Form **990**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| A | For the | 2023 calen | dar year, or tax | year begii | ning | - | , 202 | 23, and e | endin | q | | | 20 | 23 14 23 6 14 14 14 14 14 14 14 14 14 14 14 14 14 |
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| | Check if a | | C | | | | • | | | | D Employ | | fication number | |
| | Addre | ess change | Family Pro | omise o | of Great | er | | | | | · · | 19099 | | |
| | \vdash | e change | Indianapo: | lis. Tr | ic. | UCL | | | | | E Telepho | | | |
| | | return | PO Box 44 | | | | | | | | | | | |
| | H | | Indianapol | lis, IN | 1 46244 | | | | | | 317. | -70T. | -1562 | |
| | | eturn/terminated | - | • | | | | | | | _ | | • | |
| | | nded return | | | | | | | | | G Gross re | | | ,120. |
| | Appli- | cation pending | | | al officer: | | | | | H(a) is this a | | | 103 | X No |
| | | | Same As C | | ··········· | | 1 | | | H(b) Are all If "No," | subordinates attach a list | included See inst | i? tructions. ∐Yes | No |
| | Tax-exe | mpt status: | X 501(c)(3) | 501(c) (|) | (insert no.) | 4947(a)(1) |) or5 | 527 | , | | | a delication, | |
| J | Webs | ite: ww | w.fpgi.org | <u> </u> | | | | | | H(c) Group o | exemption nu | ımber | | |
| K | | organization: | X Corporation | Trust | Association | Other | | L Year of | formati | on: 1994 | 4 Mis | state of le | egal domicile: IN | J |
| Pa | rt I 🔧 | Summar | У | | | | | | | | | | | |
| | 1 B | riefly descri | be the organizat | ion's miss | ion or mos | t significant | activities: I | ndian | apo. | lis In | terfai | th H | ospitalit | v |
| മ | N | letwork | leverages | the re | sources | of hous | ses of v | worsh | ip i | n the | greate | er In | ndianapol | is |
| Ě | a | rea to | provide en | ergenc | y shelt | er, food | i, case | manac | geme | nt, an | d afte | ercar | e service | es |
| Ě | <u> </u> | o famil | ies experi | encing | homele | ssness. | | | | | | | | |
| Ø. | | heck this bo | ox lifthe o | organizatio | on discontir | nued its oper | ations or di | isposed | of mo | re than 2 | 5% of its | net as: | sets. | |
| Ġ | 3 N | umber of vo | ting members o | f the gove | rning body | (Part VI, line | e 1a) | | | | | 3 | | 17 |
| တ္သ | 4 N | umber of in | dependent votin | g member | 's of the go | verning body | / (Part VI, I | line 1b). | | | | 4 | | 17 |
| īË | 5 To | otal number | of individuals e | mployed i | n calendar | year 2023 (F | Part V, line | 2a) | • • • • • | | | 5 | | 15 |
| Activities & Governance | | | of volunteers (| | | | | | | | | 6 | | 500 |
| 4 | 7a To | ot uproleted | ed business reve | enue from | Part VIII, C | olumn (C), I | ine IZ | • • • • • • • • • • • • • • • • • • • | • • • • • | | | 7a | ··· | <u>0.</u> |
| | D 171 | et unrelated | l business taxab | ie income | Irom Form | 990-1, Part | i, iine 11 | | - · · · · | | | 7b | | 0. |
| | 8 C | antributions | and grante (Da | rt VIII. line | . 16\ | | | | | £ | rior Year | 100 | Current Y | |
| ē | | | and grants (Pa rice revenue (Pa | | | | | | | | ,325,9 | 82. | 1,557 | <u>,485.</u> |
| Revenue | | | | | | | | | | | | VE C | 1.0 | 0.4.4 |
| æ | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | | | | | | | | | 256. | | ,044. |
| _ | 12 To | atal revenue | e (i art viii, coit e – add lines 8 l | hrough 11 | (must sau | oc, sc, ruc, . al Part VIII | column (A) | | | | 318,2 | | | ,286. |
| _ | | | milar amounts p | | | | | | | | ,647,4 | 130. | 1,838 | ,815. |
| | | | to or for memb | | | | | | | | | | | |
| | | | er compensation | | | | | | | | 450.5 | 10.4 | F0.4 | |
| ee | 160 D | | | | | | | | | | 453,7 | 94. | 584 | <u>,731.</u> |
| 913 | 16a Pi | | fundraising fees | | | | | · · · · · · · · | • • • • • | | | | | The same of the Control |
| Expenses | b To | | sing expenses (F | | | | | | | 41.34.5 | e e Presidente de la companya de la La companya de la co | | | |
| щ | IZ U | | es (Part IX, colu | | | | | | | | ,316,9 | 97. | 1,254 | ,982. |
| | 18 To | otal expense | es. Add lines 13 | -17 (must | equal Part | IX, column | (A), line 25 |) | | . 1 | ,770,7 | 91. | | ,713. |
| | | | expenses. Sub | | 18 from line | 12 | | | | | -123,3 | | | ,102. |
| 5 8 | | | (Part X, line 16). | | | | | | | Beginnin | ig of Curren | | End of Ye | |
| sets | 20 To | otal assets (| (Part X, line 16). | | | | | . | | | 811,2 | 205. | 839 | ,595. |
| 4.5 B. | 21 To | otal liabilitie | s (Part X, line 2 | 6) | | . | | | | | | 136. | 1 | ,215. |
| Net Asse Fund Bak | 22 N | et assets or | fund balances. | Subtract I | ine 21 from | ı line 20 , | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | 806,7 | 169 | 838 | ,380. |
| | | Signatur | e Block | | | , | | | | . 1 | 000, | <u> </u> | | 7000. |
| Unde | 2222 | | | nined this ret | urn, including a | accompanying so | hedules and st | tatements. | and to | the hest of m | v knowledae | and heli | ef it is true correc | t and |
| com | piete. Decla | aration of prepa | eclare that I have examer (other than officer |) is based on | all information | of which prepar | er has any kno | wledge. | -/ 10 | | y monoago | CVIG NOI | or, it is true, correc | it, and |
| | | | | | | | | | | | | | | |
| Sig | n | Signature of | officer | | | | | | | Date | | | | |
| He | re | Mike F | linn | | | | | | Т | 'reasur | er | | | |
| | | Type or print | name and title | - | · · · · · · · · · · · · · · · · · · · | | | - | | | | | | |
| | ** * | Print/Type p | reparer's name | | Preparer's s | ignature | | Date | | | Check | if | PTIN | |
| Pa | id | Thomas | G. Ayres, | CPA | | | | | | ! | self-employ | - ' ∣ | P00112607 | 1 |
| | eparer | | Firm's name Teipen CPA Group, PC | | | | | | | | 2 | | ~ 00112001 | |
| | e Only | | | | St Ste | | | | | | Firm's EIN | 25 | _6212200 | |
| | | sacate | | | , IN 46 | | | | | | | | -6312288 | |
| May | the IPS | L. discuss th | is return with th | | | | structions | | | | Phone no. | (31) | 7) 598-67 . X Yes | |
| mici) | , are use | - aloouss III | I CLAIM WILL II | o propare | SHOWIN GR | OAR! OEE IIK | au Wouldi 15 . | | | | | | . A Yes | No |

