Short Form Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

2019

A		-	endar year, or tax year beginning and ending				
В	Check if applicat		C Name of organization	D) Employe	r identification number	
	Addr	ress change		27-2074609			
	Nam	e change	FAMILY PROMISE OF BRADLEY COUNTY	27-	2074609		
	Initia	I return I return/	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite E	Telepho	ne number	
	Final	l return/ inated	P.O. BOX 5703		423	-650-4106	
	Ame	nded return	City or town, state or province, country, and ZIP or foreign postal code	F	Group E	xemption	
	Applic	cation pending	CLEVELAND, TN 37320-5703		Number	•	
G	Accour	nting Meth	od: X Cash Accrual Other (specify) ►	H	I Check	if the organization is	
			WW.FAMILYPROMISEBRADLEY.ORG	_		ired to attach Schedule B	
J	Tax-ex	cempt stati	Is (check only one) — X 501(c)(3) 501(c) ()◀(insert no.) 4947(a)(1) or	527	(Form 9	90, 990-EZ, or 990-PF).	
		of organizat		•		, , , ,	
			and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (I	Part II,			
		n (B)) are §	500,000 or more, file Form 990 instead of Form 990-EZ		►	\$ 156,455.	
Ρ	art I	Reve	nue, Expenses, and Changes in Net Assets or Fund Balances (see the	instruc	tions for F	Part I)	
		 Check	f the organization used Schedule O to respond to any question in this Part I			X	
	1		ions, gifts, grants, and similar amounts received			4 4 4	
	2	Program	service revenue including government fees and contracts		2		
	3		hip dues and assessments				
	4	Investme	nt income SEE SCHEDULE	0		85.	
	5a		ount from sale of assets other than inventory 5a				
	Ь		t or other basis and sales expenses 5b				
	c		oss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	7	
	6		nd fundraising events:				
	a	-	ome from gaming (attach Schedule G if greater than				
nu		\$15,000)					
Revenue	Ь	Gross inc	ome from fundraising events (not including \$ of contributions				
č			Iraising events reported on line 1) (attach Schedule G if the sum of such				
				, 58	1.		
	c	-	ct expenses from gaming and fundraising events 6c 4	,04	7.		
	d		ne or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	10,534.	
	7a		es of inventory, less returns and allowances				
	Ь		t of goods sold 7b				
	c	Gross pro	fit or (loss) from sales of inventory (subtract line 7b from line 7a)				
	8	Other rev	enue (describe in Schedule O) SEE SCHEDULE	0	8	53.	
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	152,408.	
	10		d similar amounts paid (list in Schedule O)		10		
	11		baid to or for members				
ŝ	12		other compensation, and employee benefits			51,919.	
nse	13	Professio	nal fees and other payments to independent contractors		13	321.	
Expenses	14	Occupant	y, rent, utilities, and maintenance SEE SCHEDULE	0	14	3,490.	
ш	15	Printing,	publications, postage, and shipping			580.	
	16	Other exp	enses (describe in Schedule 0) SEE SCHEDULE	0		60,222.	
	17	Total exp	enses. Add lines 10 through 16		▶ 17	-	
	18	Excess or	(deficit) for the year (subtract line 17 from line 9)		18	35,876.	
iets	19	Net asset	s or fund balances at beginning of year (from line 27, column (A))				
Ass		(must ag	ree with end-of-year figure reported on prior year's return)		19	57,510.	
Net Assets	20		nges in net assets or fund balances (explain in Schedule 0)	0	20		
_	21	Net asset	s or fund balances at end of year. Combine lines 18 through 20		▶ 21	93,535.	
IН	A Ear	Depenver	k Reduction Act Notice, see the senarate instructions			Form 990-EZ (2019)	

