	11,858,926.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	949,305.	863,375.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	119,689.	266,748.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-19,593.	-23,400.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,327,636.	12,965,649.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	3,074,605.	4,605,214.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	3,133,008.	4,155,442.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	463,293.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,331,821.	1,506,775.
19 Revenue less expenses. Subtract line 18 from line 12	7,539,434.	10,267,431.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,788,202.	2,698,218.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	12,237,920.	14,278,183.
		2,998,853.	1,867,126.
		9,239,067.	12,411,057.

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 <input type="checkbox"/> if self-employed	PTIN
	BRIDGET HARTNETT	BRIDGET HARTNETT	05/07/26		P01429163
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	CLIFTONLARSONALLEN LLP	41-0746749		973-994-9494	
	Firm's address				
	293 EISENHOWER PARKWAY, 2ND FLOOR				
	LIVINGSTON, NJ 07039				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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 HOMELESSNESS AND OFFERS A

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No 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 [X] 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 \$ 7,345,448. including grants of \$ 4,014,646.) (Revenue \$ 863,375.) FAMILY PROMISE SUPPORTS A NATIONAL NETWORK OF NEARLY 200 AFFILIATES SERVING MORE THAN 188,000 CHILDREN AND FAMILY MEMBERS EXPERIENCING OR AT RISK OF HOMELESSNESS THROUGH PREVENTION, SHELTER, STABILIZATION, AND HOUSING SERVICES. THE ORGANIZATION PROVIDES TECHNICAL ASSISTANCE, OPERATIONAL AND PROGRAMMATIC GUIDANCE, AND SIGNIFICANT GRANT FUNDING TO HELP AFFILIATES STRENGTHEN COMMUNITY-BASED EFFORTS AND EXPAND LOCAL PROGRAMMING.

4b (Code:) (Expenses \$ 1,751,715. including grants of \$ 590,568.) (Revenue \$) DURING 2025, FAMILY PROMISE UNION COUNTY OPERATED AS A PROGRAM OF FAMILY PROMISE, INC. AND SERVED FAMILIES IN UNION COUNTY, NEW JERSEY, THROUGH SHELTER, PREVENTION, DIVERSION, AND STABILIZATION SERVICES. THE PROGRAM PROVIDED TEMPORARY EMERGENCY SHELTER THROUGH SHELTER APARTMENTS AND COORDINATED CONGREGATIONAL AND VOLUNTEER SUPPORT, INCLUDING MEAL COLLECTION AND DISTRIBUTION FOR FAMILIES. A DAY CENTER IN ELIZABETH, NEW JERSEY, SERVED AS THE CENTRAL LOCATION FOR CASE MANAGEMENT AND SUPPORTIVE SERVICES. PROGRAMS ASSISTED FAMILIES IN ADDRESSING HOUSING STABILITY, EMPLOYMENT, FINANCIAL CAPABILITY, TRANSPORTATION, HEALTH AND WELLNESS, AND OTHER BARRIERS TO LONG-TERM STABILITY.

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 9,097,163.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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>		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>		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>		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>		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>		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>		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>	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>		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>		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>	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>		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>	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>	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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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>		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>		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.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	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 Compliance

Check 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 106	
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)

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (19), 1b (19), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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.
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