| | 990 (2023) Family Promise | | 35-190991 | .2 Page 2 |
|-------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------|-----------------------------------------|
| Par | III Statement of Program S | | | |
| | | response or note to any line in this Part III | | |
| î | Briefly describe the organization's mis | | | |
| | <u>Indianapolis Interfaith</u> | Hospitality Network leverages the res | ources of hous | ses of |
| | worship in the greater | Indianapolis area to provide emergency | shelter, food | l, case |
| | management, and afterca: | ce services to families experiencing h | omelessness. | |
| | | | | |
| 2 | | icant program services during the year which were not listed on | | |
| | | | | Yes X No |
| | If "Yes," describe these new services on | | | _ |
| 3 | | , or make significant changes in how it conducts, any progra | am services? | Yes X No |
| | If "Yes," describe these changes on Scho | | _ | |
| 4 | Describe the organization's program s | ervice accomplishments for each of its three largest program | n services, as measure | ed by expenses. |
| | section 501(c)(3) and 501(c)(4) organ and revenue, if any, for each program | izations are required to report the amount of grants and alloservice reported | cations to others, the | total expenses, |
| | and forestable in any, for basis programs | 3011100 10401001 | | |
| | (Code:) (Expenses \$ | 622,043, including grants of \$ |) (Revenue \$ | |
| -ra | ` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | Hospitality Network provides food and | | |
| | indianapoirs interrated | nospicaticy Network provides food and | i sherter to ra | milies |
| | dependent shildren find | ss as well as case management services | to assist ram | <u> </u> |
| | debendent curraten trud | housing and address issues that cause | <u>a nomelessness</u> | 3 |
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| 4b | (Code:) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | Indianapolis Interfaith | Hospitality Network began an aftercar | e program in 2 | 2014. The |
| | goal of the program is | o work with families who have left th | ne shelter for | permanent |
| | housing with continued of | case management services to reduce the | chance that a | a family |
| | will return to homeless | ness | | |
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| 4c | (Code:) (Expenses \$ | including grants of \$ |) (Revenue \$ | |
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| | Other program services (Describe on | Schedule ()) | | |
| - +u | (Expenses \$ | | ue ¢ | ` |
| Δο | Total program service expenses | including grants of \$) (Reven | л с ү | , , , , , , , , , , , , , , , , , , , , |
| BAA | | TEEA0102L 08/23/23 | , <u>-</u> | Form 990 (2023) |

| | | | Yes | No |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 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 |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | х |
| 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? If "Yes," complete Schedule D, Part I | 6 | | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. | 7 | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 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 not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | <u> 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 </u> | Х |
| 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 | | Х |
| 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 VIII. | 11c | | Х |
| đ | 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 IX | 11d | Х | |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| | 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)? If "Yes," complete Schedule D, Part X | 11 f | | Х |
| | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | Х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| 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 | | Х |
| 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 | <u> </u> | X |
| | 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 |
| | 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. See instructions. | 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? 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," complete Schedule G, Part III. | 19 | | Х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 19 20a | | Х |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 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 | 21 | | Х |
| ВАА | | | aan | |

| Par | t.W. Checklist of Required Schedules (continued) | | - 1 | age 4 |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|-------------|
| - 3 reg | , , | | Yes | N. |
| 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 | ies | No 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 | | Х |
| 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 | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24a 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part L | 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 Schedule L, Part I. | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). | | A Mark | \$ 100 mg |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in noncash 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 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part 1 | 31 | | Х |
| 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 | | Х |
| 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 | | Х |
| | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | Х |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 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 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | Х | |
| Pai | Statements Regarding Other IRS Filings and Tax Compliance | 1 | | · |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| 12 | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 3330A | Yes | No |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| BAA | (gambling) winnings to prize winners? TEEA0104L 08/23/23 | 1c Form | gan | [(2023) |
| | | 1 2111 | | (COC) |

Form 990 (2023) Family Promise of Greater

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

| | · · | | res | NO |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|------------------------|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 15 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | 2 1 jegg |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| þ | If "Yes," enter the name of the foreign country | 96 | G. S. V.S | Vir.s |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| | 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 | | |
| | 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 | | Х |
| | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | |
| | 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 |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7с | | Х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 表示是分 | | 142 433 |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | etypianiem, is | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a | | | |
| 8 | Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring | 7h | | |
| | organization have excess business holdings at any time during the year? | 8 | <u>LILINGER NE</u> | 3000000 |
| 9 | Sponsoring organizations maintaining donor advised funds. | 9.47 | | 200 |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| | Section 501(c)(7) organizations. Enter: | 9.25 | \$200 E.S. | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | 00340 |
| | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders | yer n | | |
| a h | Gross income from members or shareholders | | | |
| n | against amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | 2 A WOOD (1923) | 4000 1000 |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | india. | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | . <u></u> | Mariente |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | #1.150/951 #2.01159 |
| | 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 | XXX. | 4 QV. | |
| | 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 on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | 15 | \$V\$2.55 | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | . ex (2.003/68) | Х |
| | If "Yes," complete Form 4720, Schedule O. | agraga. Di grada | v | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? | 17 | 30 30 30 30 4 5 B | _t= :ni2+617 |
| • A A | If "Yes," complete Form 6069. | | West. | 激認 |
| | $t \mapsto \Delta D D \Theta t = D \Omega T D \Theta t$ | P 19-4 | . ^^^ | 10000 |

Form 990 (2023) Family Promise of Greater 35-1909912 Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. X Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year. 17 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 1h 17 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... X 4 Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 X 6 Did the organization have members or stockholders?.... X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?.... X **7**a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... b Each committee with authority to act on behalf of the governing body?.... $\overline{\mathbf{x}}$ Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?.... 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.... 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13. 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done..... 12c 13 Did the organization have a written whistleblower policy?..... 13 X 14 Did the organization have a written document retention and destruction policy?..... X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official..... 15a b Other officers or key employees of the organization. 15b X if "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?..... 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records.