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Forr	n 990-EZ (2019) FAMILY PROMISE OF BRADLEY	COUNTY		27-2	20746	09	Page 2
Pa	art II Balance Sheets (see the instructions for Part II)						
	Check if the organization used Schedule O to resp	ond to any ques	tion in this Part II				. X
			(A) Beginning of year		(B) E	nd of ye	
22	Cash, savings, and investments		35,986.	22		72,	499.
23	Land and buildings			23			
24	Other assets (describe in Schedule 0) SEE SCHEDULE O		24,526.	24			036.
25	Total assets		60,512.	_		93,	535.
26	Total liabilities (describe in Schedule 0) SEE SCHEDULE O		3,002.				0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		57,510.	27		93,	535.
Pa	art III Statement of Program Service Accomplishmen	•	,			penses	
	Check if the organization used Schedule O to resp	ond to any ques	tion in this Part III	X	(Required 501(c)(3)		
Wha	at is the organization's primary exempt purpose? <u>SEE</u> SCHEDULE O				organizatio		
	ribe the organization's program service accomplishments for each of its three largest program se		enses. In a clear and concise		others.)		
man	ner, describe the services provided, the number of persons benefited, and other relevant informati						
28	TO PROVIDE HOMELESS FAMILIES WITH SH			_			
	COMPREHENSIVE SUPPORT TO RE-ESTABLIS	SH INDEPEND	ENCY.	_			
	(Grants \$) If this amount includes foreign g	rants, check here			28a	116,	532.
29				_			
				_			
	(Grants \$) If this amount includes foreign g	rants, check here			29a		
30							
				_			
	(Grants \$) If this amount includes foreign g				30a		
31	Other program services (describe in Schedule O)						
	(Grants \$) If this amount includes foreign g	rants, check here			31a		
32	Total program service expenses (add lines 28a through 31a)			. 🕨	32	116,	532.
Pa	art IV List of Officers, Directors, Trustees, and Key Er			e the in	structions for	r Part IV)	
	Check if the organization used Schedule O to resp	ond to any ques	tion in this Part IV			<u></u>	
		(b) Average hours	(•)		Ith benefits, butions to		stimated
	(a) Name and title	per week devoted t	W-2/1099-MISC)	employ	yee benefit ind deferred		t of other
		position	(if not paid, enter -0-)		pensation	comp	ensation
	LLY BRACKEN						
	RECTOR	2.00	0.		0.		0.
	NDY LAWSON						
	RECTOR	2.00	0.		0.		0.
_	IY MOTT						
_	RECTOR	2.00	0.		0.		0.
	B BIRDWELL						
	RECTOR	2.00	0.		0.		0.
ΤI	M SHARPE						
DI	RECTOR	2.00	0.		0.		0.
MA	RK LAY						
TF	EASURER	10.00	0.		0.		0.
	HN ELLERBE						
VI	CE PRESIDENT	2.00	0.		0.		0.
	AN GOSLEN						
	CRETARY	5.00	0.		0.		0.
	A VANHOOK						
	ECUTIVE DIRECTOR	35.00	30,505.		0.		0.
_	YTEN HOLCOMBE						<u> </u>
	ESIDENT	10.00	0.		0.		0.
	OOKE SHELICH						<u> </u>
_	SE MANAGER	16.00	5,931.		0.		0.
	IZABETH MCELHANEY	10.00	5,5510		••		
	OGRAM MANAGER	16.00	8,966.		0.		0.
			0,900.			990_F	Z (2019)
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Form	1 990-EZ (2019) FAMILY PROMISE OF BRADLEY COUNTY 27-2074	609		Page 3
Pa	Int V Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part	V	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule 0	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions			37
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made			X
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		
		-		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
τυα	section 4911 \blacktriangleright 0 • ; section 4912 \blacktriangleright 0 • ; section 4912 \blacktriangleright 0 • .			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
-	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization \bullet 0.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
	List the states with which a copy of this return is filed \blacktriangleright NONE	0 1	106	
42 a	The organization's books are in care of \blacktriangleright FAMILY PROMISE OF BRADLEY CO Located at \triangleright P.O. BOX 5703, CLEVELAND, TN			702
L	Located at \blacktriangleright P.O. BOX 5703, CLEVELAND, TN ZIP + 4 \blacktriangleright 3 At any time during the calendar year, did the organization have an interest in or a signature or other authority	5752	0-5	105
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		🕨	
	and enter the amount of tax-exempt interest received or accrued during the tax year 43	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	44.1		
AE -	in Schedule 0	44d		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	45a		Δ
U	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		
		Form 9	90-F7	(2019)
				()