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 CEO	40.00	X		X				286,194.	0.	12,442.
(2) MICHAEL KERKORIAN CHIEF DEVELOPMENT OFFICER	40.00			X				161,842.	0.	19,627.
(3) BRITT DARROW CHIEF FINANCIAL OFFICER	40.00			X				151,941.	0.	25,212.
(4) SANDRA MINIUTTI CHIEF NETWORK OFFICER	40.00			X				165,623.	0.	10,439.
(5) SHARI COMPETIELLO CHIEF OPERATING OFFICER	40.00			X				147,993.	0.	8,457.
(6) CHRISTINE TOLLESON DIRECTOR OF GRANTS COMPLIANCE	40.00					X		107,763.	0.	38,218.
(7) CAROLYN GORDON CHIEF PROGRAM OFFICER	40.00			X				124,620.	0.	17,056.
(8) JASON PARRY DIRECTOR AFFILIATE SERVICES	40.00					X		128,402.	0.	9,877.
(9) MELISSA BIGGAR SR DIRECTOR ANNUAL FUND & COMMS	40.00					X		112,425.	0.	21,694.
(10) BEVERLY ORTH DIRECTOR OF FOUNDATION RELATIONS	40.00					X		103,695.	0.	16,236.
(11) AMBER YOUNG DIRECTOR OF CORPORATE RELATIONS	40.00					X		108,735.	0.	10,577.
(12) JEFFREY ARMSTRONG TRUSTEE 11/25	1.00	X						0.	0.	0.
(13) JOSH BARER TRUSTEE THRU 12/25	1.00	X						0.	0.	0.
(14) KEVIN BARRETT TRUSTEE	1.00	X						0.	0.	0.
(15) BETSY BERNARD TRUSTEE	1.00	X						0.	0.	0.
(16) SARAH BIRD TRUSTEE THRU 12/25	1.00	X						0.	0.	0.
(17) JAMES BLOCK TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ALEX ENGLISH TRUSTEE	1.00	X						0.	0.	0.
(19) JOHN FERRIE TRUSTEE	1.00	X						0.	0.	0.
(20) DAVID FLECK TRUSTEE	1.00	X						0.	0.	0.
(21) TIM GAMORY TRUSTEE THRU 12/25 VICE CHAIR 12/25	1.00	X		X				0.	0.	0.
(22) LEAH GRIFFITH TRUSTEE	1.00	X						0.	0.	0.
(23) LINDA HENRY BOARD TREASURER THRU 12/25	1.00	X		X				0.	0.	0.
(24) ROBERT J. HUGIN TRUSTEE	1.00	X						0.	0.	0.
(25) CHRISTOPHER KING VICE CHAIR THRU 12/25 TREAS. 12/25	1.00	X		X				0.	0.	0.
(26) MICHAEL MOODY BOARD CHAIR	1.00	X		X				0.	0.	0.
1b Subtotal								1,599,233.	0.	189,835.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,599,233.	0.	189,835.

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 11

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	79,090.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,880,320.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,899,516.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,200,781.				
	h Total. Add lines 1a-1f			11,858,926.			
Program Service Revenue	2 a NETWORK FEES	Business Code					
		900099	863,375.	863,375.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			863,375.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		264,266.			264,266.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				2,930,845.			
	b Less: cost or other basis and sales expenses	7b	2,928,363.				
	c Gain or (loss)	7c	2,482.				
	d Net gain or (loss)			2,482.		2,482.	
8 a Gross income from fundraising events (not including \$ 79,090. of contributions reported on line 1c). See Part IV, line 18	8a		18,590.				
		b Less: direct expenses	8b	41,990.			
		c Net income or (loss) from fundraising events			-23,400.		-23,400.
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		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			12,965,649.	863,375.	0.	243,348.	