Mike Flinn 1850 N. Arsenal Avenue Indianapolis IN 46218 317-261-1562

| Form 990 | (2023) | Family | Promise | of | Greater |
|----------|--------|--------|---------|----|---------|
| | | | | | |

35-1909912

Page 7

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

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

| <u> </u> | | | | (0 | | | <u></u> | Troncomoor, an ooc | | |
|----------------------------|-------------------------------------------------------------------------------------|--------|----------------|----------------------|------------------------------------|---------------------------|-----------|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| (A) Name and title | Average hours per week (list any hours for related organizations below dotted line) | I Box. | unle: er an | Pos heck ss pe | ition more rson i lirecto | this triplest compensated | an ee) | (D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
| (1) Mary Ann Schubert | 4 | | | | | | | | | |
| Secretary | 0 | X | | Χ | | | | 0. | 0. | 0. |
| (2) Nancy Frick | <u> 4</u> |] | | | | | | | | |
| Board Member | 0 | X | | | | | | 0. | 0. | 0. |
| (3) Kenda Resler Friend | 4 |] | | | | | | | | |
| Past President | 0 | X | | | | | | 0. | 0. | 0. |
| (4) Mike Flinn | 44 | ļ | | | | | | | | |
| Treasurer | 0 | Х | | Х | | | | 0. | 0. | 0. |
| (5) John Chambers | 44 |] | | | | | | | | · · · · · · · · · · · · · · · · · · · |
| Board Member | 0 | X | | | | | | 0. | 0. | 0. |
| (6) Scott Mercaeant-Koohns | 44 |] | | | | | | | | |
| Board Member | 0 | X | | | | | <u> </u> | 0. | 0. | 0. |
| (7) Ben Greenfield | 4 |] | İ | | | | | | | |
| President | 0 | X | | X | | | | 0. | 0. | 0. |
| (8) Joel Manship | 4 | | | | | | | | | |
| Board Member | 0 | X | L | | ļ | | | 0. | 0. | 0 |
| (9) Jenny Melind | 4 | | 1 | | | | | | | |
| Board Member | 0 | X | <u> </u> | | ļ | | | 0. | 0. | 0. |
| (10) Lynn McDowell | 44 | | 1 | | İ | | | | | |
| Board Member | 0 | X | ļ | | L | | | 0. | 0. | 0, |
| (11) Wilbur Sutton | 4 | | | | | | | | | |
| Board Member | 0 | X | | | <u>L</u> | ļ | | 0. | 0. | 0. |
| (12) Amy Oviedo | 4 | | | | | | | | | |
| Board Member | 0 | X | <u> </u> | <u> </u> | ļ | | | 0. | 0. | 0. |
| (13) Alex Slabosky | 44 | | | ŀ | | | | | | |
| Board Member | 0 | X | <u> </u> | <u> </u> | ļ | | | 0. | 0. | 0. |
| (14) Lacie Rader | 4 | | | ŀ | | | | | | |
| Board Member | 0 | X | | | <u> </u> | L | | 0. | 0. | 0. |

| 10000 | Composition A. Officers, Directors, 110 | 3003, 1 | T | | ıpı | o y c | 03, | GI I I | i riignest con | ipensateu Emp | ioyees (continuea) |
|-------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------|----------------|----------------------|--------------------|----------------------------|--------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| ř | (A) Name and title | Average hours per week (list any hours for related organizations below dotted line) | box, | unle: er an | Pos heck ss pe | rson lirecto | n days Highest compensated | an 9e) | (D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
| (15) | Angel Henry | 4 | ├─ | | | ┢ | Ω. | | : | | |
| | Board Member | 0 | X | | | | | | 0. | 0. | 0. |
| (16) | Kellie Thomas | 4 | | | | | | | | | |
| | Vice President | 0 | X | <u> </u> | Χ | | | | 0. | 0. | 0. |
| (17) | Tamra Thomas | 4 | | 1 | | | | | | | |
| | Board Member | 0 | X | <u> </u> | | <u> </u> | | | 0. | 0. | 0. |
| (18) | | | | | | | | | | | |
| 45.00 | | | | <u> </u> | ļ | ļ | | | | | |
| <u>(19)</u> | · · · · · · · · · · · · · · · · · · · | | ļ | | | | | | | | |
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| (20) | | | - | | | | | | | | |
| (21) | | | | \vdash | <u> </u> | ├ | - | | | | |
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| (22) | | - | ┢ | ├ | | - | | | | | |
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| (23) | | | <u> </u> | | | | | | | | |
| | | | 1 | | | | | | | | |
| (24) | | | | | | | | | | | |
| | | | <u> </u> | | | | | | | | |
| (25) | - | | ŀ | | } | 1 | 1 | | | | |
| | | l , | | | | | | L., | | | |
| | Subtotal | | | | | | | | <u> </u> | 0. | 0. |
| | Total from continuation sheets to Part VII, Section | | | | | | | | 0. | 0. | 0. |
| | Total (add lines 1b and 1c) | | | | | | | | 0. | 0. | 0. |
| _ | from the organization | 10 11036 1 | 15(GU | abu | 146) | WYI IU | recei | veu | more man \$100,00 | or reportable com | pensation |
| | U U | · · · · · · · · · · · · · · · · · · · | * | | | | | | | · · · · · · · · · · · · · · · · · · · | Yes No |
| 3 | Did the organization list any former officer, direct on line 1a? If "Yes,"complete Schedule J for such | tor, truste h <i>individu</i> | e, k | ey e | mpl | loye | e, or | higl | hest compensated | l employee | 3 X |
| 4 | For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual. | reportab r than \$1 | le co 50,0 | mpe 00? | ensa If " | atior Yes | n and ," <i>col</i> | oth nple | ner compensation ete Schedule J foi | from | 4 X |
| 5 | Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes | e comper | satio | on fi | rom edule | any ∂ <i>J1</i> | unre for su | late ch i | ed organization or | individual | Water States No. 5 |
| | tion B. Independent Contractors | | | | | | | | | | <u> </u> |
| 1 | Complete this table for your five highest compen- compensation from the organization. Report compen- | sated ind | eper | iden | it co | ntra | ctors | tha | at received more t | han \$100,000 of | |
| | (A) | Sation to | uie c | alei | luar | yea | enu | ng v | T | · | |
| | Name and business addr | ress | | | | | | | Description | of services | (C) Compensation |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | · |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2 | Total number of independent contractors (including b | ut not lim | ited f | o th | ose | liste | d abo | ve) | who received more | than | Section 2 Section 2 |
| DA 4 | \$100,000 of compensation from the organization | 0 | | | | | | | | | |

