

			** PUBLIC DISCLOSURE COPY	* *		
	Ω	00	Return of Organization Exempt Fror	m Ir	ncome Tax	OMB No. 1545-0047
Form <b>990</b>		<b>9</b> 0	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	e (exce	ept private foundations	∍∣ <b>2018</b>
		of the Treasury	Do not enter social security numbers on this form as it r	-		Open to Public
-		nue Service	Go to www.irs.gov/Form990 for instructions and the la			Inspection
				ال ng	UN 30, 2019	
B c	Check if	le: C Name of	organization		D Employer identifica	tion number
	Addre chang	FAMI	LY PROMISE OF GALLATIN VALLEY, INC.			
	Name		usiness as		11-37	39588
	Initial return			n/suite	E Telephone number	
	Final return	PO B	OX 475			82-7388
	termir ated	City or t	own, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	807,210.
	Amen return	DOTE	MAN, MT 59771		H(a) Is this a group retu	
	Applic tion pendi		nd address of principal officer: WENDY WIGERT		for subordinates?	Yes X No
		SAME	AS C ABOVE		H(b) Are all subordinates incl	
		empt status:		527		st. (see instructions)
			FAMILYPROMISEGV.ORG X Corporation Trust Association Other ► I		H(c) Group exemption	,
	art I	Summary	X Corporation Trust Association Other ► L	L Year o		State of legal domicile: MT
		-	e the organization's mission or most significant activities: A NETWO	RK (		ч ч
e	'	ORGANT7	ATIONS WORKING TO SOLVE HOMELESSNESS	ONE	FAMILY AT A	<u>.</u> 
Governance	2	Check this bo				
ver			ing members of the governing body (Part VI, line 1a)			9
			ependent voting members of the governing body (Part VI, line 1b)			9
ې د			of individuals employed in calendar year 2018 (Part V, line 2a)			5
/itie			of volunteers (estimate if necessary)			709
Activities &			d business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated	business taxable income from Form 990-T, line 38	<u></u>		0.
					Prior Year	Current Year
ne	8		and grants (Part VIII, line 1h)		600,000.	<u>671,601.</u> 20,550.
Revenue		•	ce revenue (Part VIII, line 2g)		9,416.	8,869.
Be			come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-8,229.	27.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		603,614.	701,047.
			nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
			to or for members (Part IX, column (A), line 4)	·	0.	0.
s	40	•	compensation, employee benefits (Part IX, column (A), lines 5-10)		154,241.	198,580.
Expenses	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)		0.	0.
pe	b	Total fundraisi	ng expenses (Part IX, column (D), line 25)	_		
ш	''		es (Part IX, column (A), lines 11a-11d, 11f-24e)		130,481.	254,847.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		284,722.	453,427.
		Revenue less	expenses. Subtract line 18 from line 12		318,892.	247,620.
Net Assets or					jinning of Current Year	End of Year
Sset	20	Total assets (F			<u>979,273.</u> 18,299.	<u>1,226,717.</u> 13,758.
let ⊿	21		(Part X, line 26) fund balances. Subtract line 21 from line 20		960,974.	1,212,959.
_	art II	Signature		·	500,5740	±,4±4,3J3•
		-	I declare that I have examined this return, including accompanying schedules and s	statemer	nts, and to the best of mv k	nowledge and belief. it is
			Declaration of preparer (other than officer) is based on all information of which pre			
Sig	n	Signature	e of officer		Date	
Llaw	-		V WIGERT TREASURER			

nere	MENDI WIGERI, IREADORE	N					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN		
Paid	KIELY S. THOEN, CPA	Kilo hoca	10/29/19	if self-employed	P0125795	8	
Preparer	Firm's name 🕒 ANDERSON ZURMUEH	LEN & ĆO(, P.C.	Firm's	EIN 🕨 8	31-038594	0	
Use Only	Firm's address 🕨 1019 EAST MAIN,	STE 201					
	BOZEMAN, MT 5971	5	Phone	e no. <b>406</b> -	556-6160		
May the IRS discuss this return with the preparer shown above? (see instructions)							
	Server 200 (2010)						

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

	990 (2018) FAMILY PROMISE OF GALLATIN VALLEY, INC. 11-3739588 Page 2 t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO PROVIDE SHELTER, CASE MANAGEMENT, AND ON-GOING SUPPORT FOR HOMELESS
	FAMILIES WITH CHILDREN IN THE GALLATIN VALLEY, WHILE ASSISTING THEM TO
	FIND AND IMPLEMENT LASTING SOLUTIONS TO THEIR UNIQUE SITUATIONS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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 \$ 417,122. including grants of \$ ) (Revenue \$ 22,922.)
та	IN 2019, 27 FAMILIES WERE TRANSFORMED BY THEIR EXPERIENCES IN SHELTER,
	AFTERCARE, AND TRANSITIONAL HOUSING PROGRAMS. FAMILY PROMISE GRADUATED
	75% OF FAMILIES AND SERVED IN SHELTER WITH GAINFUL EMPLOYMENT,
	CHILDCARE, AND SUSTAINABLE HOUSING. FAMILY PROMISE SECURED ONE
	ADDITIONAL TRANSITIONAL HOUSING UNIT TO ENSURE FAMILIES CAN AFFORD
	LONG-TERM HOUSING THROUGHOUT THE COMMUNITY, BRING TOTAL TRANSITIONAL
	HOUSING OFFERINGS TO 7 UNITS. FAMILY PROMISE ALSO BEGAN PLANNING ITS
	"TOMORROW IS BUILT TODAY" INITIATIVE WHICH IS CENTERED AROUND THE
	BUILDING OF AN EARLY CHILDHOOD LEARNING CENTER.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$ )
4d	Other program services (Describe in Schedule O.)
τu	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses > 417, 122.
10	Form 990 (2018)
832002	12-31-18 2