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	4,014,646.	4,014,646.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	590,568.	590,568.		
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	1,131,446.	890,900.	142,562.	97,984.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,448,176.	1,927,695.	308,470.	212,011.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	88,768.	69,896.	11,185.	7,687.
9 Other employee benefits	269,912.	212,529.	34,009.	23,374.
10 Payroll taxes	217,140.	170,976.	27,360.	18,804.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	38,590.	34,272.	2,559.	1,759.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	33,006.		33,006.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	364,812.	274,699.	53,407.	36,706.
12 Advertising and promotion				
13 Office expenses	210,794.	165,921.	26,550.	18,323.
14 Information technology	166,740.	131,291.	21,009.	14,440.
15 Royalties				
16 Occupancy	35,587.	28,020.	4,484.	3,083.
17 Travel	157,644.	124,129.	19,863.	13,652.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,972.	2,836.	3,637.	2,499.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,508.	7,487.	1,198.	823.
23 Insurance	26,536.	20,894.	3,344.	2,298.
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 PROGRAM EXPENDITURES	268,868.	268,868.		
b TRAINING	113,746.	89,564.	14,332.	9,850.
c INTERNS AND REGIONAL RE	71,972.	71,972.		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	10,267,431.	9,097,163.	706,975.	463,293.
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 Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	859,318.	1	901,158.
	2 Savings and temporary cash investments	4,684,097.	2	1,878,087.
	3 Pledges and grants receivable, net	27,667.	3	28,832.
	4 Accounts receivable, net	12,550.	4	66,887.
	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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	66,680.	9	138,168.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 815,956.		
	b Less: accumulated depreciation	10b 0.	10c	815,956.
	11 Investments - publicly traded securities	6,333,953.	11	9,710,857.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	243,804.	15	738,238.
16 Total assets. Add lines 1 through 15 (must equal line 33)	12,237,920.	16	14,278,183.	
Liabilities	17 Accounts payable and accrued expenses	150,177.	17	423,844.
	18 Grants payable		18	
	19 Deferred revenue	2,848,676.	19	1,443,282.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	2,998,853.	26	1,867,126.
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	8,001,322.	27	11,127,520.
	28 Net assets with donor restrictions	1,237,745.	28	1,283,537.
	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	9,239,067.	32	12,411,057.
33 Total liabilities and net assets/fund balances	12,237,920.	33	14,278,183.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,965,649.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,267,431.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,698,218.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,239,067.
5	Net unrealized gains (losses) on investments	5	476,583.
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	-2,811.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	12,411,057.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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		
b Were the organization's financial statements audited by an independent accountant?	X	
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		
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
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?		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		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2025

Open to Public
Inspection

Name of the organization FAMILY PROMISE, INC.	Employer identification number 52-1591461
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5859636.	5649385.	5876723.	8278235.	11858926.	37522905.
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	5859636.	5649385.	5876723.	8278235.	11858926.	37522905.
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)						11579933.
6 Public support. Subtract line 5 from line 4.						25942972.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	5859636.	5649385.	5876723.	8278235.	11858926.	37522905.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	46,981.	11,449.	27,679.	122,726.	264,266.	473,101.
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.		999.		6,115.
11 Total support. Add lines 7 through 10						38002121.
12 Gross receipts from related activities, etc. (see instructions)					12	3,826,288.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	68.27 %
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	73.21 %
16a 33 1/3% support test - 2025. 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 - 2024. 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 - 2025. 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 - 2024. 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"/>

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2024 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2025. 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 - 2024. 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)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	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).		

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	Total annual distributions. Add lines 1 through 5.	6
7	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	7
8	Distributable amount for 2025 from Section C, line 6	8
9	Line 7 amount divided by line 8 amount	9

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: \$			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, 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 2025. 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 2026. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Schedule A (Form 990) 2025

**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 FAMILY PROMISE, INC.	Employer identification number 52-1591461
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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
1	 <hr/> <hr/> <hr/>	\$ <u>871,946.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>1,780,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>855,810.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>1,947,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>724,246.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FAMILY PROMISE, INC.	Employer identification number 52-1591461
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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	_____ _____ _____	\$ <u>550,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>421,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>315,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ <u>240,000.</u>	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.)

Name of organization FAMILY PROMISE, INC.	Employer identification number 52-1591461
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2025

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and 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-.

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 border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">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) 2022	(b) 2023	(c) 2024	(d) 2025	(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					

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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		2,244.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			2,244.
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 ENGAGED IN LIMITED, MISSION-FOCUSED LOBBYING ACTIVITIES DURING THE YEAR, CONSISTING PRIMARILY OF COMMUNICATIONS WITH MEMBERS OF CONGRESS AND THEIR STAFF REGARDING LEGISLATION AND FEDERAL FUNDING PRIORITIES RELATED TO FAMILIES EXPERIENCING OR AT RISK OF HOMELESSNESS.

DURING THE YEAR, THE NEWLY HIRED DIRECTOR OF ADVOCACY DEVOTED APPROXIMATELY 35 HOURS TO LOBBYING ACTIVITIES AND OBTAINED A SUBSCRIPTION TO ADVOCACY SOFTWARE TOOLS (FISCALNOTE, INCLUDING VOTERVOICE CONGRESS AND KNOWLEGIS) TO SUPPORT THE ORGANIZATION'S EFFORTS.