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Form 990-EZ (2	PAMILI PROMIS	SE OF BRADLEY	COONII			,	<u>7-2074</u>			Page
									Yes	No
6 Did the or	rganization engage, directly or indirectly,	in political campaign activitie	es on behalf of or	in oppositic	n to candidates f	or public	office?			
	omplete Schedule C, Part I							46		Х
	Section 501(c)(3) Organizat	-								
	All section 501(c)(3) organizations m									
	Check if the organization used Sche	edule O to respond to any	question in this	SPart VI						
									Yes	
	rganization engage in lobbying activities							47		X
	anization a school as described in sectio							48		X X
	rganization make any transfers to an exer							49a		<u> </u>
	vas the related organization a section 527 this table for the organization's five high							49b	aivad n	aara
	2,000 of compensation from the organization		•	ers, unector	s, liuslees, allu k	ey emplo	Jyees) who ea	CITTED	eiveu i	lore
liidii g iuu	(a) Name and title of each empl		(b) Average	a houre		. (d)	Health benefits	1 (0) Estim	hate
		Юуее	per week de		(C) Reportabl compensation (Fo	orms Č	ontributions to		ount of	
	,	NONE	positio		W-2/1099-MIS) pla	ns, and deferred		mpensa	
							compensation	+		
			1							
								+		
			1							
								+		
			1							
								-		
			1							
								-		
			4							
1 Complete	nber of other employees paid over \$100, this table for the organization's five high ion. If there is none, enter "None."			o each recei	ved more than \$	100,000 (of compensat	ion fro	om the	
1 Complete organizati	this table for the organization's five high	nest compensated independer NONE			ved more than \$) Type of service	100,000 (om the ensatior	1
1 Complete organizati	this table for the organization's five high ion. If there is none, enter "None."	nest compensated independer NONE				100,000 (1
1 Complete organizati	this table for the organization's five high ion. If there is none, enter "None."	nest compensated independer NONE				100,000 (1
1 Complete organizati	this table for the organization's five high ion. If there is none, enter "None."	nest compensated independer NONE				100,000 (<u>1</u>
1 Complete organizati	this table for the organization's five high ion. If there is none, enter "None."	nest compensated independer NONE								<u> </u>
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1 Complete organizati (a) N	this table for the organization's five high ion. If there is none, enter "None."	nest compensated independen NONE pendent contractor	nt contractors wh	(b) Type of service					1
1 Complete organizati (a) N (a) N (b) N (c) N (c	this table for the organization's five high ion. If there is none, enter "None." lame and business address of each indep not be of other independent contractors ea rganization complete Schedule A? Note:	nest compensated independen NONE pendent contractor	nt contractors wh	(b) Type of service		(c) (
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1 Complete organizati (a) N (a) N (a) N (a) N (c) N (c	this table for the organization's five high ion. If there is none, enter "None."	nest compensated independer NONE pendent contractor ch receiving over \$100,000 All section 501(c)(3) organiz ad this return, including according to the section of the	ations must attac	h a) Type of service	e best of	(c) ()		ensation	No
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d Total num 2 Did the or completee nder penalties ue, correct, ar	this table for the organization's five high ion. If there is none, enter "None." lame and business address of each indep nber of other independent contractors ea rganization complete Schedule A? Note: d Schedule A s of perjury, I declare that I have examine	nest compensated independer NONE pendent contractor ch receiving over \$100,000 All section 501(c)(3) organiz ad this return, including according to the section of the	ations must attac	h a) Type of service	e best of	(c) (ensation	No
d Total num 2 Did the or completee nder penalties ue, correct, ar ign	this table for the organization's five high ion. If there is none, enter "None."	nest compensated independer NONE pendent contractor ch receiving over \$100,000 All section 501(c)(3) organiz ad this return, including according to the section of the	ations must attac	h a) Type of service	e best of ledge.	(c) (ensation	No
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1 Complete organizati (a) N (a) N (a) N (a) N (c) N (c	this table for the organization's five high ion. If there is none, enter "None."] lame and business address of each indep nber of other independent contractors ea rganization complete Schedule A? Note: d Schedule A	nest compensated independen NONE pendent contractor ch receiving over \$100,000 All section 501(c)(3) organiz ed this return, including accor ner than officer) is based on a PRESIDENT Preparer's signature TREAVOR CR	ations must attac mpanying schedul Il information of v	h a les and state which prepa	Type of service	e best of ledge. Da mployed s EIN ►	(c) ((c) (c) ((c) (c) ((c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	<u>Compe</u> <u>Sompe</u> ge and <u>Sog 4</u>	ensation es belief, 689 65	No
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4 2019.05060 FAMILY PROMISE OF BRADLEY 27-20741