Form 990 (				OF	GALLATIN	VALLEY,	INC
Part IV	Checklist of R	Required Sc	hedules				

endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V       10       X         11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VII, VII, VII, VII,				Yes	No
2         Is the organization engage in direct or inder colorization appage in kobying activities, or have a section sol (h) election in elect during that suprif // Yes, "complete Schedule C, Part I         3         X           4         Section 801(c)(k) organizations. Do the organization engage in kobying activities, or have a section sol (h) election in elect during that suprif // Yes, "complete Schedule C, Part I         4         X           5         Is the organization assection 801(c)(k). SO (ic)(k), or 501(c)(k) or 501(c)(k) or ganication that receives membership dues, assessments, or similar amounts in a sol there in Reveue Procedure BP1 // Yes, "complete Schedule C, Part II         5         X           6         Did the organization or investment of amounts in such funds or accounts? If Yes, "complete Schedule D, Part I         7         X           7         Did the organization receive or hold a conservation essement i, including essements to preserve open space. The anvironment, hindsic land area, or histoins fund or area, or histoins fund area, or histoins	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3         Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I         3         X           3         Bordin 50 (Kg) organization. Did the organization engage in lobbying activities, or have a section 50 (fy) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II         4         X           4         Bordin 50 (Kg) organization. Did the organization that recoives membership dues, assessments, or entitiation anation and younds or any similar funds or accounts? If w'se,' complete Schedule D, Part I         5         X           5         Did the organization review procedure 98 197 If 'Yes,' complete Schedule D, Part I         6         X           7         Did the organization review or hold a conservation acasametri, including assemets to provise witch denors have the right to provide advice and the conservation acasametri, including assemets to provide schedule D, Part I         6         X           9         Did the organization review or hold a conservation acasametri, including and count liability, serve as a custodian for amounts not tabled near X, in provide organization, hold assets in temporatily restricted endowments, or quasi-endownents? (I' res,' complete Schedule D, Part IV         10         X           10         Did the organization report an amount for investments - orders are instructions anvices?         11         X           11         The organization report an amount for investimets - orders related in Part X, line 107         11 </td <td></td> <td></td> <td></td> <td></td> <td></td>					
public office? If 'Yes, 'complete Schedule Q, Part I         3         X           4         Section 501(kg) organization. Did the organization engage in labbying activities, or have a saction 501(h) election in effect         4         X           5         Is the organization a section 501(kg), 507 (G)(kg), or 501(kg), or 501(kg)	2		2	X	
<ul> <li>Section 501(c)(3) arganizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'ves,' complete Schedule C, Part II</i>.</li> <li>Is the organization a section 501(e)(k), 501(c)(k), or 501(c)(k) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Proceedure 98:192 // Yes,' complete Schedule <i>C, Part II</i>.</li> <li>Did the organization revenue throad conservation assemetin, Funds or account? <i>If 'Yes,' complete Schedule D, Part II</i>.</li> <li>Did the organization revenue throad a conservation assemetin, Funds or account? <i>If 'Yes,' complete Schedule D, Part II</i>.</li> <li>Did the organization markin and thore of a conservation assemetin, <i>Part Yes,' complete Schedule D, Part II</i>.</li> <li>Did the organization environment? <i>II 'Yes,' complete Schedule D, Part II</i>.</li> <li>Did the organization any of the following questions is 'Yes,' then complete Schedule D, Part II.</li> <li>Did the organization service on a mount in Part X, line 21, for secret or or custodial account lability, serve as a custodian for the schedule D, Part IV.</li> <li>Did the organization environ on yor the following questions is 'Yes,' then complete Schedule D, Part V.</li> <li>Did the organization service on yor the tool wing questions is 'Yes,' then complete Schedule D, Part X, line 12? <i>II 'Yes,' complete Schedule D, Part V</i>.</li> <li>Did the organization enport an amount for invationersother securities in Part X, line 12? <i>II 'Yes,' complete Schedule D, Part V</i>.</li> <li>Did the organization report an amount for other isable in Part X, line 12? <i>II 'Yes,' complete Schedule D, Part X</i>.</li> <li>Did the organization report an amount for other isable in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>II 'Yes,' complete Schedule D, Part X</i>.</li> <li>Did the organization report an amount for other isable in Part X, line 12 that</li></ul>	3				
during the taxy year? "Yes," complete Schedule C, Part II         4         X           5         is the organization a section S(c)(k), 501(c)(k), 501(c)(			3		<u> </u>
5         Is the organization asciolor 501(c)(4), 001(c)(6), or 501(c)(6), or 501(	4				v
similar amounts as defined in Revenue Procedure 99-199 # Yes," complete Schedule C, Part II         5         X           O Did the organization maintain any doora advised funds or any similar funds or accounts? If Yes," complete Schedule D, Part II         6         X           7 Did the organization reveive or hold a conservation assemint, including assemints to preserve open space, the environment, historical areas, or historica futures? If Yes," complete Schedule D, Part II         6         X           8 Did the organization maintain collections of works of art, historical freasures, or other similar assets? If Yes," complete Schedule D, Part II         8         X           9 Did the organization report an amount in Part X, line 21, for sercew or custodial account liability, serve as a custodian for amounts not listed in Part X, or roycols credit counseling, detti management, credit repart, or detain downents, permanent endowments, or quasi-indowments? If Yes," complete Schedule D, Part V         9         X           10 Did the organization, answer to any of the following questions is "Yes," then complete Schedule D, Part V         10         X           11 If the organization report an amount for land, buildings, and equipment in Part X, line 107 If Yes," complete Schedule D, Part V         11a         X           12 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If Yes," complete Schedule D, Part V         11a         X           13 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If Yes," complete Schedule D, Part V         11a	_		4		<u> </u>
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? // 1*/9s, "complete Schedule D, Part // <b>X</b> 7       XX         8       Did the organization neareset, including easement, excluding easement,	5		-		v
provide advace on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II       6       X         7       Did the organization receive or hold a conservation easement, including easements to presence open space, the environment, historic istructures? If "Yes," complete Schedule D, Part II       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or cutodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit conganization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part IV       9       X         10       Did the organization report an amount for lawstements or Ves," then complete Schedule D, Part V, VIII, VIII, X, or X as applicable.       10       X         a Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII       11a       X         b Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11a       X         c) Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11t       X	~		5		
7       Did the organization receive or hold a conservation easement, including easements to preserve dpen space, the environment, historic lind areas, or historic structures? If "Yes," complete Schedule D, Part II       7       X         8       Did the organization maintain collectors of vorks of art, historical treasures, or other similar asset? If "Yes," complete Schedule D, Part II       7       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?       9       X         10       Did the organization report an amount for Part X, ime 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in your or provide schedule D, Part V       10       X         10       Did the organization services?       If "Yes," complete Schedule D, Part V       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? II "Yes," complete Schedule D, Part VI       11a       X         11a       X       11b       X       11b       X         11a       X       11a       X       11a       X         11a       X       11a       X       11a       X         11a       X       11a       X       11a       X	0	· · · · · ·	6		x
the environment, historic all areas, or historic structures? If "Yes," complete Schedule D, Part II       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       8       X         9       Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodial for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments? If "yes," complete Schedule D, Part V       10       X         11       the organization report an amount for indu, buildings, and equipment in Part X, line 10? If "yes," complete Schedule D, Part VI       11a       X         b       Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "yes," complete Schedule D, Part VII       11a       X         b       Did the organization report an amount for other assets in Part X, line 12? If "yes," complete Schedule D, Part VIII       11a       X         c       Did the organization report an amount for investments - organ related in Part X, line 12? If "yes," complete Schedule D, Part X       11a       X         c       Did the organization report an amount for other assets in Part X, line 13? If a tais	7				- 23
B       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yas," complete Schedule D, Part III       B         B       Did the organization report an amount in Part X, line 21, for secrew or custodial account liability, sarve as a custodian for amounts not listed in Part X, or provide credit courseling, debt management, credit repair, or debt negotiation services?       B         B       Did the organization for part IV       B       X         B       Did the organization services?       B       X         B       Did the organization service of through a related organization, hold assets in hemporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V       B       Did the organization report an amount for investments - other securities in Part X, line 12 for Yes," complete Schedule D, Part XIII       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 for H'yes," complete Schedule D, Part XIII       Did the organization separate or consolidated financial statements for the tax year in the tax year?       Did the organization separate or consolidated financial statements for the tax year?       Did the organization subating the adid KSC 7dQ? If Yes," complete Schedule D, P	'		7		x
Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts on listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments? If 'Yes,' complete Schedule D, Part V       9       X         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V       10       X         11a       X       11a       X         11a       X </td <td>8</td> <td></td> <td><b>⊢'</b>−</td> <td></td> <td></td>	8		<b>⊢'</b> −		
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?       9       X         10       Ubit the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments? If "res," complete Schedule D, Part V       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "res," complete Schedule D, Part V       11a       X         12       Did the organization report an amount for investments - other securities in Part X, line 13? If and is 5% or more of its total assets reported in Part X, line 16? If "res," complete Schedule D, Part VI       11a       X         13       Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "res," complete Schedule D, Part VI       11a       X         14       Did the organization report an amount for other assets in Part X, line 2? If "res," complete Schedule D, Part X       11a       X         14       Did the organization solutian separate, independent audited financial statements for the tax year?       11d       X         15       Did the organization included in consolidated, independent audited financial statements for the tax year?       11d       X         14       Did the organization nel	Ũ		8		х
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?       y       X         ID often cryanization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasiendowments? If "Yes," complete Schedule D, Part V       10       X         11 If the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent or any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VX, vX as a splicable.       10       X         20 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         20 Did the organization report an amount for investments - other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11a       X         21 Did the organization report an amount for investments - other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11e       X         22 Did the organization report an amount for other lashittes in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         32 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         32 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X <t< td=""><td>9</td><td></td><td></td><td></td><td></td></t<>	9				
# "Yes," complete Schedule D, Part IV       9       X         10       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? #"Yes," complete Schedule D, Part V       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11       X         12       Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       111       X         13       Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       111       X         14       Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       111       X         111       Z       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       111       X         112       Did the organization onbud tor other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       111       X         113       X       114       X       114       X         114       D	-				
10       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V       10       X         11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VII, VI, VI, VII, VI, VII, VI			9		Х
endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V       10       X         11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, XI, or X       as applicable.       11a       X         a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         b Did the organization report an amount for investments - other securities in Part X, line 12? that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11d       X         e Did the organization report an amount for other iabilities in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       X         e Did the organization report an amount for other liabilities in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11e       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization assets in Polyse, Y argenes outside of the United States?       11d       X         12a       Did the organization andifice, enployees, or	10				
11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, VI, VII, VII, VII,			10		Х
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11b       X         c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       X         d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII       11c       X         e Did the organization report an amount for other lasibilities in Part X, line 125 If "Yes," complete Schedule D, Part X       11e       X         f Did the organization separate or consolidated financial statements for the tax year?       11t       X         12a       Did the organization aschool described in section 170(b)(1)A(lii)?       If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization aschool described in section 170(b)(1)A(lii)?       If "Yes," complete Schedule D, Part X       11t       X         12a       X       Mas the organization aschool described in section 170(b)(1)A(lii)?       If "Yes," complete Schedule E       13       X         13 is the organization aschool	11				
Part VI       11a       X         b       Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c       Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       X         d       Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11c       X         e       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f       Did the organization's separate or consolidated financial statements for the tax year?       If "Yes," complete Schedule D, Part X       11e       X         12a       Did the organization neluded in consolidated, independent audited financial statements for the tax year?       If "Yes," and if the organization askened "No" to line 12a, then completing Schedule D, Part X and XII is optional       12a       X         13       Is the organization neluded in consolidated financial statements for the tax year?       If "Yes," complete Schedule F, Parts I and IV       11a       X         14       Did the organization askenol frole, employees, or agerets outside of the United States?		as applicable.			
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e Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X       11e       X         f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? /f "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? /f "Yes," complete Schedule D, Part X and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       11f       X         12a       Did the organization answered "No" to line 12a, then completing Schedule D, Part X and XII is optional       12b       X         13       Is the organization navered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13a       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate	d				v
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the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? /f "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? /f "Yes," complete       12a       X         12b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12a       X         13       Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization report on Part IX, column (A), line 3, more than \$1,000 form grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for orign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I       17       X         18       Did the organization report more			11e		
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Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       13       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? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines are camplete. Schedule G, Part II       18       X	100		111		л
b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12         13       Is the organization a school described in section 170(b)(1)(A)(ii)?       If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization neore activities outside the United States, or aggregate foreign investments valued at \$100,000       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       20a       X	IZd		122		x
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14a       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 foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I       17       X         18       Did the organization report more than \$15,000 otal of fundraising event gross income and contributions on Part VIII, lines 1       18	h		120		
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<ul> <li>14a Did the organization maintain an office, employees, or agents outside of the United States?</li> <li>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? If "Yes," complete Schedule F, Parts I and IV</li> <li>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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV</li> <li>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? If "Yes," complete Schedule F, Parts II and IV</li> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," and IX</li> <li>20a X</li> <li>20a X</li> <li>20a X</li> <li>20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</li> <li>20b 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? If "Yes," complete Schedule I, Parts I and II</li> </ul>	13				
<ul> <li>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>.</li> <li>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 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 II and IV</i>.</li> <li>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 II and IV</i>.</li> <li>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>.</li> <li>18 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 II</i>.</li> <li>18 X</li> <li>19 Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>.</li> <li>20a X</li> <li>20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</li> <li>21 X</li> </ul>	14a				
<ul> <li>investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000</li> <li>or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>.</li> <li>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</i> "Yes," <i>complete Schedule F, Parts II and IV</i>.</li> <li>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</i> "Yes," <i>complete Schedule F, Parts II and IV</i>.</li> <li>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</i> "Yes," <i>complete Schedule G, Part I</i>.</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"</li> <li>19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>.</li> <li>20a X</li> <li>20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</li> <li>21 X</li> </ul>					
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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? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I       17       X         18       Did the organization report more than \$15,000 of grass income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II       17       X         19       Did the organization operate one or more than \$15,000 of grass income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         20a       X         20b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       X			14b		Х
<ul> <li>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</i> "Yes," <i>complete Schedule F, Parts III and IV</i></li> <li>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</i> "Yes," <i>complete Schedule G, Part I</i></li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i></li> <li>19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i></li> <li>20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i></li> <li>20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</li> <li>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</i> "Yes," <i>complete Schedule I, Parts I and II</i></li> </ul>	15				
or for foreign individuals? /f "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? /f "Yes," complete Schedule G, Part I       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? /f "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H       20a       X         20a       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? /f "Yes," complete Schedule I, Parts I and II       21       X			15		X
<ul> <li>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></li> <li>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></li> <li>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 II</i></li> <li>19 Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i></li> <li>19 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</li> <li>20 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></li> <li>21 X</li> </ul>	16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
column (A), lines 6 and 11e? /f "Yes," complete Schedule G, Part I       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? /f "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes,"       18       X         20a       Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H       19       X         20a       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? /f "Yes," complete Schedule I, Parts I and II       21       X			16		X
18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"       18       X         20a       Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a       X         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</i> "Yes," <i>complete Schedule I, Parts I and II</i> 20a       X	17				
1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X			17		Х
19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," omplete Schedule G, Part III       19       X         20a       Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization operate on Part IX, column (A), line 1? <i>If</i> "Yes," complete Schedule I, Parts I and II       21       X	18				
complete Schedule G, Part III       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X			18	X	
20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II       21       X	19				v
b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II       21       X	<b>~</b> ~				
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? If "Yes," complete Schedule I. Parts I and II       21       X					
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			200		<u> </u>
	21		21		x
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Form 990 (2018				GALLATIN	VALLEY,	INC.
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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
с	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete	0.51		v
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes,"	26		x
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		- 23
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
05 -	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	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 eaction 512(b)(12)2. (IIIV all second to 0, to 1, to 0, both to 0	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		
50	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	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 7			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b>			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
00000	(gambling) winnings to prize winners?	<b>1c</b>	X 990	(2018)
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	<u>n 990 (2018)</u> FAMILY PROMISE OF GALLATIN VALLEY, INC. 11-3739	588	P	<sub>age</sub> 5
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
	b If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
	o If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
i	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
		7f 7g		x
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
~	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a			
		1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b] Section 501(c)(12) organizations. Enter:	1		
11				
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.) 11b			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