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?

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)?

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)

LHA 532051 04-01-25

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:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		815,956.		815,956.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				815,956.

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) SOFTWARE IN PROGRESS	738,238.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	738,238.

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 ...

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	13,612,283.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	476,583.	
b	Donated services and use of facilities	2b	161,067.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	41,990.	
e	Add lines 2a through 2d	2e		679,640.
3	Subtract line 2e from line 1		3	12,932,643.
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	33,006.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		33,006.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	12,965,649.

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	10,440,293.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	161,067.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	44,801.	
e	Add lines 2a through 2d	2e		205,868.
3	Subtract line 2e from line 1		3	10,234,425.
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	33,006.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		33,006.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	10,267,431.

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, 2025. AT DECEMBER 31, 2025, 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 41,990.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE 41,990.
 BAD DEBT EXPENSE 2,811.
 TOTAL TO SCHEDULE D, PART XII, LINE 2D 44,801.

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	97,680.			97,680.
	2 Less: Contributions	79,090.			79,090.
	3 Gross income (line 1 minus line 2)	18,590.			18,590.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	495.			495.
	6 Rent/facility costs				
	7 Food and beverages	25,165.			25,165.
	8 Entertainment	2,100.			2,100.
	9 Other direct expenses	14,230.			14,230.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				41,990.
11 Net income summary. Subtract line 10 from line 3, column (d)				-23,400.	

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				
	2 Cash prizes				
Direct Expenses	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: _____

**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 OF WEST MICHIGAN 516 CHERRY STREET S.E. GRAND RAPIDS, MI 49503	38-3357709	501(C)(3)	456,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF SUMMIT COUNTY 1040 EAST TALMADGE AVE. AKRON, OH 44310	75-3101718	501(C)(3)	227,500.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF SPOKANE 2002 E. MISSION AVE. SPOKANE, WA 99202	91-1707988	501(C)(3)	140,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF THE MID-WILLAMETTE VALLEY - 1055 EDGEWATER STREET NW - SALEM, OR 97304	93-1234367	501(C)(3)	140,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF LAS VEGAS PO BOX 270128 LAS VEGAS, NV 89127	88-0352350	501(C)(3)	140,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF LAWRENCE PO BOX 266 LAWRENCE, KS 66044	26-2709610	501(C)(3)	105,000.	0.			AFFILIATE PROGRAMMING SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 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 GREATER ORLANDO 1000 CLAY STREET WINTER PARK, FL 32789	59-3679904	501(C)(3)	86,775.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF GREATER INDIANAPOLIS - 1850 N. ARSENAL AVE. - INDIANAPOLIS, IN 46218	35-1909912	501(C)(3)	75,893.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF GREATER PHOENIX 7447 EAST EARLL DR. SCOTTSDALE, AZ 85251	86-0914408	501(C)(3)	75,009.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF GALLATIN VALLEY 1603 TSCHACHE LANE BOZEMAN, MT 59718	11-3739588	501(C)(3)	75,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF SAN GABRIEL VALLEY - 1005 EAST LAS TUNAS DRIVE #525 - SAN GABRIEL, CA 91776	27-0315194	501(C)(3)	70,898.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF BALDWIN COUNTY 20511 COUNTY ROAD 36 SUMMERDALE, AL 36580	20-5453410	501(C)(3)	56,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF THE TRIANGLE 903 METHOD ROAD RALEIGH, NC 27606	56-1843022	501(C)(3)	56,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF GAINESVILLE PO BOX 5189 GAINESVILLE, FL 32627	59-3414493	501(C)(3)	49,275.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF YELLOWSTONE VALLEY - 10 S. 26TH ST. - BILLINGS, MT 59101	20-0323622	501(C)(3)	48,275.	0.			AFFILIATE PROGRAMMING SUPPORT