| - | | , verieck ii Scriedu | ite O | contains a | respo | onse or note to ar | ny line in this Part V | | · · · · · · · · · · · · · · · · · · · | [|
|--------------------------|----------------------------------------------------|---------------------------------------------------------------------|--------|---------------|----------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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| | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Ř, Ř | 1a | Federated campaig | | | la | | 18 Mars 15 + 817 (4) (5 17 A 17 | 4.505.75.470 | | el establica establica |
| | b Membership dues | | | | | 1.11 | 16-50 Landrick (* 15-5) | 计算法数据数据 | | 1000年第二次 |
| 5, G | c Fundraising events | | | | 1c | | | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | | |
| 100 | d | d Related organizations 1 | | | 1d | - | | | | |
| ý. | to be Membership dues | | 1e | | | 使700年的450m274。 | Section & W | A Arthur gwelen galler (1) | | |
| tion | | | 4 | 1 555 465 | | | | | | |
| 혈 | a | Noncash contributions in | | | II | 1,557,485. | | | | |
| 200 | 9 | lines 1a-1f | | | 1g | | | and the second second | establish section | 100000000000000000000000000000000000000 |
| <u> </u> | h | Total. Add lines 1a | -1f. | | | | 1,557,485. | APPENDITE A LAST | Mark Control (6.421) | |
| Program Service Revenue | | | | | | Business Code | | | TO A CONTRACT | |
| ž. | 2a | | | | | | | | | |
| ď | b | | | . _ | | <u> </u> | | | | |
| Ş. | C | | | | L | | | | | |
| Š | d | | | | | | | | | |
| an | e | | | | | | | | | |
| 9 | ľ | All other program s | | | | | | | | |
| <u> </u> | g | | | | | | | | | 48.23.24.6.22 |
| | 3 | Investment income (other similar amou | (inclu | ıding dividen | ds, in | terest, and | 1001 | | | |
| | 4 | Income from invest | | | | | 16,044. | | - | 16,044. |
| | 5 | Royalties | | | | | | | | |
| | ້ | rioyaldos / / / / / / / / / / | | (i) Rea | | (ii) Personal | | | | |
| | 6a | Gross rents | 6a | (4) | | (.y r sissing) | | | | |
| | Į. | Less: rental expenses | 6b | | | | | es a di estita | | 200 |
| | ŀ | Rental income or (loss) | | | | | Michael Leading | | e Setting, 125 view 1774 view 178 | MAG COM CARSON |
| | | Net rental income | | oss) | | | | | | |
| | 7a Gross amount from sales of assets (i) Securitie | | | (ii) Other | | | 277 F. 2 37 Y. 6 3 48 5 | Charles and the contract of | | |
| | | | | 72 | | | | CANALTY AND BUT | 対象をおります。 | |
| | h | other than inventory | 7a | | | · · · · · · · · · · · · · · · · · · · | | | | And the second of the second |
| | " | b Less: cost or other basis and sales expenses c Gain or (loss) 7c | | | | | 200 Carrier - 14 Aug 1 (1890) | West and America | | |
| | C | | | | | Was with 100 April | 4,45 (4) (4) | 42 (* 65 W 5, 65 W | 1940 9 2 9 4 4 1 | |
| | d | Net gain or (loss). | | | | | Telegraphical Participation in the property and | | <u> Baranana baga</u> kangar | 2 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - |
| ø | 8a | Gross income from fund | raisin | a events | | | Security a magazine | | and the second | |
| enue |] | (not including \$ | | | | | | an charge project | 102 27 54 54 1 (4) (5) | #8 9 5 5 9 6 7 h |
| | | of contributions reported | | | | | | 7.4.798.8.34 | | |
| ďζ | | See Part IV, line 18 | | | 8a | 355,591. | | \$4.99.000 mg/s/fig. | | |
| Offher Rev | | Less: direct expens | | | 8b | 70,305. | Section (| 18 March 1945 1947 | 14,000,000,000 | 3.4.4.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3 |
| ð | C | Net income or (loss | s) fro | om fundrais | in <u>g</u> ev | vents | 285,286. | CONTRACTOR AND A | | 21.00 × 1.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2.00 × 2 |
| | 9a | Gross income from gami See Part IV, line 19 | ing ac | tivities. | | | | Service Control | | Section of the section are se |
| | | | | | 9a | | 900, 359-45, 37 at 35 | | 100 10 10 10 17 9 30 | |
| | | Less: direct expens | | | 9b | | Grand States | | | |
| | ı | Net income or (loss | | | activit | ties | Majora de Sira, Programado de Majora | 1002 C.W. C. | | |
| | 10a | Gross sales of inventory, returns and allowances. | ess | | 10 | | 1 1 1 1 1 2 2 2 2 3 1 1 1 1 1 1 1 1 1 1 | | and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t | |
| | I | | | | 10a | <u> </u> | AT SUBSTITUTE OF THE | | TATELOGY CONTRACTOR | |
| | | Less: cost of goods Net income or (loss | | | 10b | | The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s | | | |
| | - | Net alcome of (105) | 5/ IIC | nii sales or | irivefi | Business Code | | | Secretary of the Company of the Comp | SANS A SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR SECULAR |
| Miscellaneous Revenue | 11a | | | | | -Maniosa Gode | | | | |
| scellaneo Revenue | h | | | | - | | | | | |
| <u> </u> | , ~ | | | | | | | | <u> </u> | |
| % % | d | All other revenue. | | | | | | | | |
| Ž | | Total. Add lines 11: | a-11 | d | ∵ | | <u> </u> | NEW AND SERVICE AND AND AND AND | | Egraphica et Oran en escolo es |
| | | Total revenue. See | | | | | 1 050 015 | V. 14 (14 (14 (14 (14 (14 (14 (14 (14 (14 | | #Carbater Cayan |
| BAA | | | .,,51 | | | TEE | 1,858,815. A0109L 08/23/23 | 0. | 0. | 16,044. |
| 01 | | | | | | IEEA | 10103L UD/23/23 | | | Form 990 (2023) |

SCHEDULE A (Form 990)

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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

Employer identification number

OMB No. 1545-0047

Open to Public

Inspection

35-1909912

Family Promise of Greater

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

Schedule A (Form 990) 2023 Family Promise of Greater 35-1909912

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.)

| <u>Sec</u> | tion A. Public Support | | | | | | | | |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------|--|--|
| | ndar year (or fiscal year nning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total | | |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 541,494. | 782,534. | 1,044,397. | 1,325,982. | 1,557,485. | 5,251,892. | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. | | |
| 4 | Total. Add lines 1 through 3 | 541,494. | 782,534. | 1,044,397. | 1,325,982. | 1,557,485. | 5,251,892. | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | 100 M | | 0. | | |
| 6 | Public support. Subtract line 5 from line 4 | | | englis - projection (s | | | 5,251,892. | | |
| Sec | tion B. Total Support | | | | | | | | |
| Cale begi | ndar year (or fiscal year nning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total | | |
| 7 | Amounts from line 4 | 541,494. | 782,534. | 1,044,397. | 1,325,982. | 1,557,485. | 5,251,892. | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | 584. | 608. | 629. | 1,821. | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | 343. | 0. | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI. | 85,509. | 186,363. | 436,234. | 318,218. | 285,286. | 1,311,610. | | |
| 11 | Total support. Add lines 7 through 10 | | en en en en en en en en en en en en en e | | The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon | grand and a second | 6,565,323. | | |
| 12 | Gross receipts from related activ | ities, etc. (see ins | structions) | | | 12 | 0. | | |
| 13 | First 5 years. If the Form 990 is organization, check this box and | for the organization | on's first, second, | third, fourth, or f | ifth tax year as a | section 501(c)(3) | | | |
| Sec | tion C. Computation of Pul | blic Support P | 'ercentage | | | 730 | | | |
| | Public support percentage for 20 | | | | | | 79.99% | | |
| 15 | Public support percentage from 2 | 2022 Schedule A, | Part II, line 14 | | | | 77.52% | | |
| 16a | 33-1/3% support test—2023. If the and stop here. The organization | ne organization di qualifies as a pul | id not check the b olicly supported o | ox on line 13, an rganization | d line 14 is 33-1/3 | 3% or more, checl | this box | | |
| b | b 33-1/3% support test—2022. 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 | 10%-facts-and-circumstances te or more, and if the organization the organization meets the facts- | meets the facts a | nd-circumstances | test check this i | hov and ston ho ve | Fynlain in Dart | VI how | | |
| | 10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and | meets the facts-a I-circumstances te | nd-circumstances est. The organizat | i test, check this i ion qualifies as a | box and stop here publicly supporte | e. Explain in Part ed organization | VI how the | | |
| 18 | Private foundation. If the organiz | zation did not che | ck a box on line | 13, 16a, 16b, 17a | , or 17b, check th | is box and see in | structions | | |