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Form 990	(2018)
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#### FAMILY PROMISE OF GALLATIN VALLEY, INC.

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

Check if Schedule O contains a response or note to any line in this Part VI	 	X
Section A. Governing Body and Management		
	Yes	No

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		<u> </u>		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		<u> </u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with a	ny other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct	supervision			
	of officers, directors, or trustees, or key employees to a management company or other person? $\dots$			3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	• •				
	more members of the governing body?			<u>7a</u>		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s		•			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
а	The governing body?			<u>8a</u>	X	37
b	Each committee with authority to act on behalf of the governing body?			8b		X X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					v
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
000	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue (	Code.)		Vac	Na
100	Did the exception have local chapters, branches, or affiliates?			10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
b				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body		filing the form?	11a	x	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ly belore	ining the form.	114		
12a				12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					
•	in Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approv					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment wit	h a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its pa	rticipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization'	s			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	nd 990-T	(Section 501(c)(3	s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explained)		,			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of	interest policy, an	d financ	ial	

	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	
	MERRILEE GLOVER - 406-582-7388	

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Form **990** (2018)

<u>Form 990 (2</u>	O18) FAMILY	PROMISE OF	GALLATIN	VALLEY,	INC.	11-3/39588	Page /		
Part VII	Compensation of Officers	s, Directors, Tru	stees, Key Em	ployees, Hig	ghest Comp	pensated			
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, H	Key Employees, and	Highest Compension	sated Employe	es				

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

(P)

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

 $(\mathbf{C})$ 

**(D)** 

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. 

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar I	id a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e.			ted		organization	(W-2/1099-MISC)	from the
	related	stee	ruste			bens		(W-2/1099-MISC)		organization
	organizations	al tru	onal 1		ploye	e com				and related
	below	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) WENDY WIGERT	line)	lno	<u> </u>	ΨO	Ke	Ξ, Ē	Fo			
(I) WENDY WIGERT TREASURER	2.00	х		x				0.	0.	0.
(2) MATT HUDAK	2.00	Λ		^	<u> </u>	-		0.	0.	0.
BOARD CHAIR	2.00	х		x				0.	0.	0.
	2 00	Λ		~		-		0.	0.	0.
(3) KRISTY BUCKLEY	2.00							0	0	0
BOARD VICE CHAIR	1 0 0	Х		X		<u> </u>		0.	0.	0.
(4) MIKE TESS	1.00								0	0
BOARD MEMBER	1 0 0	X			<u> </u>	<u> </u>		0.	0.	0.
(5) KEN GIBSON	1.00	37							0	0
BOARD MEMBER	1 0 0	Х						0.	0.	0.
(6) KEVIN THANE	1.00	37		37				0	0	0
IMMEDIATE PAST BOARD CHAIR (7) LORI HART	1.00	Х		Х		<u> </u>		0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0
(8) ROXANNE KLINGENSMITH	1.00	Λ				-		0.	0.	0.
(8) ROXANNE KLINGENSMITH BOARD MEMBER	1.00	x						0.	0.	0.
(9) JOLENE RANDALL	2.00	Λ				$\vdash$		0.	0.	0.
SECRETARY	2.00	х		x				0.	0.	0.
(10) KEVIN SYLVESTER	40.00									<b>0</b>
EXECUTIVE DIRECTOR				x				58,462.	0.	7,355.
										,
832007 12-31-18	1	I	I	1	L	1		1		Form <b>990</b> (2018)

832007 12-31-18

Form 990 (2018)

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#### 10541029 792194 141348.0

( )