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 MISSOULA 2205 34TH STREET MISSOULA, MT 59801	27-3168018	501(C)(3)	48,275.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF HAWAII 245 N. KUKUI STREET, SUITE 104 HONOLULU, HI 96817	20-2645489	501(C)(3)	46,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF GREATER CLEVELAND - 3470 EAST 152ND ST. - CLEVELAND, OH 44120	34-1598710	501(C)(3)	42,200.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF GREENVILLE COUNTY - 606 PENDLETON ST. - GREENVILLE, SC 29601	57-0511977	501(C)(3)	42,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF THE MIDLANDS 1333 OMAREST DR. COLUMBIA, SC 29210	26-4259689	501(C)(3)	41,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF BELL COUNTY 1411 EAST AVE. N TEMPLE, TX 76501	11-3703229	501(C)(3)	41,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF FORSYTH COUNTY P.O. BOX 3305 CUMMING, GA 30028	46-5664080	501(C)(3)	41,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF WAUKESHA COUNTY PO BOX 66 WAUKESHA, WI 53817	45-5502675	501(C)(3)	40,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF GREAT FALLS PO BOX 455 GREAT FALLS, MT 59403	46-2655042	501(C)(3)	40,000.	0.			AFFILIATE PROGRAMMING SUPPORT

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 SOUTHWEST NEW JERSEY - 302 KINGS HIGHWAY - CLARKSBORO, NJ 08028	55-0830629	501(C)(3)	40,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF BREVARD, INC. P.O. BOX 562666 ROCKLEDGE, FL 32956	33-1170962	501(C)(3)	36,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE METROWEST 6 MULLIGAN ST. NATICK, MA 01760	20-5963640	501(C)(3)	35,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF MORRIS COUNTY PO BOX 1494 MORRISTOWN, NJ 07962	52-1572014	501(C)(3)	35,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF SOUTHERN NEW HAMPSHIRE - PO BOX 450 - NASHUA, NH 03061	02-0528837	501(C)(3)	35,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF SUSSEX COUNTY PO BOX 154 NEWTON, NJ 07860	22-3496775	501(C)(3)	35,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FORT BEND FAMILY PROMISE 4645 CARTWRIGHT RD MISSOURI CITY, TX 77459	20-3263469	501(C)(3)	35,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF JACKSONVILLE P.O. BOX 40363 JACKSONVILLE, FL 32203	59-3685470	501(C)(3)	31,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF THE JERSEY SHORE P.O. BOX 83 WEST CREEK, NJ 08092	26-1970045	501(C)(3)	30,000.	0.			AFFILIATE PROGRAMMING SUPPORT

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 WESTERN NEW YORK 75 HICKORY ST. BUFFALO, NY 14204	16-1474044	501(C)(3)	28,888.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF PICKENS COUNTY PO BOX 1165 EASLEY, SC 29641	45-5195142	501(C)(3)	26,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF GRAYSON COUNTY 901 E. HOUSTON ST., STE. 100 SHERMAN, TX 75090	81-1140179	501(C)(3)	26,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF GREATER JOHNSON CITY - PO BOX 205 - JOHNSON CITY, TN 37605	62-1808323	501(C)(3)	24,500.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF BIRMINGHAM PO BOX 531233 BIRMINGHAM, AL 35253	31-1544162	501(C)(3)	24,500.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF ALBANY COUNTY PO BOX 1859 LARAMIE, WY 82073	81-0766336	501(C)(3)	23,533.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF NORTHERN NEW CASTLE COUNTY - 2104 ST. JAMES CHURCH RD. - WILMINGTON, DE 19808	26-2373936	501(C)(3)	21,455.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF DAVIE COUNTY PO BOX 1536 MOCKSVILLE, NC 27028	81-1096297	501(C)(3)	21,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF HARRISBURG CAPITAL REGION - 56 ERFORD RD. - CAMP HILL, PA 17011	35-2340680	501(C)(3)	21,000.	0.			AFFILIATE PROGRAMMING SUPPORT