SCH	EDL	JLE	А
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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
2019
Open to Public Inspection

Employer identification number

27-2074609

Name of t	he organization					
			PROMISE			
Part I	Reason for	Public Cha	rity Status (A	All orga	anizations must	complete this

Pa	rt I	Reason for Public C	Charity Status (/	All organizations must co	omplete th	is part.) Se	e instructions.						
The	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)							
1	Ŭ	A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).						
2	\square	A school described in sect											
3	\square	A hospital or a cooperative					i).						
4	\square	· ·					•	the hospital's name.					
		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											
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 gov		ontal unit described in	agation 17	70/h)/4)/A)	6.0						
6 7	X							aublic described in					
'	- 23	An organization that norma	•	illar part of its support if	on a gove	mmenta	unit of from the general p						
0		section 170(b)(1)(A)(vi). (C		1/A/wi) (Complete Der	+ 11 \								
8	\square	A community trust describe				d in coniu	notion with a land grant						
9		An agricultural research org				-	-	•					
		or university or a non-land-g	rant college of agric	uiture (see instructions).	Enter the I	name, city	, and state of the college	e or					
10		university:		He are 0.0 1/00/ a f ite annu				d and a state for a					
10		An organization that norma											
		activities related to its exem	-					-					
		income and unrelated busin		(less section 511 tax) fro	om busines	ses acqui	red by the organization a	atter June 30, 1975.					
		See section 509(a)(2). (Cor	-										
11		An organization organized a	-	•	•								
12		An organization organized a	•	•	•								
		more publicly supported or	5					Sheck the box in					
		lines 12a through 12d that											
а		Type I. A supporting orga		-	• • •	-							
		the supported organization			majority o	f the direc	tors or trustees of the su	ipporting					
		organization. You must c	-										
b		Type II. A supporting org	-					•					
		control or management o			ame perso	ns that co	ntrol or manage the supp	ported					
		organization(s). You mus											
С		Type III functionally inte						ed with,					
		its supported organization											
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its supported organiz	zation(s)					
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attentiv	/eness					
		_ requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga					Type I, Type II, Type III						
		functionally integrated, or	Type III non-function	nally integrated supportion	ng organiz	ation.							
f	Ente	er the number of supported o	organizations										
g		vide the following information			(iv) Is the orga	inization listed							
	(i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
		organization		above (see instructions))	Yes	No							

Total

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Schedule A (Form 990 or 990-EZ) 2019 FAMILY PROMISE OF BRADLEY COUNTY Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv)