2018.04030 FAMILY PROMISE OF GALLATI 141348.1

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		ROMISE C	)F	GA	ЪL	AT	'IN	V	ALLEY, INC	<u>. 11-3'</u>	739	588	P	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Emplo	yees (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	( -1 -		Posi				Reportable	Reportable	,	E	stimate	ed
		hours per	box	, unles	ss per	son i	than o s both	an	compensation	compensatio		ar	nount	of
		week	offic	cer an	d a di	irecto	r/trust	tee)	from	from related	t l		other	
		(list any	ector						the	organization	S	com	pensa	tion
		hours for	Individual trustee or director				ted		organization	(W-2/1099-MIS	SC)	fi	rom th	е
		related	stee c	ruste			ensa		(W-2/1099-MISC)			× ۱	janizat	
		organizations	al tru:	onal t		loyee	e com						d relat	
		below line)	ividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				org	anizati	ons
		line)	lnd	lns	Off	Key	e m B	For						
											I			
											I			
											I			
											I			
											I			
											I			
1b	Sub-total								58,462		0.		7,3	
с	Total from continuation sheets to Part VI	I, Section A								).	0.			0.
d	Total (add lines 1b and 1c)								58,462	2.	0.		7,3	55.
2	Total number of individuals (including but n							o re	eceived more than \$1	00,000 of reportable	Э			
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer,	director or tru	ister	e ke	ven	nnlo	vee	ort	highest compensate	d employee on	l			
•	line 1a? If "Yes," complete Schedule J for s	,		· ·					0	1 9		3		х
٨	For any individual listed on line 1a, is the su													
-											I			x
_	and related organizations greater than \$150											4		
5	Did any person listed on line 1a receive or a					-			-		I	_		v
0	rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ich r	bers	on .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	•	•							•	pensat	tion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	endin	ig w	ith c	or wit	thin	the organization's ta	ix year.				
	(A)								(E		_		C)	
	Name and business	address	NC	ONE	Ľ				Description	of services	C	compe	nsatio	n
								Τ						
2	Total number of independent contractors (ii		nt lin	nitor	1 + ~ +	thee			above) who received	more than				
2		•	л III	meo	101	tnos C		rea	above, who received					
	\$100,000 of compensation from the organized					U	,						000	0010)

Form **990** (2018)

832008 12-31-18

4       Income from investment of tax exempt bond proceeds         5       Royatiles         6 a       Gross rents         b       Less: rental expenses         c       Rental expenses         d       Net rental income or (loss)         d       Net rental income or (loss)         d       Net rental income or (loss)         b       Less: cost or three basis         and sales expenses       100, 818.         c       Gain or (loss)         d       Net rental income or (loss)         d       Net rental income or (loss)         d       Net gain or (loss)         d       So (loss) from fundralising events         e       -2, 345.         d       -2, 345.					E OF GALL	ATIN VALLE	EY, INC.	11-3739	588 Page 9
Image: Second	Pa	τνι			or note to any line	in this Part VIII			
Set of the interseting over the set of the interset.       It best of the interset of the set of the interset.       It best of the interset of the interset.                0 - 0 - 0 - 0 - 0 - 0 - 0 -						(A)	Related or exempt function	Unrelated business	I from fax under
2 a         RENTAL INCOME         531110         20,550.         20,550.           a         b	Contributions, Gifts, Grants and Other Similar Amounts	b c d f f	Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines	1b           1c           1d           ions)         1e           its, and         Its, and           ve         1f           1a-ff; \$	610,715. 104,321.	671,601.			
g Total. Add lines 2a:21       20,550.         g Total. Add lines 2a:21       20,550.         g Total. Add lines 2a:21       20,550.         g Total. Add lines 11a:11d       2,372.         g Total. Add lines 11a:11d       20,750.         g Total. Add lines 11a:11d       20,750.         g Total. Add lines 11a:11d       701,047.         g Total. Add lines 11a:11d       701,047.	gram Service Revenue	b c d				20,550.	20,550.		
other similar amounts)       8, 603.       8, 603.         4       income from investment of tax-exempt bond proceeds       8         6       a Gross rents       0         b Less: rental expenses       0       0         c Rental income or (loss)       0       0         7 a Gross amount from sales of assets other than inventory       0       0         0 Met entral income or (loss)       0       0         10 J, 0.84.       0       0         10 Less: cost or other basis and sales expenses       100, 818.       266.         2 Gain or (loss)       100, 818.       266.       266.         8 a Gross income from fundraising events (not including \$	Pro	f				20,550.			
6 a Gross rents		4	other similar amounts) Income from investment of ta	x-exempt bond p	roceeds	8,603.			8,603.
7 a Gross amount from sales of assets other than inventory       101,084.         b Less: cost or other basis and sales expenses       100,818.         c Gain or (loss)       266.         8 a Gross income from fundraising events (not including \$		b	Less: rental expenses		(ii) Personal				
d Net gain or (loss)       266.       266.         8 a Gross income from fundraising events (not including \$ 60,886. of contributions reported on line 1c). See Part IV, line 18       a       3,000.         b Less: direct expenses       b       5,345.       -2,345.         9 a Gross income from gaming activities. See Part IV, line 19       a       -2,345.         b Less: direct expenses       b       -2,345.         c Net income or (loss) from gaming activities. See Part IV, line 19       a         b Less: direct expenses       b         c Net income or (loss) from gaming activities       >         10 a Gross sales of inventory, less returns and allowances       a         b Less: cost of goods sold       b         c Net income or (loss) from sales of inventory       >         Miscellaneous Revenue       Business Code         11 a MISCELLANEOUS REVENUE       900099       2,372.         b		7 a	Gross amount from sales of assets other than inventory Less: cost or other basis	(i) <u>Securities</u> 101,084. 100,818.	(ii) Other				
including \$60,886. of contributions reported on line 1c). See Part IV, line 18a       3,000. 5,345.         b Less: direct expenses       b         c Net income or (loss) from fundraising events       -2,345.         9 a Gross income from gaming activities. See Part IV, line 19a       -2,345.         b Less: direct expenses       b         c Net income or (loss) from gaming activities. See Part IV, line 19a       -2,345.         10 a Gross sales of inventory, less returns and allowances       a         b Less: cost of goods sold       b         c Net income or (loss) from sales of inventory       -         Miscellaneous Revenue       Business Code         11 a MISCELLANEOUS REVENUE       900099       2,372.         b		d	Net gain or (loss)		▶	266.			266.
c       Net income or (loss) from fundraising events       -2,345.         9 a       Gross income from gaming activities. See       a         b       Less: direct expenses       b         c       Net income or (loss) from gaming activities       b         10 a       Gross sales of inventory, less returns and allowances       a         b       Less: cost of goods sold       b         c       Net income or (loss) from sales of inventory       b         Miscellaneous Revenue       Business Code         11 a       MISCELLANEOUS REVENUE       900099       2,372.         b	ther Revenue		including \$ 60,8 contributions reported on line Part IV, line 18	86 . of 1c). See a					
10 a Gross sales of inventory, less returns and allowances       a         b Less: cost of goods sold       b         c Net income or (loss) from sales of inventory       ▶         Miscellaneous Revenue       Business Code         11 a MISCELLANEOUS REVENUE       900099       2,372.         b	0	9 a b	Gross income from gaming ac Part IV, line 19 Less: direct expenses	ctivities. See a		-2,345.			-2,345.
Miscellaneous Revenue       Business Code         11 a       MISCELLANEOUS REVENUE       900099       2,372.       2,372.         b		10 a b	Gross sales of inventory, less and allowances Less: cost of goods sold	returns a					
d All other revenue       ■       2,372.         e Total. Add lines 11a-11d       ■       2,372.         12 Total revenue. See instructions       ■       701,047.       22,922.       0.       6,524.	-	11 a	Miscellaneous Revenu MISCELLANEOUS R	e EVENUE	Business Code	2,372.	2,372.		
		d e	Total. Add lines 11a-11d				22,922.	0.	6,524.

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Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses			
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21							
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22							
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,	62 000	F2 700	7 440	1 960			
~	trustees, and key employees	62,000.	52,700.	7,440.	1,860.			
6	Compensation not included above, to disqualified							
	persons (as defined under section $4958(f)(1)$ ) and							
7	persons described in section 4958(c)(3)(B) Other salaries and wages	102,685.	98,577.	1,027.	3,081.			
8	Pension plan accruals and contributions (include	102,005.	50,511.	1,027.	5,001.			
0	section 401(k) and 403(b) employer contributions)	4 114.	3 497.	494.	123.			
9	Other employee benefits	4,114. 16,427.	3,497. 13,963.	1,971.	493.			
10	Payroll taxes	13,354.	12,686.	668.				
11	Fees for services (non-employees):		,					
a	Management							
b	Legal							
с	Accounting	8,887.		8,887.				
d	Lobbying							
е	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	Other. (If line 11g amount exceeds 10% of line 25,							
	column (A) amount, list line 11g expenses on Sch 0.)							
12	Advertising and promotion	698.	593.		105.			
13	Office expenses	5,487.	4,774.	713.				
14	Information technology	754.	754.					
15	Royalties	05 44 0	05 44.0					
16	Occupancy	25,418.	25,418.					
17	Travel	3,287.	3,287.					
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	2 054	2 054					
19 00	Conferences, conventions, and meetings	2,054.	2,054.					
20	Interest	3,750.	3,750.					
21 22	Payments to affiliates Depreciation, depletion, and amortization	30,787.	30,787.					
22 23		9,085.	7,722.	1,363.				
23 24	Other expenses. Itemize expenses not covered	5,005.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,000.				
24	above. (List miscellaneous expenses in line 24e. If line							
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)							
а	DONATED SECURITIES	100,818.	100,818.					
b	GUEST EXPENSES	23,368.	23,368.					
c	ORGANIZATIONAL AND PLAN	16,334.	12,930.	1,275.	2,129.			
d	PRINTING AND PUBLICATIO	11,570.	8,099.		3,471.			
е	All other expenses	12,550.	11,345.	1,205.				
25	Total functional expenses. Add lines 1 through 24e	453,427.	417,122.	25,043.	11,262.			
26	Joint costs. Complete this line only if the organization							
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.							
	Check here if following SOP 98-2 (ASC 958-720)							