Schedule A (Form 990) 2023 Family Promise of Greater

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

| (Complete only if you chec | ked the box on line 1 | 10 of Part I or if the | organization fai | iled to qualify unde | er Part II. I | if the organization |
|-------------------------------|-----------------------|------------------------|------------------|----------------------|---------------|---------------------|
| fails to qualify under the te | | | | | | , J |

| | tion A. Public Support | | | | | | |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------|-----------------------|--------------------|--------------------|-----------------------------------------|
| Calend | dar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513. | | - | | | | ., |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons | | - Market | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| C | Add lines 7a and 7b | | | | | ** | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Sec | tion B. Total Support | | | | | | |
| Calend | dar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 9 | Amounts from line 6 | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is | | | | | | |
| 12 | regularly carried on | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is organization, check this box and | for the organization | on's first, second | , third, fourth, or f | ifth tax year as a | section 501(c)(3) | |
| Sec | tion C. Computation of Pu | | | | | | |
| | Public support percentage for 20 | | | | | | % |
| | Public support percentage from | | | | <u></u> | 16 | 8 |
| Sec | tion D. Computation of Inv | estment Incor | ne Percentag | e | | | |
| | Investment income percentage f | | | | umn (f)) | 17 | % |
| | Investment income percentage f | | | | | | olo |
| | 33-1/3% support tests—2023. If is not more than 33-1/3%, check | the organization d | lid not check the | box on line 14. ar | nd line 15 is more | than 33-1/3% an | d line 17 |
| b | 33-1/3% support tests—2022. If line 18 is not more than 33-1/3% | the organization d | id not check a bo | x on line 14 or lin | e 19a, and line 1 | 6 is more than 33- | -1/3% and □ |
| 20 | Private foundation. If the organi | zation did not che | ck a box on line | 14, 19a, or 19b. o | check this box and | see instructions | nizadon |
| RΔΔ | 34 | | TEF ANANS | | and box and | | A (Form 000) 2022 |

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | | | Yes | No |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|-------------------------------------------------|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? 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. | 1 | | |
| 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). | 2 | | |
| За | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. | 3a | | J. HAT |
| 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. | 3b | | |
| 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. | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. | 4a | | |
| 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. | _ 4b | | 1, 7, 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, |
| 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. | 4c | | 27.0 |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a | | .48 CJ |
| 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? | 5b | Tay) | 15,55 |
| C | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5 c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI</i> . | 6 | 1176 | 10.446 |
| 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). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). | 8 | | 18.45 |
| 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 . | 9a | | |
| t | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | 200 | Section Control |
| C | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 9c | | |
| 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)? If "Yes," answer line 10b below. | 10a | | |
| 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.) | 10b | \$ God | 137.80 |

| irg. | Supporting Organizations (continued) | | | |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------|---------------------------------------|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | \$255.24° | Yes | No |
| a | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | 11a | 9.50 1 25.5 | OGTKLYVY RASIL VEN |
| b | A family member of a person described on line 11a above? | 11b | naka traitair | USSES THE |
| | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. | 11c | MANIA. | 7,4458 |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | | |
| 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 | | (104/9) (15/32) |
| Sec | tion D. All Type III Supporting Organizations | | | |
| 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 | Yes | No |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | | |
| 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). | | | · · · · · · · · · · · · · · · · · · · |
| · | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| k | | | | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see | e instri | uction | s). |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| ē | 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. | 2 a | | |
| ł | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2 b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| â | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. | 3a | | 200 |
| l | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | 12 - W. 3 11 - 12 - V | |
| | | | | |

| Pai | ∱.V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga | niza | tions | |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------|------------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization | on N | lov. 20, 1970 (explain in ist complete Sections A | Part VI). See through E. |
| Sec | tion A – Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| _ 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | · |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sec | tion 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): | | | To the second second |
| 8 | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| | Fair market value of other non-exempt-use assets | 1c | | |
| | I Total (add lines 1a, 1b, and 1c) | 1d | | |
| • | Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sec | tion C – Distributable Amount | | Till og skriver state og skriver i 1973. Vilginger stat og skriver skriver skriver | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | 18 18 18 18 18 18 18 18 18 18 18 18 18 1 | |
| 2 | Enter 0.85 of line 1. | 2 | And the second second | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | 10 (10 (10 (14 (14 (15 (15 (15 (15 (15 (15 (15 (15 (15 (15 | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functionally inte (see instructions). | grate | d Type III supporting org | anization |
| BAA | | | Sche | edule A (Form 990) 202 |

| Pa | Type III Non-Functionally Integrated 509(a)(3) S | upporting Organizat | ions (continued | 1) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------|
| Sec | tion D — Distributions | | | <u></u> | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exempt pu | urposes | | 1 | <u>.</u> |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity | of supported organizations | 7 | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purposes of s | upported organizations | | 3 | , |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5_ | Qualified set-aside amounts (prior IRS approval required - provide | e details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| _7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the organization Part VI). See instructions. | tion is responsive (provide o | details | 8 | |
| 9 | Distributable amount for 2023 from Section C, line 6 | · | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Sec | tion E — Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributio Pre-2023 | ns | (iii) Distributable Amount for 2023 |
| _1 | Distributable amount for 2023 from Section C, line 6 | paret algundas values agains as | | | |
| | Underdistributions, if any, for years prior to 2023 (reasonable cause required — explain in Part VI). See instructions. | | | | erate de la companya de la companya de la companya de la companya de la companya de la companya de la companya |
| 3 | Excess distributions carryover, if any, to 2023 | | | | |
| | From 2018 | Market Company | Service and the service of | | Contract Contract |
| | Prom 2019 | programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and programme and pr | | | |
| | From 2020 | | | 22 (122) - 123 (123) | |
| | From 2021 | Salah Liya Calabahar (Salah | ing and the second | -44 | 机弹性压力 机通线压力 |
| | From 2022 | | A GOLDEN | y y gya | |
| | f Total of lines 3a through 3e | | | | |
| ********** | Applied to underdistributions of prior years | | | | |
| | Applied to 2023 distributable amount | | | | |
| | Carryover from 2018 not applied (see instructions) | | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | 医痛 一 一 一 | | |
| 4 | Distributions for 2023 from Section D, line 7: | | | | |
| 8 | Applied to underdistributions of prior years | | | | rais, a marking |
| | Applied to 2023 distributable amount | | | | |
| | : Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j and 4c. | | et marga til til til | | |
| 8 | Breakdown of line 7: | | Ball San Bridge | | AND SOMETHINGS |
| | Excess from 2019 | | | | |
| k | Excess from 2020 | | cuspelli (m. c.) protection | 978 AF | eding file order by the |
| | Excess from 2021 | | 10 1 1 1 1 G (A) (1 T) (A) (1 T) | 4.144 | |

e Excess from 2023......