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 HALL COUNTY 3606 MCEVER ROAD OAKWOOD, GA 30566	27-5544034	501(C)(3)	21,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF BLOUNT COUNTY P.O. BOX 4457 MARYVILLE, TN 37802	26-1457703	501(C)(3)	21,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF ATHENS PO BOX 581 ATHENS, GA 30603	57-1154361	501(C)(3)	21,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE WINCHESTER AREA C/O MARKET ST. UNITED METHODIST CHURCH, 131 SOUTH CAMERON ST. - WINCHESTER,	35-2641331	501(C)(3)	21,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF COBB COUNTY 1823 BLACKWELL RD MARIETTA, GA 30066	46-0531824	501(C)(3)	21,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF COASTAL ALABAMA 1260 DAUPHIN ST. MOBILE, AL 36604	38-3684968	501(C)(3)	21,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF SOUTH SARASOTA COUNTY - 850 COCKRILL ST. - VENICE, FL 34285	46-4906213	501(C)(3)	21,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF NORTH FULTON/DEKALB - 89 GROVE WAY - ROSWELL, GA 30075	45-2803656	501(C)(3)	21,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF ESCAMBIA COUNTY C/O GADSDEN ST. UMC, 901 E. GADSDEN PENSACOLA, FL 32501	83-4620136	501(C)(3)	21,000.	0.			AFFILIATE PROGRAMMING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY PROMISE OF GREATER ROANOKE 631 ABNEY ROAD ROANOKE, VA 24012	54-1868833	501(C)(3)	21,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF BRISTOL 100 ASH ST., #2 BRISTOL, TN 37620	45-2278494	501(C)(3)	21,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF THE LOWER CAPE FEAR - 20 N. 4TH STREET, SUITE 440 - WILMINGTON, NC 28401	56-1925967	501(C)(3)	21,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF TULSA COUNTY 1616 N. GILCREASE MUSEUM RD. TULSA, OK 74127	81-2635569	501(C)(3)	21,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF BRADLEY COUNTY P.O. BOX 5703 CLEVELAND, TN 37320	27-2074609	501(C)(3)	21,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF WHITE & HABERSHAM - P.O. BOX 905 - CLEVELAND, GA 30528	45-2221200	501(C)(3)	21,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF ROANE COUNTY PO BOX 605 ROCKWOOD, TN 37854	46-2584289	501(C)(3)	21,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF SHENANDOAH COUNTY - 781 SPRING PARKWAY - WOODSTOCK, VA 22664	47-1024116	501(C)(3)	21,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF SOUTHERN DELAWARE - PO BOX 439 - NASSAU, DE 19969	84-3797847	501(C)(3)	20,350.	0.			AFFILIATE PROGRAMMING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY PROMISE OF GREATER CONCORD 79 CLINTON ST. CONCORD, NH 03301	61-1694332	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF GREATER ROCHESTER - 142 WEBSTER AVE. - ROCHESTER, NY 14609	41-2064888	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF THE CHIPPEWA VALLEY - 309 E. LAKE ST. - EAU CLAIRE, WI 54701	39-1799434	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF PUGET SOUND PO BOX 1203 SPANAWAY, WA 98387	92-3156045	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF TUALATIN VALLEY 11460 SW PACIFIC HIGHWAY TIGARD, OR 97223	81-5297091	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF RIVERSIDE 7200 MAGNOLIA AVE RIVERSIDE, CA 92504	84-3313147	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF GREATER HELENA PO BOX 939 HELENA, MT 59624	27-2482216	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF LEWIS CLARK VALLEY - PO BOX 1555 - LEWISTON, ID 83501	20-4252267	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF LARIMER COUNTY 1511 E. 11TH ST., SUITE 200 LOVELAND, CO 80537	84-0568546	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT

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 SALT LAKE 814 WEST 800 SOUTH SALT LAKE CITY, UT 84104	87-0547916	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF PORTER COUNTY PO BOX 2582 PORTAGE, IN 46368	81-3719752	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF LOS ANGELES 2930 EL DORADO ST. TORRANCE, CA 90503	45-2812002	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF WARREN COUNTY, OH - 600 CINCINNATI AVE. - LEBANON, OH 45036	31-1578564	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF SAN JOAQUIN COUNTY - 6148 GETTYSBURG PLACE - STOCKTON, CA 95207	82-1794338	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF ONTARIO COUNTY 185 N. MAIN STREET CANANDAIGUA, NY 14424	81-4353748	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF HAMILTON COUNTY PO BOX 2073 NOBLESVILLE, IN 46061	82-1163084	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF CARBON COUNTY 140 WEST MILL ST. NESQUEHONING, PA 18240	27-0763520	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF SKAGIT VALLEY P.O. BOX 335 SEDRO-WOLLEY, WA 98284	46-2556043	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT

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 THE GREAT RIVERS 117 WEST OAK ST. SPARTA, WI 54656	45-5319621	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
GREATER PORTLAND FAMILY PROMISE PO BOX 11048 PORTLAND, ME 04104	81-2565353	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF NORTH IDAHO PO BOX 3682 COEUR D'ALENE, ID 83816	14-1971894	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF SOUTHERN CHESTER COUNTY - 1156 W. BALTIMORE PIKE - KENNETT SQUARE, PA 19348	35-2518819	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF BERGEN COUNTY 100 DAYTON STREET RIDGEWOOD, NJ 07450	22-2853599	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF THE PALOUSE PO BOX 9389 MOSCOW, ID 83843	45-5497267	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF THE POCONOS, INC. - P.O BOX 1021 - STROUDSBURG, PA 18360	30-0428877	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF BERKS COUNTY 325 N. 5TH STREET READING, PA 19601	20-4557683	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF MIDLAND 2908 W. OHIO MIDLAND, TX 79708	27-1003573	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT

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 CAPE MAY COUNTY 505 TOWN BANK ROAD NORTH CAPE MAY, NJ 08204	11-3807411	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF CLARK COUNTY PO BOX 873308 VANCOUVER, WA 98687	81-4632218	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF WASHINGTON COUNTY WI - 450 EAST WATER ST. - WEST BEND, WI 53095	27-0740203	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF JUNEAU PO BOX 32775 JUNEAU, AK 99803	47-5613303	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF GREATER DENVER PO BOX 172125 DENVER, CO 80217	84-1367869	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE MONTCO PA 31 S. SPRING GARDEN ST AMBLER, PA 19002	22-2708420	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF OZAUKEE COUNTY 136 WEST GRAND AVE PORT WASHINGTON, WI 53074	46-4227704	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE NORTH SHORE BOSTON 35 CONANT STREET #1 BEVERLY, MA 01915	27-1801635	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE ROCHESTER 913 1ST ST., NW ROCHESTER, MN 55901	41-1953191	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT

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 THE ALLEGHENY VALLEY ASSOCIATION OF CHURCHES - 1913 FREEPORT ROAD - NATRONA HEIGHTS, PA 15065	25-1234556	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF THE CAPITAL REGION - 738 NEW SCOTLAND AVE. - ALBANY, NY 12208	46-2683239	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF SACRAMENTO PO BOX 1378 SACRAMENTO, CA 95812	68-0404332	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE MAT-SU 4886 EAST ALDER DRIVE WASILLA, AK 99654	68-0510566	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF MARTIN COUNTY P. O. BOX 1919 STUART, FL 34994	82-3848930	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF OGDEN 256 24TH ST. OGDEN, UT 84401	47-4944656	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF LUBBOCK PO BOX 1258 LUBBOCK, TX 79408	75-2758106	501(C)(3)	20,000.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF GREATER HOUSTON COUNTY - PO BOX 8434 - WARNER ROBINS, GA 31095	45-2454402	501(C)(3)	12,112.	0.			AFFILIATE PROGRAMMING SUPPORT
FAMILY PROMISE OF GREEN COUNTY PO BOX 378 MONROE, WI 53566	45-2074314	501(C)(3)	10,035.	0.			AFFILIATE PROGRAMMING SUPPORT

Schedule I (Form 990)

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
SHELTER DIVERSION	341	306,426.	0.		
RENTAL ASSISTANCE	55	49,662.	0.		
VARIOUS ASSISTANCE	5162	48,189.	186,291.	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:

THE ORGANIZATION MONITORS GRANTS AWARDED TO AFFILIATES IN THE UNITED STATES THROUGH ESTABLISHED GRANT COMPLIANCE PROCEDURES. MAJOR GRANTS ARE SUBJECT TO OVERSIGHT BY THE DIRECTOR OF GRANTS COMPLIANCE, WHO PERFORMS COMPLIANCE REVIEWS DESIGNED TO CONFIRM THAT GRANT FUNDS ARE SPENT IN ACCORDANCE WITH THE APPROVED PURPOSE AND APPLICABLE REQUIREMENTS. AS PART OF THIS PROCESS, THE ORGANIZATION OBTAINS AND REVIEWS SUPPORTING DOCUMENTATION FOR EXPENDITURES FROM THE AFFILIATES, EVALUATES THE ALLOWABILITY OF COSTS, AND FOLLOWS UP ON QUESTIONS OR EXCEPTIONS. THESE PROCEDURES ARE SUPPORTED BY INTERNAL CONTROLS OVER GRANT APPROVAL, DISBURSEMENT, AND COMPLIANCE REVIEW.

**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

	Yes	No
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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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	1b	
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?	2	
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 checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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?	4a	<input checked="" type="checkbox"/>
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	<input checked="" type="checkbox"/>
c Participate in or receive payment from an equity-based compensation arrangement?	4c	<input checked="" type="checkbox"/>
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?	5a	<input checked="" type="checkbox"/>
b Any related organization?	5b	<input checked="" type="checkbox"/>
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?	6a	<input checked="" type="checkbox"/>
b Any related organization?	6b	<input checked="" type="checkbox"/>
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	7	<input checked="" type="checkbox"/>
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	8	<input checked="" type="checkbox"/>
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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 CEO	(i)	286,194.	0.	0.	11,434.	1,008.	298,636.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL KERKORIAN CHIEF DEVELOPMENT OFFICER	(i)	161,842.	0.	0.	9,623.	10,004.	181,469.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BRITT DARROW CHIEF FINANCIAL OFFICER	(i)	151,941.	0.	0.	9,271.	15,941.	177,153.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SANDRA MINIUTTI CHIEF NETWORK OFFICER	(i)	165,623.	0.	0.	9,580.	859.	176,062.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SHARI COMPETIELLO CHIEF OPERATING OFFICER	(i)	147,993.	0.	0.	7,679.	778.	156,450.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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)**

Noncash Contributions

OMB No. 1545-0047

2025

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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		186,291.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	8	1,014,490.	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 Acknowledgment **29**

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2025 Created 12/29/25

**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 III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
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, AND SAFE HOUSING.
THE NATIONAL OFFICE PROVIDES TECHNICAL ASSISTANCE AND EXPERTISE TO A
NATIONAL NETWORK OF NEARLY 200 AFFILIATES BY MOBILIZING 80,000
VOLUNTEERS AND SERVING OVER 188,000 CHILDREN AND FAMILY MEMBERS ACROSS
PROGRAMS AND COMMUNITY SERVICES 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 AND LEADERSHIP TEAM REVIEW THE 990 PRIOR TO
CIRCULATING IT TO THE FINANCE COMMITTEE FOR REVIEW, THEN IT IS RECOMMENDED
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 TALENT AND COMPENSATION
COMMITTEE, THEN REVIEWED AND APPROVED BY THE FULL BOARD. A MARKET RATE
ANALYSIS WAS PERFORMED WITH THE ASSISTANCE OF AN OUTSIDE CONTRACTOR IN
2025.

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,AK,CO,CT,ME,NV,OK,OR,WA,DC

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 XI, LINE 9, CHANGES IN NET ASSETS:
BAD DEBT EXPENSE -2,811.

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**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

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	Name of exempt organization, employer, or other filer, see instructions. FAMILY PROMISE, INC.	Taxpayer identification number (TIN) 52-1591461
File by the due date for filing your return. See instructions.	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 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 **25** 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.