10

FAMILY PROMISE OF GALLATIN VALLEY, INC.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

#### 832010 12-31-18

Check here

Form 990 (2018)

Part IX Statement of Functional Expenses

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if following SOP 98-2 (ASC 958-720)

Form **990** (2018)

Page 10

11-3739588

10541029 792194 141348.0

|--|

11-3739588 Page 11

		Check if Schedule O contains a response or note	e to any l	ine in this Part X							
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year				
	1	Cash - non-interest-bearing			128,421.	1	237,887.				
	2	Savings and temporary cash investments			295,797.	2	378,191.				
	3	Pledges and grants receivable, net				3					
	4	Accounts receivable, net				4					
	5	Loans and other receivables from current and fo									
		trustees, key employees, and highest compensa	ted empl	oyees. Complete							
		Part II of Schedule L	-			5					
	6	Loans and other receivables from other disqualif									
		section 4958(f)(1)), persons described in section									
		employers and sponsoring organizations of secti									
s		employees' beneficiary organizations (see instr).				6					
Assets	7	Notes and loans receivable, net				7					
As	8	Inventories for sale or use				8					
	9	Description of the second state of the second			273.	9	800.				
	10a	Land, buildings, and equipment: cost or other									
		basis. Complete Part VI of Schedule D	10a	773,786. 163,947.							
	b		10b	163,947.	554,782.	10c	609,839.				
	11	Investments - publicly traded securities				11					
	12	Investments - other securities. See Part IV, line 1				12					
	13	Investments - program-related. See Part IV, line 1				13					
	14	Intangible assets				14					
	15	Other assets. See Part IV, line 11		15							
	16	Total assets. Add lines 1 through 15 (must equa			979,273.	16	1,226,717.				
	17	Accounts payable and accrued expenses	17,399.	17	8,558.						
	18	Grants payable				18					
	19	Deferred revenue		19							
	20	Tax-exempt bond liabilities		20							
	21	Escrow or custodial account liability. Complete F	Schedule D		21						
ŝ	22	Loans and other payables to current and former	officers,	directors, trustees,							
iabilities		key employees, highest compensated employee									
iabi		Complete Part II of Schedule L				22					
-	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23					
	24	Unsecured notes and loans payable to unrelated		24							
	25	Other liabilities (including federal income tax, pay									
		parties, and other liabilities not included on lines	17-24). (	Complete Part X of							
		Schedule D			900.	25	5,200.				
	26	Total liabilities. Add lines 17 through 25			18,299.	26	13,758.				
		Organizations that follow SFAS 117 (ASC 958), check here ► X and									
es		complete lines 27 through 29, and lines 33 and			021 050		1 042 540				
anc	27	Unrestricted net assets			931,952. 29,022.	27	<u>1,043,548.</u> 169,411.				
Bal	28	Temporarily restricted net assets			29,022.	28	109,411.				
pd	29			······		29					
Γn		Organizations that do not follow SFAS 117 (As	SC 958),	check here							
s or		and complete lines 30 through 34.				00					
set:	30	Capital stock or trust principal, or current funds				30					
As	31	Paid-in or capital surplus, or land, building, or eq				31					
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc			960,974.	32 33	1,212,959.				
-	33 34				979,273.	<u>33</u> 34	1,226,717.				
	34	Total liabilities and net assets/fund balances				34					

Form **990** (2018)

## Form 990 (2018) Part X Balance Sheet

018)	1			FAM

Form	990 (2018) FAMILY PROMISE OF GALLATIN VALLEY, INC.	11-37	39588	Page <b>12</b>
Par	rt 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		.,047.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,427.
3	Revenue less expenses. Subtract line 2 from line 1	3		,620.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,974.
5	Net unrealized gains (losses) on investments	5	4	.,365.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	1,212	<u>,959.</u>
Par	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		
2a			2a	<u> </u>
	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:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	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:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	-		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		
	Act and OMB Circular A-133?		<b>3</b> a	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	

Form **990** (2018)

SCH	EDU	LE A
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Department of the Treasury

(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.

OMB No. 1545-0047
2018
Open to Public Inspection

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Internal	Reven	ue Service		Go to www.irs.go	v/Form990 for instruction	ons and th	ne latest ir	nformation.		Insp	pection
Name	of t	he organizati	on						Employer	identifica	tion numbe
_		_	FAMI	LY PROMISE	OF GALLATIN	VALLI	EY, IN	IC.		<u>1-373</u>	9588
Part	tl	Reason	for Public (	Charity Status	All organizations must co	omplete th	is part.) Se	e instructions	6.		
The or	gani	ization is not a	private found	ation because it is: (	For lines 1 through 12, c	heck only	one box.)				
1		A church, cor	nvention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1	I)(A)(i).			
2		A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 99	90-EZ).)				
3		A hospital or	a cooperative	hospital service org	anization described in se	ection 170	)(b)(1)(A)(ii	i).			
4		A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospita	al's name,
_		city, and state									
5 🗌		An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in	
_		section 170	( <b>b)(1)(A)(iv).</b> (C	Complete Part II.)							
6 [		A federal, sta	te, or local go	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).			
7 [	X	An organizati	on that norma	Ily receives a substa	intial part of its support fi	om a gove	ernmental	unit or from th	ne general p	oublic desc	ribed in
_		section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)							
8 [		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultura	al research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college	
		or university of	or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	or	
F		university:									
10					e than 33 1/3% of its sup						
					ct to certain exceptions,	. ,				•	
					(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	fter June 3	30, 1975.
г				mplete Part III.)							
11 L		-	-	-	ively to test for public sa	•					
12		-	-	-	ively for the benefit of, to	-			•	-	
				-	ed in section 509(a)(1) o					heck the t	oox in
_		7	-		of supporting organization		-		-		
а				-	supervised, or controlled	• • • •	-				
			-		gularly appoint or elect a	majority c	of the aired	tors or truste	es of the su	pporting	
				complete Part IV, So				al averaginatio	······································		
b				-	d or controlled in connect			-		-	
			-	at complete Part IV,	anization vested in the sa	ame perso	ns that co	ILTOI OF ITIATIA	ye me supp	onted	
с				-	ig organization operated	in connoct	tion with	and functional	lly intograto	d with	
C	L		-		s). You must complete I				iy integrate	u with,	
d			0	.,.	porting organization oper	-		-	ted organiz	ation(s)	
u	L		-		zation generally must sat				-		
				• •	mplete Part IV, Sections	•		•		eness	
е			-	-	written determination fro				II Type III		
Ū			•		nally integrated supporti			1900, 1900	n, rype n		
f	Ente	-	of supported of								
				n about the supporte							
		i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount o	f monetary	<b>(vi)</b> Amo	ount of other
		organization	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	nstructions)	support (se	e instructions)
Total											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

#### Schedule A (Form 990 or 990-EZ) 2018 FAMILY PROMISE OF GALLATIN VALLEY, INC. 11-3739588 Page 2 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	<b>(e)</b> 2018	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	204,874.	201,267.	309,780.	600,000.	671,601.	1987522.
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	204 074	201 207	200 700			1007500
	Total. Add lines 1 through 3	204,874.	201,267.	309,780.	600,000.	671,601.	1987522.
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,						120 012
	column (f)						438,042. 1549480.
	Public support. Subtract line 5 from line 4.						1549480.
		(-) 0014	(1-) 0015	(-) 0010	(4) 0017	(-) 0010	
	ndar year (or fiscal year beginning in)	(a) 2014 204,874.	(b) 2015 201,267.	(c) 2016 309,780.	(d) 2017 600,000.	(e)2018 671,601.	(f) Total 1987522.
	Amounts from line 4	204,0740	201,207.	505,700.	000,000	071,001.	1907922.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2,226.	1,371.	1,907.	3,215.	8,603.	17,322.
•	and income from similar sources	2,220.	Ι, Ο/Ι.	1,907.	5,215.	0,005.	17,322.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						2004844.
	Gross receipts from related activities,		200			12	49,165.
		`	,	h fourth or fifth to			49,105.
13	13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2018 (I			olumn (f))		14	77.29 %
	Public support percentage from 2017		•			15	80.55 %
	<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization						
b	<b>b</b> 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a							
	<b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization						
	meets the "facts-and-circumstances"			-			
b	0 10% -facts-and-circumstances test	-		• • • •	-		
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	9
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported organ	nization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
_	Schedule A (Form 990 or 990-EZ) 2018						