d Excess from 2022.....

Schedule A (Form 990) 2023

35-1909912

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Part VI

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

Part II, Line 10 - Other Income

| Nature and Source | 2023 | 2022 | 2021 | 2020 | 2019 |
|---------------------------|----------|-------------|---------------------|----------------------------|------------|
| Fundraisers less expenses | 285,286. | \$ 318,218. | \$ 4 36,234. | \$ 186,363. \$ 186,363. | \$ 85,509. |
| Total 💲 | 285,286. | \$ 318,218. | \$ 436,234. | \$ 186,363. | \$ 85,509. |

Form 990 (2023) Family Promise of Greater 35Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| | Check if Schedule O contains a response or note to any line in this Part IX. | | | | | |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------|-------------------------------------|----------------------------------------|--|
| Do n 6b, 7 | ot include amounts reported on lines b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | - 11-12-12 | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | | |
| 4 | Benefits paid to or for members | | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 0. | 0. | 0. | 0. | |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. | |
| 7 | Other salaries and wages | 539,613. | | 539,613. | `` | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 5,019. | | 5,019. | | |
| 9 | Other employee benefits | | | | | |
| 10 | Payroll taxes | 40,099. | | 40,099. | | |
| | Fees for services (nonemployees): | | | | | |
| | Management | | · · · · · · · · · · · · · · · · · · · | | | |
| | Legal | | | | · | |
| | Accounting | | | | | |
| | Lobbying | | | THE STATE WITH SAN LINE | | |
| | Professional fundraising services. See Part IV, line 17 Investment management fees | | 的。 - | | | |
| | Other. (If line 11g amount exceeds 10% of line 25, column | | | | | |
| | (A), amount, list line 11g expenses on Schedule 0.) | 19,495. | | 19,495. | | |
| | Advertising and promotion | 1,725. | | 1,725. | | |
| 13 | Office expenses | 12,946. | | 12,946. | | |
| 14 | Information technology | | | | | |
| 15 | Royalties | | | | | |
| 16 17 | OccupancyTravel | 0.700 | | <u> </u> | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials. | 2,789. | | 2,789. | | |
| 19 | Conferences, conventions, and meetings | | | | | |
| 20 | Interest | | | | | |
| 21 | Payments to affiliates | | | | | |
| 22 | Depreciation, depletion, and amortization | | | | | |
| | Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.). | 43,999. | | 43,999. | | |
| a | Day Facility Expenses | 622,043. | 622,043. | | 10.00000000000000000000000000000000000 | |
| | Reunion | 528,128. | 022,043. | 528,128. | | |
| С | | 8,500. | | 8,500. | | |
| d | Cell Phone Reimbursement | 4,646. | | 4,646. | | |
| | All other expenses | 10,711. | | 10,711. | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,839,713. | 622,043. | 1,217,670. | 0. | |
| 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). | | | | | |

| | | Check if Schedule O contains a response or note to | any line in this Part X | | | 🗍 |
|-----------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash — non-interest-bearing | | 721,463. | 1 | 746,253. |
| | 2 | Savings and temporary cash investments | | 665. | 2 | 1,056. |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | | 4 | |
| | 5 | Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per | er officer, director, contributor, or 35% sons | | 5 | |
| | 6 | Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section 4958(f)(1). | | | 6 | |
| ŀ | 7 | Notes and loans receivable, net | ,,,,,, | | 7 | |
| N | 8 | Inventories for sale or use | | | 8 | |
| Assets | 9 | Prepaid expenses and deferred charges | | | 9 | |
| AS. | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 1 | | | |
| | | | | 名为186年1月1日 · 1866年1 | | |
| | b | Less: accumulated depreciation | | | 10c | |
| | 11 | Investments — publicly traded securities | | | 11 | |
| | 12 | Investments — other securities. See Part IV, line 11 | | | 12 | |
| | 13 | investments — program-related. See Part IV, line 11. | | | 13 | |
| ļ | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 15 | 92,286. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line | 33) | 811,205. | 16 | 839,595. |
| | 17 | Accounts payable and accrued expenses | | 4,436. | 17 | 1,215. |
| 1 | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| Š. | 21 | Escrow or custodial account liability. Complete Part I | | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per | icer, director, trustee, tor, or 35% sons | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated th | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third | | | 24 | · · · · · · · · · · · · · · · · · · · |
| | 25 | Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com | s to related third parties, plete Part X of Schedule D. | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 4,436. | 26 | 1,215. |
| sec | | Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. | X | | | |
| 9 | 27 | Net assets without donor restrictions | | 806,769. | 27 | 838,380. |
| ñ | 28 | Net assets with donor restrictions | | | 28 | |
| Net Assets or Fund Balances | | Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33. | ck here | (discount of the second | 6,056/2 2000 1970 1970 | |
| ģ. | 29 | Capital stock or trust principal, or current funds | | 200 Apr. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 29 | 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - |
| 8 | 30 | Paid-in or capital surplus, or land, building, or equipm | | | 30 | |
| Ď, | 31 | Retained earnings, endowment, accumulated income, | | | 31 | |
| A. | 32 | Total net assets or fund balances | | 806,769. | 32 | 838,380. |
| ş | 33 | Total liabilities and net assets/fund balances | | 811,205. | 33 | 839,595. |
| ВА | Ą | | TEEA0111L 08/23/23 | 322,2301 | | Form 990 (2023) |

| | n 990 (2023) Family Promise of Greater 35 | -1909912 | | Pa | ige 12 |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------------------------------|------------------|
| Pai | t XI Reconciliation of Net Assets | | | | <u> </u> |
| | 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 | | 58,8 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | . 2 | | 39,7 | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | . 3 | | 19,1 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | . 4 | | 06,7 | |
| 5 | Net unrealized gains (losses) on investments | . 5 | | $\frac{12,5}{12}$ | |
| 6 | Donated services and use of facilities | | | ±27 U | <i>705</i> . |
| 7 | Investment expenses | . 7 | - | | |
| 8 | Prior period adjustments | . 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | . 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | | 38,3 | - |
| Pai | t XII Financial Statements and Reporting | | | 5075 | ,,,,, |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: X Cash Accrual Other | | | ies | NO |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | | 65 (S) (2) | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | ********* | 2a | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis | ewed on a | 6 - KI | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 72 X |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Į l | x |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a sep | | 15.02.70 | Survival) | 1.66 |

Both consolidated and separate basis

2c

За

3b

Form 990 (2023)

Х

basis, consolidated basis, or both.