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	86,643.	103,366.	115,132.	137,700.	141,736.	584,577.
2	Tax revenues levied for the organ-						
	ization'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	86,643.	103,366.	115,132.	137,700.	141,736.	584,577.
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)						
	Public support. Subtract line 5 from line 4.						584,577.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	86,643.	103,366.	115,132.	137,700.	141,736.	584,577.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots		9.	13.	48.	85.	155.
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.)						
11	Total support. Add lines 7 through 10						584,732.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
_	organization, check this box and stor	o here					>
Sec	ction C. Computation of Publi	c Support Per	centage			r	
	Public support percentage for 2019 (I		•			14	99.97 %
	Public support percentage from 2018					15	<u>99.98 %</u>
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fac	sts-and-circumstanc	ces" test, check th	is box and stop h	iere. Explain in Pa	rt VI how the orgar	ization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶∟
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	;
	organization meets the "facts-and-circ						▶∐
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 FAMILY PROMISE OF BRADLEY COUNTY 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.)

Sec	ction A. Public Support		1		-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 per- formed, 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 bus-						
-	iness under section 513						
4	Tax revenues levied for the organ- ization'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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1		-		
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	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						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a sectior	n 501(c)(3) organiz	ation,
	check this box and stop here						>
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2019 (li	ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	19 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	-					▶∟
b	33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che						▶∐
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t			····· •
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Schedule A (Form 990 or 990-EZ) 2019 FAMILY PROMISE OF BRADLEY COUNTY

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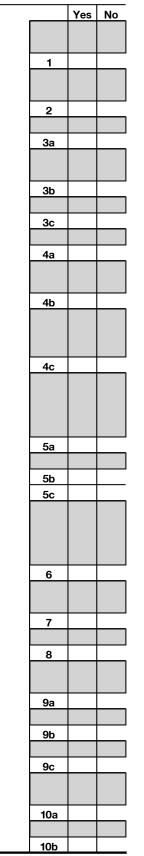
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).
- **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? *If "Yes," provide detail in* Part VI.
- 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? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **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)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 FAMILY PROMISE OF BRADLEY COUNTY

Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0L		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustoes of each of the supported organizations?	20		
h	trustees of each of the supported organizations? <i>Provide details in</i> Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
U	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
_	or the supported organization of it integ. Describe in the tote played by the organization in this regard.	~~		

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Schedule A (Form 990 or 990-EZ) 2019

Part V	Type III Non-Functio	nally Integ	rated 509(a)	(3) S	upporting O	rganization	s
Schedule A	(Form 990 or 990-EZ) 2019	FAMILY	PROMISE	OF	BRADLEY	COUNTY	

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.

Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 FAMILY PROMISE OF BRADLEY COUNTY

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
<u>a</u>	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A	(Form 990 or 990-EZ) 2019 FAMILY PROMISE OF	BRADLEY	COUNTY	27-2074609 Page	e 8
Part VI	Supplemental Information. Provide the explanations re Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, ar	equired by Part 1a, 11b, and 11 1c, 2a, 2b, 3a,	II, line 10; Part II, line 17a c c; Part IV, Section B, lines and 3b; Part V, line 1; Part	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,	
	(See instructions.)				
			<u> </u>		0.42
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number

E	FAMILY	PROMISE	OF	BRADLEY	COUNTY		27-2074609			
Organization type (check one):										
Filers of:	Section	:								
Form 990 or 990-EZ	X 50	01(c)(3) (ent	er nur	nber) organizatio	n					

	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

X 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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Name of organization