832022 10-11-18

#### Schedule A (Form 990 or 990 EZ) 2018 FAMILY PROMISE OF GALLATIN VALLEY, INC. 11-3739588 Page 3 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	tion A. Public Support			-	-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	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.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(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						
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 fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiza	ation,
							·····
Sec	tion C. Computation of Publi	ic Support Per	rcentage				
15	Public support percentage for 2018 (I	line 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2017	' Schedule A, Part	III, line 15			16	%
Sec	tion D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	018 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2017 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2018. 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 a						▶□
b	33 1/3% support tests - 2017. If the						Ind
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	3 10-11-18						) or 990-EZ) 2018
			15	5			-

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## Schedule A (Form 990 or 990 EZ) 2018 FAMILY PROMISE OF GALLATIN VALLEY, INC. 11-3739588 Page 4

(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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1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c

Yes No

Schedule A (Form 990 or 990-EZ) 2018

10a

10b

## Schedule A (Form 990 or 990-EZ) 2018 FAMILY PROMISE OF GALLATIN VALLEY, INC. 11-3739588 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	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		103	
•				
	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,			
<u></u>	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			
	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).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	ructions	L	
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			
	that these activities constituted substantially all of its activities.	2a		
b	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 <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
d		20		
L.	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0⊾		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 5 10-11-18 Schedule A (Form 99	3b 90 or 90	0_E7	2010
032025	5 10-11-18 Schedule A (Form 9	20 01 35	/∪-⊑∠)	2010

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Schedule A (Form 990 or 990-EZ) 2018

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Sche Pa	dule A (Form 990 or 990-EZ) 2018 FAMILY PROMISE OF GALLA			11–3739588 Page <b>6</b>
		<u> </u>		
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	°		Part VI.) See instructions. Al
Sect	other Type III non-functionally integrated supporting organizations must c	omplete S	(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		
	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 <b>Part VI</b> ):			
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-functiona	ally integra	ted Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018

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#### Schedule A (Form 990 or 990-EZ) 2018 FAMILY PROMISE OF GALLATIN VALLEY, INC. 11-3739588 Page 7

Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	1		
Secti	on 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	t purposes of supported				
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes 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	e organization is responsive	9			
	(provide details in <b>Part VI</b> ). See instructions.					
9	Distributable amount for 2018 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018		
_1	Distributable amount for 2018 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2018 (reason-					
	able cause required- explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2018					
а	From 2013					
b	From 2014					
с	From 2015					
d	From 2016					
е	From 2017					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2018 distributable amount					
i	Carryover from 2013 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2018 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2018 distributable amount					
с	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2018, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in <b>Part VI.</b> See instructions.					
6	Remaining underdistributions for 2018. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2019. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2014					
	Excess from 2015					
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018	FAMILY	PROMISE	OF GALLA	TIN VALLI	EY, INC.	11-3739588	Page 8
Fall VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I Section D, lines 5, 6, and 8	2, 3b, 3c, 4b, ines 2 and 3; F	4c, 5a, 6, 9a, 9b Part IV, Section E	, 9c, 11a, 11b, ar , lines 1c, 2a, 2b	1d 11c; Part IV, S , 3a, and 3b; Par	Section B, lines 1 t V, line 1; Part V	and 2; Part IV, Sectior /, Section B, line 1e; Pa	n C, art V,
	(See instructions.)		,			,		
832028 10-11-	18			20		Schedu	le A (Form 990 or 990	-EZ) 2018

#### Schedule B

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

Name of the organization

#### \*\* PUBLIC DISCLOSURE COPY \*\*

### **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

2018

Employer identification number

FAMI	LY PROMIS	E OF	GALLATIN	VALLEY,	INC.	11-3739588
Organization type (check one):						

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 (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 for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable.

**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).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Name of organization

Employer identification number

11-3739588

#### FAMILY PROMISE OF GALLATIN VALLEY, INC.

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 75,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 2 X Person Payroll 100,818. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 35,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 4 X Person Payroll Noncash 35,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 27,191. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

823452 11-08-18

10541029 792194 141348.0

Name of organization

Employer identification number

FAMILY PROMISE OF GALLATIN VALLEY, INC.

#### 11-3739588

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	\$					
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	\$					
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	\$					
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	\$					
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	\$					
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	_					
	—					
	(b) Description of noncash property given (b) Description of noncash property given (b)	(b)     (c)       Description of noncash property given     (c)       (b)     s       (c)     (c)       (c)     FMV (or estimate)       (c)     FMV (or estimate)				

10541029 792194 141348.0

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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Schedule B	8 (Form 990, 990-EZ, or 990-PF) (2018)		Page
Name of or	ganization		Employer identification number
FAMTT.V	PROMISE OF GALLATIN VA	ALLEY INC	11-3739588
Part III		ons to organizations described in sect through (e) and the following line entry charitable, etc., contributions of \$1,000 or lea	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(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, ar		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, ar	nd 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	I
F	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(-) N			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
		(e) Transfer of gift	
F	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee

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823454 11-08-18

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 4

#### 10541029 792194 141348.0

SCHEDULE D	)
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Department of the Treasury Internal Revenue Service

(Form	990)
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### **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.





Name of the organization

Employer identification number FAMILY PROMISE OF GALLATIN VALLEY, INC.

11-3739588

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ie 6.		
		(a) Donor advised funds	(k	) 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 the	writing that the assets held in donor advis	ed fund	
-	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
•	for charitable purposes and not for the benefit of the donor o			
	impermissible private benefit?	, , , , , ,		°
Par				
	Purpose(s) of conservation easements held by the organization		arerv,	
•	Preservation of land for public use (e.g., recreation or e		orically	important land area
	Protection of natural habitat	Preservation of a cert		
			uneu ms	
•	Preservation of open space	fiel		
2	Complete lines 2a through 2d if the organization held a qualit	ned conservation contribution in the form	or a con	
_	day of the tax year.		ł	Held at the End of the Tax Year
a			ſ	<u>2a</u>
b				<u>2b</u>
C	Number of conservation easements on a certified historic str			<u>2c</u>
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organiz	ation during the tax
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servatior	easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion eas	ements during the year
	►\$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(	h)(4)(B)(i	)
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	stateme	ent, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the orga	nization's accounting for
_	conservation easements.	· · · · · · · · · · · · · · · · · · ·		
Par	t III Organizations Maintaining Collections of		her Si	milar Assets.
	Complete if the organization answered "Yes" on Form	1990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	nent and	l balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthera	nce of p	ublic service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and bal	ance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of put	olic serv	ice, provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
				<b>.</b> .
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	l gain, p	
	the following amounts required to be reported under SFAS 1		<b>U</b> /1	
а	Revenue included on Form 990, Part VIII, line 1			▶ \$
	Assets included in Form 990, Part X			► \$
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2018
	10-29-18			
		25		

		PROMISE OF						11-37			<sub>age</sub> 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Simila	r Assets	contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that	t are a si	gnificant ı	use of its c	ollection	items	
	(check all that apply):										
а	Public exhibition	c	ו <u>∟</u> ו ו	Loan or exe	change progra	ams					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explain	n how the	ey further t	he organizatio	on's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, his	storical trea	sures, or othe	er similaı	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	ization's co	ollection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Compl	ete if the	organizatio	on answered	"Yes" or	Form 99	D, Part IV, I	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for c	ontributior	ns or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on Fe								Yes		No
b	If "Yes," explain the arrangement in Part XIII.										]
Par	t V Endowment Funds. Complete i	f the organization ar	swered '	"Yes" on Fe	orm 990, Part	IV, line	10.		-		
		(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1q	, column (a	a)) held as:						
а	Board designated or quasi-endowment	•	%	, v							
	Permanent endowment	%									
	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posse	•	ation that	t are held a	nd administe	red for th	ne organiz	ation			
	by:	5					5		]	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI   Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	), Part IV	, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or c			t or other		ccumulat	ed	(d) Boo	k value	e
		basis (investr	ment)	basis	(other)	de	preciatior	n			
<b>1</b> a	Land										
	Buildings			63	32,724.		105,8	54.	52	5,8'	70.
	Leasehold improvements			3	33,591.		1,0	66.		2,52	
	Equipment										
	Other			10	)7,471.		57,0	27.	5	),44	44.
	. Add lines 1a through 1e. (Column (d) must e		X. colum		-		-			9,83	
								<u> </u>	- /-		