Separate basis

on Schedule O.

BAA

Consolidated basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?.....

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?....

or audits, explain why on Schedule O and describe any steps taken to undergo such audits.....

TEEA0112L 08/23/23

If the organization changed either its oversight process or selection process during the tax year, explain

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Employer identification number

Name of the organization Family Promise of Greater Indianapolis, Inc. 35-1909912 Organization type (check one): Filers of: Section: X 501(c)(3) Form 990 or 990-EZ (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions, General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts ! and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

| Schedule B (Form 990) (2023) | 1. 2 | Page |
|------------------------------|--------------------------------|------|
| Name of organization | Employer identification number | |
| Family Promise of Greater | 35-1909912 | |
| | | |

| | Contributors (see instructions). Use duplicate copies of Part I if additional sp | | |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | ns (d) Type of contribution |
| 1 | Family Promise National Office | | Person X |
| | 71 Summit Avenue | \$ <u>32,2</u> | ' |
| | Summit, NJ 07901 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) ons Type of contribution |
| 2 | St. Elizabeth Ann Seton Catholic Ch | | Person X Payroll |
| | 10655 Haverstick Road | \$4 <u>6,2</u> | ' |
| | Carmel, IN 46033 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) ons Type of contribution |
| 3 | The Thurston Foundation | | Person X |
| | 5307 Woodfield Drive South | \$45,0 | ', ' |
| | Carmel, IN 4y6033 | | (Complete Part II for noncash contributions.) |
| / ₂ \ | (b) | | |
| (a) No. | Name, address, and ZIP + 4 | (c) Total contribution | ons Type of contribution |
| No. | Name, address, and ZIP + 4 Old National Bank | (c) Total contributio | Person X |
| | Name, address, and ZIP + 4 | (c) Total contribution \$46,0 | Person X Payroll |
| | Name, address, and ZIP + 4 Old National Bank | \$46,0 | Person X Payroll |
| | Name, address, and ZIP + 4 Old National Bank PO Box 718 | \$46,0 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| 4 | Name, address, and ZIP + 4 Old National Bank PO Box 718 Evansville, IN 47708 | \$46,0 | Person X Payroll |
| 4 (a) No. | Name, address, and ZIP + 4 Old National Bank PO Box 718 Evansville, IN 47708 (b) Name, address, and ZIP + 4 | \$46,0 | Person X Payroll |
| 4 (a) No. | Name, address, and ZIP + 4 Old National Bank PO Box 718 Evansville, IN 47708 Name, address, and ZIP + 4 Fair House Center of Central IN | \$46,0 | Person X Payroll |
| 4 (a) No. | Name, address, and ZIP + 4 Old National Bank PO Box 718 Evansville, IN 47708 Name, address, and ZIP + 4 Fair House Center of Central IN 445 N Pennsylvania St #811 | \$46,0 | Person X Payroll |
| 4 (a) No. | Name, address, and ZIP + 4 Old National Bank PO Box 718 Evansville, IN 47708 Name, address, and ZIP + 4 Fair House Center of Central IN 445 N Pennsylvania St #811 Indianapolis, IN 46204 (b) | \$46,0 Total contribution \$50,0 | Person X Payroll |
| (a) No. 5 (a) | Name, address, and ZIP + 4 Old National Bank PO Box 718 Evansville, IN 47708 Name, address, and ZIP + 4 Fair House Center of Central IN 445 N Pennsylvania St #811 Indianapolis, IN 46204 Name, address, and ZIP + 4 | \$46,0 Total contribution \$50,0 | Person X Payroll |

Page **2**

Name of organization Employer identification numbe Family Promise of Greater 35-1909912 Part Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) Name, address, and ZIP + 4 (a) No. (c) Total contributions (d) Type of contribution Person City of Indianapolis **Payroll** 200 E Washington 47,596 Noncash (Complete Part II for Indianapolis, IN 46204 noncash contributions.) (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution (a) No. Person Glick Philianthropies **Payroll** PO Box 40177 101,377 Noncash (Complete Part II for Indianapolis, IN 46240 noncash contributions.) (c) Total contributions (d) Type of contribution (a) No. Name, address, and ZIP + 4 Person Samuel Adams The Boston Beer Co **Payroll** 1 Design Center Place 60,000 Noncash (Complete Part II for Boston, MA 02210 noncash contributions.) (b) Name, address, and ZIP + 4 (c)
Total contributions (a) No. (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution (a) No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (d) Type of contribution (a) No. (c)
Total contributions Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization

1 Pa Employer identification number

Family Promise of Greater 35-1909912 Part II Noncash Property (see instructions) Headuralisate copies of Part II if addition

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------------|----------------------------------------------|-------------------------------------------------|-------------------------|
| | N/A | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| PM E-1 2M E-1 | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 1 <u></u> b t/s | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$\$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ \$ | |
| BAA | TEEA0703L 08/09/23 | Schedule | } B (Form 990) (202: |

| Schedule I | B (Form 990) (2023) | | 1 1 Page 4 | | | |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Family | Promise of Greater | | 35-1909912 | | | |
| Part III | Exclusively religious, charitable, e or (10) that total more than \$1,000 the following line entry. For organizations c contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional | for the year from any one co ompleting Part III, enter the total of (Enter this information once. See in | ations described in section 501(c)(7), (8), ontributor. Complete columns (a) through (e) and exclusively religious, charitable, etc. | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| | N/A | | | | | |
| | | | | | | |
| | (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | | |
| | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| | | | | | | |
| | Transferee's name, addres | (e) Transfer of gift ss, and ZIP + 4 | Relationship of transferor to transferee | | | |
| (a) Nia | | | | | | |
| (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, addres | 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 | | | |
| | | | | | | |
| | | | | | | |
| | Transferee's name, addres | Relationship of transferor to transferee | | | | |
| | | | | | | |
| ВАА | | TEEA0704L 08/09/23 | Schedule B (Form 990) (2023) | | | |

SCHEDULE D (Form 990)