Employer identification number

27 - 2074609

FAMILY PROMISE OF BRADLEY COUNTY

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

923453 11-06-19

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

13120605 147443 27-2074609

Name of o	organization		Employer identification numbe
FAMTL	Y PROMISE OF BRADLEY CO	UNTY	27-2074609
Part III	Exclusively religious, charitable, etc., contribut	tions to organizations described in	in section 501(c)(7), (8), or (10) that total more than \$1,000 for the yea
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000) or less for the year. (Enter this info. once.) \$
(a) No.	Use duplicate copies of Part III if additional	space is needed.	
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	gift
	Turun fama in unana a debuara a		Deletionelie of herefore to herefore
·	Transferee's name, address, a		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 g	gift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		e) Transfer of g	aift
			5
	Transferee's name, address, a	nd ZI P + 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 g	gift
	-		
	Transferee's name, address, a	INA ZIP + 4	Relationship of transferor to transferee

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

13120605 147443 27-2074609

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)								2019
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.		Inspection
Name of the organization		PROMISE OF BRADLEY	COI	JNTY	7		Employer id 27 - 2074	entification number
	ing Activities.	Complete if the organization answe				ine 1		
· · · ·	complete this part	t. ed funds through any of the followin	a activ	vitios (Check all that apply			
a Mail solicitat					overnment grants			
_	email solicitations			-	nment grants			
c Phone solici d In-person so		g 🛄 Special	fundra	aising	events			
		or oral agreement with any individual	(incluc	ling of	ficers, directors, trus	tees,	or	
		art VII) or entity in connection with p viduals or entities (fundraisers) pursu			•	oo fuu		
compensated at le	•	· / /		agree	nents under which ti	ie iui		
			(iii) fundr	Did		(v)	Amount paid	(vi) Amount paid
(i) Name and address or entity (func		(ii) Activity	have c or cor	ustody itrol of	(iv) Gross receipts from activity		or retained by) fundraiser	to (or retained by) organization
			contrib			lis	ted in col. (i)	
			Yes	No	-			
Total								
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from r	egistration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. 9	Sche	dule G (Form	990 or 990-EZ) 2019

932081 09-11-19

Schedule G (Form 990 or 990-EZ) 2019	FAMILY	PROMISE	\mathbf{OF}	BRADLEY	COUNTY	
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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.

		or further along events benchbatterib and gr			werne with groot receipt	5 groater than \$0,000.
			(a) Event #1 FUNDRAISING EVENT	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Ð			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
	2	Less: Contributions				
_	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
ŝ	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through			🕨	
Pa	11 			990. Part IV. line 19. or i		
		\$15,000 on Form 990-EZ, line 6a.		,,,,,,,,,		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Be	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Ves%	└── Yes %	Yes%	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		Þ	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		••••••	
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
		the organization licensed to conduct gaming a		states?		Yes No
b	If "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			vear?	Yes No
					/ear?	Yes No
b	• If "					Yes No

Sch	edule G (Form 990 or 990-EZ) 2019 FAMILY PROMISE OF BRADLEY COUNTY 27-2	2074609	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	 Yes	L No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶\$		
	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	🗌 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year 🕨 \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, lines 9,	9b, 10b,
	······································		
93208	33 09-11-19 Schedule G (Forr 20	n 990 or 990	-EZ) 2019

Schedule G (Form 990 or 990-EZ)	FAMILY	PROMISE	OF	BRADLEY	COUNTY
Part IV Supplemental Infor	mation /				

Part IV S	Supplemental Inform	ation (continued)			
				Sabadula C (Earm 900 ar 90	

Schedule G (Form 990 or 990-EZ)

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FORM

FORM 9	FORM 990-EZ PAGE 1						990-EZ	Z						
Asset No.	Description	Date Acquired	Method	Life	C Line o No. v	• Unadjusted • Cost Or Basis	s Bus Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
				.000	НУ16									
	* TOTAL 990-EZ PG 1 DEPR					0.				0.	0.		0.	0.
928111 04-01-19	34-01-19 					(D) - Asset disposed	sposed		*	ITC, Salvage,	Bonus, Comm	ercial Revital	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	on, GO Zone