Schedule D (Form 990) 2018

Part VI	I Investments - Other Securities.				
(a) Descr	Complete if the organization answered "Yes" - iption of security or category (including name of security)	on Form 990, Part IV (b) Book value			d-of-year market value
. ,					
. ,	vheld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	(b) must equal Form 990, Part X, col. (B) line 12.)				
	II 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			d-of-year market value
(1)	-				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX					
	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11d. See Form 990,	Part X, line 15.	
	(a)	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. <u>(Co</u> Part X	lumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	<u>e 15.)</u>			
	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11e or 11f. See Forn	n 990, Part X, line 25	·
1.	(a) Description of liability		(b) Book value		
(1) Fe	ederal income taxes				
(2) T	RANSITIONAL HOUSE LIABIL	LTY	5,200.		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Co	lumn (b) must equal Form 990. Part X. col. (B) line	25.) 🕨	5,200.		
	ty for uncertain tax positions. In Part XIII, provide	,	ote to the organization's fi	nancial statements t	hat reports the
	ization's liability for uncertain tax positions under		-		· · ·

FAMILY PROMISE OF GALLATIN VALLEY, INC. 11-3739588 Page 3

Schedule	D	(Form	990)	2018

832053 10-29-18

Schedule D (Form 990) 2018

Schedule	D (Form 990) 2018 FAMILY PROMISE OF GALLATIN	VALLEY, INC.	11-3739588 Page 4
Part XI	Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Re	eturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Tota	I revenue, gains, and other support per audited financial statements		1
<b>2</b> Amo	ounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net	unrealized gains (losses) on investments	2a	
	ated services and use of facilities		
	overies of prior year grants		
	er (Describe in Part XIII.)		
e Add	lines 2a through 2d		2e
3 Sub	tract line <b>2e</b> from line <b>1</b>		3
	ounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b> Inve	stment expenses not included on Form 990, Part VIII, line 7b	4a	
<b>b</b> Othe	er (Describe in Part XIII.)	4b	
c Add	lines 4a and 4b		4c
5 Tota	I revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Part XI	Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Tota	l expenses and losses per audited financial statements		1
<b>2</b> Amo	ounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b> Don	ated services and use of facilities	2a	_
<b>b</b> Prio	r year adjustments	2b	_
c Othe	er losses	2c	_
d Othe	er (Describe in Part XIII.)	2d	
e Add	lines 2a through 2d		2e
<b>3</b> Sub	tract line <b>2e</b> from line <b>1</b>		3
<b>4</b> Amo	ounts included on Form 990, Part IX, line 25, but not on line 1:		
a Inve	stment expenses not included on Form 990, Part VIII, line 7b	4a	
<b>b</b> Othe	er (Describe in Part XIII.)	4b	
<b>c</b> Add	lines 4a and 4b		4c
5 Tota	l expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Part XI	I 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.

832054 10-29-18

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	or if the	2018					
Department of the Treasury Internal Revenue Service	•	Attach to Form 990						Open to Public Inspection
Name of the organization		to www.irs.gov/Form990 for instru	uction	s and	the latest informati		Employer ide	entification number
rtanio or the organization		PROMISE OF GALLATIN	N VZ	LLI	EY, INC.		11-3739	
Part I Fundrais		Complete if the organization answe						
	complete this part							
a Ail solicitat b Internet and c Phone solicit d In-person so 2 a Did the organization	ions email solicitations tations licitations n have a written c		ion of ion of fundra (includ	non-g gover iising ( ing of	overnment grants nment grants events ficers, directors, trus	tees, o	or	s 🗌 No
	•	viduals or entities (fundraisers) pursua	ant to a	agreer	ments under which th	ne fun	draiser is to b	е
compensated at le	ast \$5,000 by the	organization.	_			-		
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	aiser Jstody trol of	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by) undraiser ed in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No				
3 List all states in whi		n is registered or licensed to solicit c	ontrib	▶ utions	or has been notified	it is e	xempt from re	egistration
or licensing.								
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. 9	Sched	lule G (Form 9	990 or 990-EZ) 2018

832081 10-03-18

Schedule G (Form 990 or 990-EZ) 2018 FAMILY PROMISE OF GALLATIN VALLEY, INC. 11-3739588 Page 2 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 contributior e on Form 990-F7 lines 1 and 6b. List events with an , ¢5 000 o and a otor the ointo o ind

				(1) Example (10)		ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CELEBRITY	CARDBOARD		(add col. (a) through
			SERVER	BOX CITY	1	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	30,467.	26,947.	6,472.	63,886
	2	Less: Contributions	27,467.	26,947.	6,472.	60,886
	3	Gross income (line 1 minus line 2)	3,000.			3,000
	4	Cash prizes				
s	5	Noncash prizes				
<b>kpense</b>	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		2,865.	100.	5,345
	10	Direct expense summary. Add lines 4 throug			<b>&gt;</b>	5,345
	11	Net income summary. Subtract line 10 from	line 3, column (d)			-2,345
Hevenue	1	Gross revenue		bingo/progressive bingo		col. (a) through col. (a
<i>"</i>		Cash prizes				
xpense:		Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
-			Yes%	└── Yes % │── No	└── Yes % └── No	
	6	Volunteer labor	No No			
		Volunteer labor Direct expense summary. Add lines 2 throug				
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
	7 8	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	h 5 in column (d)		►	
	7 8 Ent	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:		►	Yes N
а	7 8 Ent	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ ctivities in each of these	states?	►	Yes N
a b Da	7 Ent Is t If "	Direct expense summary. Add lines 2 throug <u>Net gaming income summary. Subtract line 7</u> ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain: ere any of the organization's gaming licenses re-	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these evoked, suspended, or te	states?	► ►	
a b )a	7 Ent Is t If "	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu he organization licensed to conduct gaming a No," explain:	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these evoked, suspended, or te	states?	► ►	
a b	7 Ent Is t If "	Direct expense summary. Add lines 2 throug <u>Net gaming income summary. Subtract line 7</u> ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain: ere any of the organization's gaming licenses re-	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these evoked, suspended, or te	states?	► ►	

Sch	edule G (Form 990 or 990-EZ) 2018 FAMILY PROMISE OF GALLATIN VALLEY, INC. 11-3	3739588	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
	Indicate the percentage of gaming activity conducted in:	1 1	
	The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗌 Yes	No 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 $\blacktriangleright$ \$		
С	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		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Ves	
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
, N	organization's own exempt activities during the tax year <b>&gt;</b> \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I	rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
83208	33 10-03-18 Schedule G (Forn	n 990 or 990	-EZ) 2018
	31		-

Schedule C	G (Form 990 or 990) Supplementa	- <u>EZ)</u>	FAMILY	PROMISE	OF	GALLATIN	VALLEY,	INC.	11-3739588	Page 4
1 di ti ti			(cont	inuea)						
								Scl	hedule G (Form 990 or	<sup>-</sup> 990-EZ)

832084 04-01-18

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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



Employer identification number

Name of the organization

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

	FAMILY PROMI	SE OF (	GALLATIN V	/ALLEY, INC.	11-3739588
Pa	rt I Types of Property				
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> 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				
6	Cars and other vehicles	X	2	2,600.	FAIR MARKET VALUE
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	886	100,818.	COST
10	Securities - Closely held stock				
		1	1	1	1

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	1 1				
19	Food inventory	1 1				
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other  ( PRINTING AND )	X	8	90	3.COST	
26	Other ► ()					
27	Other ► ()					
28	Other 🕨 ( )					
29	Number of Forms 8283 received by the organized by the org	zation during the	e tax year for cont	ributions		
	for which the organization completed Form 82	83, Part IV, Don	ee Acknowledgerr	nent		
						Yes No

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for		
	exempt purposes for the entire holding period?	30a	Х
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?	31	Х
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	x
b	If "Yes," describe in Part II.		
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		
	describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

832141 10-18-18

Schedule M	(Form 990) 2018	FAMILY	PROMISE	OF	GALLATIN	VALLEY,	INC.	11	-3739588	Page <b>2</b>
Part II	Supplemental is reporting in Part this part for any ac	Informatio	<b>n.</b> Provide the the number of c	inforr	nation required by	Part I, lines 30b	, 32b, and 33,	and wh pination	nether the organiza of both. Also comp	tion
832142 10-18-1	8							:	Schedule M (Form	990) 2018

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 11-3739588

INC.

FORM 990, PART VI, SECTION A, LINE 8B:

MINUTES ARE NOT DOCUMENTED AT THE COMMITTEE LEVEL, ONLY AT THE BOARD LEVEL.

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

THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990 PRIOR TO ISSUANCE.

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

ALL BOARD MEMBERS SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY.

FAMILY PROMISE OF GALLATIN VALLEY,

FORM 990, PART VI, SECTION B, LINE 15:

ALL EMPLOYEES RECEIVE AN ANNUAL REVIEW BY THEIR SUPERVISOR. THE BOARD

PRESIDENT REVIEWS THE EXECUTIVE DIRECTOR. SALARY INCREASES ARE BASED

DIRECTLY ON PERFORMANCE AND FUNDS THAT ARE ALLOCATED BY THE BOARD BASED ON

THE ANNUAL BUDGET. SALARIES OF MONTANA AREA NON-PROFITS ARE SOURCES USED

TO DETERMINE IF SALARIES ARE COMPARABLE TO SIMILAR POSITIONS IN THE AREA.