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2023

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

| Fan | mily Promise of Greater dianapolis, Inc. | | 35 1000013 |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| | | nor Advised Funds or Other Similar | 35-1909912 |
| Fe | Complete if the organization as | nswered "Yes" on Form 990, Part IV, | line 6 |
| | | (a) Donor advised funds | |
| 1 | Total number at end of year | (a) Donor advised fullus | (b) Funds and other accounts |
| 2 | Aggregate value of contributions to (during year). | | |
| 3 | Aggregate value of grants from (during year) | L | |
| 4 | Aggregate value at end of year | | |
| | | | |
| 5 | Did the organization inform all donors and do are the organization's property, subject to the | organization's exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit? | ors, and donor advisors in writing that grant fur t of the donor or donor advisor, or for any othe | nds can be used only er purpose conferringYes No |
| Pai | Conservation Easements Complete if the organization a | nswered "Yes" on Form 990, Part IV, | line 7. |
| 1 | Purpose(s) of conservation easements held by | | 4 |
| | Preservation of land for public use (for example) | | ation of a historically important land area |
| | Protection of natural habitat | Preserva | ation of a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization I | held a qualified conservation contribution in the fo | orm of a conservation easement on the |
| | last day of the tax year. | | |
| | Takal musekan af annan milian a annan a | | Held at the End of the Tax Year |
| | a Total number of conservation easements | | 1 7 |
| | Total acreage restricted by conservation ease | | |
| | c Number of conservation easements on a certi | | |
| (| Number of conservation easements included of a historic structure listed in the National Regis | on line 2c acquired after July 25, 2006, and no | ot on 2d |
| 2 | Number of conservation easements modified, tran | | |
| • | tax year | isistiva, rologod, oxtinguishou, or terminated by | the organization daming the |
| 4 | Number of states where property subject to co | onservation easement is located | |
| 5 | Does the organization have a written policy re | garding the periodic monitoring, inspection, h | andling of violations, |
| | and enforcement of the conservation easemen | nts it holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, | inspecting, handling of violations, and enforcing o | conservation easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspe | ecting, handling of violations, and enforcing conse | ervation easements during the year |
| 8 | Does each conservation easement reported or | n line 2d above satisfy the requirements of se | ection 170(h)(4)(B)(i) |
| 9 | and section 170(h)(4)(B)(ii)? | | |
| | conservation easements. | to the organization's financial statements that | describes the organization's accounting for |
| Pai | Organizations Maintaining Co Complete if the organization a | llections of Art, Historical Treasures nswered "Yes" on Form 990, Part IV, | i, or Other Similar Assets line 8. |
| 1a | If the organization elected, as permitted unde historical treasures, or other similar assets he Part XIII the text of the footnote to its financia | eld for public exhibition, education, or research | statement and balance sheet works of art, n in furtherance of public service, provide in |
| f | If the organization elected, as permitted unde historical treasures, or other similar assets held for following amounts relating to these items. | or public exhibition, education, or research in furt | herance of public service, provide the |
| | (i) Revenue included on Form 990, Part VIII, | | |
| _ | (ii) Assets included in Form 990, Part X | | · |
| | If the organization received or held works of art, I amounts required to be reported under FASB | | |
| | Revenue included on Form 990, Part VIII, line | | |
| b | Assets included in Form 990, Part X | ******************************* | \$ |

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

| name of the organization Family Promi. Indianapolis | se of Grea | iter | | | Employer identific 35–190991 | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------|-----------------------------------|--------------------------------------------------------|---------------------------------------------------------|--|
| Fundraising Activities, Comple | ete if the organiz | ation answ | ered "Yes" | on Form 990, Part IV, lin | | | |
| Form 990-EZ filers are not re | equired to comp | lete this p | art. | | | | |
| 1 Indicate whether the organization | raised funds th | rough any | | _ ' | | | |
| a Mail solicitations e | | | | | | | |
| b Internet and email solicitation | S | | f | Solicitation of government grants | | | |
| c Phone solicitations | | | g | X Special fundraising events | | | |
| d In-person solicitations | | | | | | | |
| 2a Did the organization have a written of employees listed in Form 990, Pa | or oral agreemen | t with any i | individual (i | ncluding officers, directo | rs, trustees, or key | Yes X No | |
| b If "Yes," list the 10 highest paid indi- compensated at least \$5,000 by the | viduals or entitie | s (fundraise | • | _ | | | |
| | | ## B11 | | | (v) Amount paid to | | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity ha | have custo | fundraiser dy or control ibutions? | (iv) Gross receipts from activity | (or retained by) fundraiser listed in column (i) | (vi) Amount paid to (or retained by) organization | |
| | | Yes | No | | 33131111 (4) | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| | | <u> </u> | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
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| 7 | | | | | | | |
| 8 | | | | | | | |
| 0 | | 1 | | | | | |
| 9 | | ļ | | - | | | |
| 10 | | | | | | | |
| Total | | | | | | 0. | |
| and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s | List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Par | t [] | Fundraising Events. Complete if the reported more than \$15,000 of fur and 6b. List events with gross recommendations. | ndraising event cor | tributions and arose | orm 990, Part IV, s income on Form | line 18, or 990-EZ, lines 1 |
|-----------------|-------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------|-----------------------------------------|------------------------------------------------------------|
| re | | | (a) Event #1 Spring Fundrai (event type) | (b) Event #2 Home Sweet Hom (event type) | (c) Other events None (total number) | (d) Total events (add column (a) through column (c)) |
| Revenue | 1 | Gross receipts | 184,377. | 171,214. | | 355,591. |
| œ | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | 184,377. | 171,214. | | 355,591. |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| 3585 | 6 | Rent/facility costs | | | | |
| Direct Expenses | 7 | Food and beverages | | | | |
| rect | 8 | Entertainment | **** | | | |
| ۵ | 9 | Other direct expenses | 6,467. | 63,838. | | 70,305. |
| | 10 11 | Direct expense summary. Add lines 4 three Net income summary. Subtract line 10 from | ough 9 in column (d) | | • • • • • • • • • • • • • • • • • • • • | * - |
| Par | | Gaming. Complete if the organiza | tion answered "Ye | | | |
| 6 1 | | than \$15,000 on Form 990-EZ, lin | e ba. | (b) Pull tabs/instant | - tr | (d) Total gaming |
| Revenue | | | (a) Bingo | bingo/progressive bingo | (c) Other garning | (add column (a) through column (c)) |
| L.C., | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| Xper | 3 | Noncash prizes | | | | |
| Direct Expenses | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | 1 | | 1 1 2 | |
| | 6 | Volunteer labor | Yes 8 | Yes% | Yes 8 | |
| | 7 | Direct expense summary. Add lines 2 thre | ough 5 in column (d) | | | |
| | 8 | Net gaming income summary. Subtract li | ne 7 from line 1, colum | nn (d) | ,, | |
| | ıls ti | er the state(s) in which the organization co ne organization licensed to conduct gaming lo," explain: | g activities in each of the | | | ·· Yes No |
| | | re any of the organization's gaming license | | | | Yes No |

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Family Promise of Greater Indianapolis, Inc.

Employer identification number 35-1909912

Form 990 - Explanation of Amended Return

Return was filed in error when the extension was electronically filed

Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

These documents are available upon request