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.)-EZ	OMB No. 1545-0047 2019 Open to Public Inspection
Name of the organization	1		identification number
	FAMILY PROMISE OF BRADLEY COUNTY	27-20)74609
FORM 990-EZ,	PART I, LINE 4, OTHER INVESTMENT INCOME:		
DESCRIPTION (OF PROPERTY:		AMOUNT:
INTEREST			85.
FORM 990-EZ,	PART I, LINE 8, OTHER REVENUE:		
DESCRIPTION (OF OTHER REVENUE:		AMOUNT:
MISCELLANEOU	5		53.
FORM 990-EZ,	PART I, LINE 14, OCCUPANCY, RENT, UTILITIES,	AND MA	INTENANCE:
DESCRIPTION			AMOUNT:
DEPRECIATION			3,490.
FORM 990-E7	PART I, LINE 16, OTHER EXPENSES:		
	OF OTHER EXPENSES:		AMOUNT:
PAYROLL TAXES			3,972.
TELEPHONE	<u> </u>		1,089.
DUES & SUBSCI			510.
INTERNET & WI			141.
OFFICE SUPPL			1,283.
LICENSES & PI	ERMITS		180.
MAINTENANCE 8	REPAIRS		420.
AUTO & TRANS	PORTATION		33.
SOFTWARE			50.
UTILITIES			2,231.
SEMINARS & TI	RAINING		406.
BACKGROUND CI	HECKS AND DRUGTESTING		304.
LHA For Paperwork Re 932211 09-06-19	eduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sche	edule O (Form	990 or 990-EZ) (2019)

Name of the organization FAMILY PROMISE OF BRAD	LEY COUNTY 27-2074609
PROGRAM EXPENSES	33,792.
ADVERTISING	450.
INSURANCE	10,814.
BANK FEES	62.
MERCHANT FEES	435.
AMERICORPS VISTA SUPPORT	400.
AFFILIATION FEE	1,571.
FUEL	28.
CONFERENCE	1,495.
PAYROLL SERVICE FEES	507.
REPAIRS - EQUIPMENT	49.
TOTAL TO FORM 990-EZ, LINE 16	60,222.
<u>CHANGES IN NET ASSETS OR FUND BALANCES:</u> PPA	: AMOUNT: 149.
FORM 990-EZ, PART II, LINE 24, OTHER AS	
DESCRIPTION	BEG. OF YEAR END OF YEAR
DESCRIPTION PETTY CASH	BEG. OF YEAR END OF YEAR 100. 100.
DESCRIPTION	BEG. OF YEAR END OF YEAR 100. 100. 24,426. 20,936.
DESCRIPTION PETTY CASH OTHER DEPRECIABLE ASSETS	BEG. OF YEAR END OF YEAR 100. 100. 24,426. 20,936. 24,526. 21,036.
DESCRIPTION PETTY CASH OTHER DEPRECIABLE ASSETS TOTAL TO FORM 990-EZ, LINE 24	BEG. OF YEAR END OF YEAR 100. 100. 24,426. 20,936. 24,526. 21,036.
DESCRIPTION PETTY CASH OTHER DEPRECIABLE ASSETS TOTAL TO FORM 990-EZ, LINE 24 FORM 990-EZ, PART II, LINE 26, OTHER LI	BEG. OF YEAR END OF YEAR 100. 100. 24,426. 20,936. 24,526. 21,036.
DESCRIPTION PETTY CASH OTHER DEPRECIABLE ASSETS TOTAL TO FORM 990-EZ, LINE 24 FORM 990-EZ, PART II, LINE 26, OTHER LI DESCRIPTION	BEG. OF YEAR END OF YEAR 100. 100. 24,426. 20,936. 24,526. 21,036. IABILITIES: BEG. OF YEAR 502. 0.

FAMILY PROMISE OF BRADLEY COUNTY

27-2074609

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROVIDE HOMELESS

FAMILIES WITH NECESSITIES.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Schedule O (Form 990 or 990-EZ) (2019)

13120605 147443 27-2074609