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

GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. CONTACT

35

INFORMATION IS PROVIDED ON THE ORGANIZATION'S WEBSITE.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

Form <b>4562</b>											
Department of the Treasury Internal Revenue Service											
Nema(a) abayun an uatum											

# **Depreciation and Amortization** (Including Information on Listed Property)

990

OMB No. 1545-0172 20 18

Attachment Sequence No. 179

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return Business or activity to which this form relates									Identifying number
FAMILY PROMISE OF GALI	<b>אחדאז ז</b> עאדד	EV TNO	FOI	οννια	οΛ τ	PAGE 10			11-3739588
Part I Election To Expense Certain Proper							t V hefo	ro vi	
	•	-						1	1,000,000.
1 Maximum amount (see instructions)								2	1,000,000.
2 Total cost of section 179 property place							· · · · ·	23	2,500,000.
3 Threshold cost of section 179 property	····· –	4	2,500,000.						
4 Reduction in limitation. Subtract line 3		5							
5 Dollar limitation for tax year. Subtract line 4 from line 6 (a) Description of pr			barately, see b) Cost (busi			(c) Elected		5	
6 (a) Description of pr	55511				<u>,</u>	(0) =100101			
7 Listed property. Enter the amount from	line 20				7				
<ul><li>7 Listed property. Enter the amount from</li><li>8 Total elected cost of section 179 properties</li></ul>		n oolumn (o) lii						8	
9 Tentative deduction. Enter the smaller								9	
10 Carryover of disallowed deduction from								。 10	
<b>11</b> Business income limitation. Enter the s								11	
12 Section 179 expense deduction. Add li								12	
<b>13</b> Carryover of disallowed deduction to 2					13			12	
<b>Note:</b> Don't use Part II or Part III below for		/			13				
Part II Special Depreciation Allowa	,			de lister	d prope	erty)			
14 Special depreciation allowance for qua									
			1 3/1			0		14	
<ul><li>15 Property subject to section 168(f)(1) ele</li></ul>								15	
40 011 1 11 / 10000								16	30,602.
Part III MACRS Depreciation (Don't									0070020
		Secti	,						
17 MACRS deductions for assets placed in	n service in tax vea	urs beginning be	efore 2018	8				17	185.
<b>18</b> If you are electing to group any assets placed in serv		0 0							
Section B - Assets							ation S	/ste	m
	(b) Month and	(c) Basis for de	preciation	(d)	Recovery				(a) Degradation de duction
(a) Classification of property	year placed in service	(business/inves only - see inst			period	(e) Conventio	n (f) Met	100	(g) Depreciation deduction
<b>19a</b> 3-year property									
<b>b</b> 5-year property	-								
c 7-year property									
d 10-year property									
e 15-year property									
f 20-year property									
g 25-year property				2	5 yrs.		S/I	-	
	/			27	'.5 yrs.	MM	S/I	-	
h Residential rental property	/			27	′.5 yrs.	MM	S/I	1	
· · · · · · · ·	/			3	9 yrs.	MM	S/I	-	
i Nonresidential real property	/					MM	S/I	1	
Section C - Assets F	Placed in Service	During 2018 Ta	ax Year U	sing th	e Alter	native Depre	ciation	Syst	em
20a Class life							S/I	_	
<b>b</b> 12-year				12 yrs.			S/I	1	
c 30-year	/						S/I		
d 40-year	/			4	0 yrs.	MM	S/I		
Part IV         Summary (See instructions.)									
21 Listed property. Enter amount from line	28							21	
22 Total. Add amounts from line 12, lines	14 through 17, line	es 19 and 20 in	column (g	g), and I	ine 21.				
Enter here and on the appropriate lines	-							22	30,787.
23 For assets shown above and placed in									
portion of the basis attributable to sect	ion 263A costs				23				

816251 12-26-18 LHA For Paperwork Reduction Act Notice, see separate Instructions. 10541029 792194 141348.0 2018.04030 FAMILY PROMISE OF GALLATI 141348.1

For	rm 4562 (2018)	FAM	ILY PRO	MISE	OF (	GALL.	ATIN	VAI	LEY,	INC.		11-	3739	588	Page 2
	art V Listed Proper	ty (Include a	utomobiles, c	ertain oth											<u> </u>
	entertainment, Note: For any				standard	1 milear	na rata o	r dedu	ctina leas	- evnens	e comr	olete on	ly 24a		
	24b, columns	(a) through (c	) of Section A	A, all of S	ection B,	and Se	ection C	if appli	cable.	стрена	c, comp		<b>Πy</b> 2+α,		
	Section A -	- Depreciatio	on and Other	Informa	tion (Cau	ution: S	See the i	nstruct	tions for li	mits for p	asseng	er auton	nobiles.)		
<u>24a</u>	a Do you have evidence to s	support the bu	siness/investm	ent use cla	aimed?	<u> </u>	es 🗌	No	<b>24b</b> If "Y	es," is th	e evide	nce writt	ten?	Yes [	No
	(a)	(b)	(c)	,	(d)		(e)		(f)	(	g)	(	(h)		(i)
	Type of property (list vehicles first)	Date placed in	Business, investmen	t	Cost or		sis for depressiness/inve		Recovery period		hod/ ention		eciation uction		cted on 179
		service	use percenta	ige <sup>0</sup>	ther basis		use only	/)	periou	CONV		ueui			ost
25	Special depreciation allo	owance for q	ualified listed	property	placed i	n servic	e during	the ta	x year and	ł					
	used more than 50% in										25				
<u>26</u>	Property used more that	in 50% in a q	ualified busin	ess use:											
		: :		%											
		: :		%											
		: :		%											
27	Property used 50% or le	ess in a qualif	fied business	use:											
		: :		%						S/L -				1	
		: :		%						S/L -				1	
		: :		%						S/L -				1	
28	Add amounts in column	n (h), lines 25	through 27. E	Enter here	e and on	line 21,	page 1				28				
<u>29</u>	Add amounts in column	n (i), line 26. E	nter here and	l on line 7	7, page 1		<u></u>						29		
				Section	B - Infori	nation	on Use	of Veh	icles						
Co	mplete this section for ve	hicles used l	by a sole prop	orietor, pa	artner, or	other "	more tha	an 5% (	owner," or	related	person.	If you p	rovided v	/ehicles	
to y	our employees, first ans	wer the ques	tions in Secti	on C to s	see if you	meet a	n excep	tion to	completin	ig this se	ction fo	r those \	/ehicles.		
												_			
				(	a)	(	b)		(c)	(c	i)	(	e)	(1	F)
30	Total business/investment	miles driven d	uring the	Ve	hicle	Vel	hicle	V	ehicle	Veh	icle	Ver	nicle	Veh	icle
	year ( <b>don't</b> include commu	iting miles)													
31	Total commuting miles	driven during	the year												
32	Total other personal (no	ncommuting	) miles												
	driven														
33	Total miles driven during														
	Add lines 30 through 32	2													
34	Was the vehicle availab			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p	rimarily by a	more												
	than 5% owner or relate	ed person?													
36	Is another vehicle availa	able for perso	nal												
	use?														
		Section C	- Questions	for Emp	loyers W	ho Prov	vide Ver	nicles f	or Use by	/ Their E	mploye	es			
Ans	swer these questions to a	determine if y	/ou meet an e	exception	to comp	leting S	Section E	3 for ve	hicles use	d by em	ployees	who <b>a</b>	ren't		
mo	re than 5% owners or rel	ated persons	5.			-				-	-				
37	Do you maintain a writte	en policy stat	ement that p	rohibits a	II person	al use c	of vehicle	es, inclu	uding com	muting,	by your			Yes	No
	employees?														
38	Do you maintain a writte														
	employees? See the ins	structions for	vehicles used	d by corp	orate offi	cers, di	rectors,	or 1%	or more o	wners					
39	Do you treat all use of v	ehicles by en	nployees as p	ersonal i	use?										
	Do you provide more th					nformati	ion from	your e	mployees	about					
	the use of the vehicles,														
41	Do you meet the require														
	Note: If your answer to														
P	art VI Amortization														
	(a)			(b)		(c)			(d)		(e)			(f)	
	Description of	f costs	Dat	e amortization begins		Amortizat amount	ole t		Code section		Amortiza period or per		Ar fc	mortization or this year	
42	Amortization of costs th	at begins du	ring your 201		ar:										
_				: :											
43	Amortization of costs th	at began bef	fore your 201	B tax yea	r .					·····		43			
	Total. Add amounts in d											44			
-	252 12-26-18												F	orm <b>456</b>	<b>2</b> (2018)