Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2017

OMB No. 1545-1150

See to Dubl

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A	or the	2017 calendar year, or tax year beginning , 2017, and ending		, 20
В	Check if a	pplicable: C Name of organization D Em	ployer identifi	cation number
	Address o	phange FAMILY PROMISE OF SOUTHERN OCEAN COUNTY, INC 26	-197004	5
\sqcup	Name cha	Ange Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tele	ephone numbe	r
\equiv	Initial retu	FO DOX 920	09) 994-	3317
	Final retui Amended	City or town, state or province, country, and ZIP or foreign postal code	oup Exemption	on
			mber ▶	
				organization is not
	Vebsite		ed to attach s	_
		217.24	990, 990-EZ	
		organization: ⊠ Corporation ☐ Trust ☐ Association ☐ Other		,,
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets		
		umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	•	159,403.
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ictions for	
•	t	Check if the organization used Schedule O to respond to any question in this Part I		
	1	Contributions, gifts, grants, and similar amounts received	11	135,026.
	2		-	133,026.
	1		2	·········
	3	Membership dues and assessments	3	
	4	Investment income	4	39.
	5a	Gross amount from sale of assets other than inventory		
	b	Less: cost or other basis and sales expenses		
Revenue	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than		
		\$15,000)		
Š	b	Gross income from fundraising events (not including \$of contributions		
æ	-	from fundraising events reported on line 1) (attach Schedule G if the		
		sum of such gross income and contributions exceeds \$15,000) 6b 8,195.		
	С	Less: direct expenses from gaming and fundraising events 6c 2,864.		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		
		line 6c)	6d	21,474.
	7a	Gross sales of inventory, less returns and allowances	Marie Andrews	
	b	Less: cost of goods sold		
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	,
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	156,539.
	10	Grants and similar amounts paid (list in Schedule O)	10.	
	11	Benefits paid to or for members	11	
S S	12	Salaries, other compensation, and employee benefits	12	68,678.
Š	13	Professional fees and other payments to independent contractors	13	<u> </u>
Expenses	14	Occupancy, rent, utilities, and maintenance	14	3,810.
Ж	15	Printing, publications, postage, and shipping	15	, 3 -
	16	Other expenses (describe in Schedule O)	16	40,021.
	17	Total expenses. Add lines 10 through 16	17	112,509.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	44,030.
ěts	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		,,
(SS		end-of-year figure reported on prior year's return)	19	191,620.
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)	20	1027020.
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	235,650.
		1101 account of fathe balances at end of year. Combine lines to through 20	41	200,000.

Pa	Balance Sheets (see the instructions					
	Check if the organization used Schedule	e O to respond to a	ny question in this			
			<u> </u>	(A) Beginning of year	_	(B) End of year
22	Cash, savings, and investments				22	231,344.
23	Land and buildings				23	1,850.
24	Other assets (describe in Schedule O)				24	3,623.
25 26	Total assets				25	236,817.
27	Net assets or fund balances (line 27 of column			····	26 27	1,167. 235,650.
	t III Statement of Program Service Accom				21	233,630.
	Check if the organization used Schedule	•		,		Expenses
Wha	t is the organization's primary exempt purpose?					uired for section
Desc as m pers	cribe the organization's program service accomples reasured by expenses. In a clear and concise nones on the concise of the contraction for expension for ex	ishments for each on nanner, describe the ach program title.	f its three largest p. e services provided	rogram services, , the number of		e)(3) and 501(c)(4) nizations; optional for s.)
28	To provide help, hope, and a safe families while they seek permanen and affordable housing.	t employment				
29	(Grants \$ 0.) If this amount		*******		28a	50,680.
30	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ □	29a	
	(Grants \$) If this amount Other program services (describe in Schedule O)	includes foreign gra		> []	30a	
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ □	31a	
32	Total program service expenses (add lines 28a				32	50,680.
Par						
	Check if the organization used Schedule	O to respond to a				· · · · 🗆
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation		Estimated amount of her compensation
PHI	LIP BAKELAAR					
PRE	SIDENT	2,00	0.	0.		0.
	E PRESIDENT	2.00	0.	0.		0.
	GENBERG RESPONDING SECRETARY	2 00				
	AH WISNIEWSKI	2.00	0.	0.	-	0.
	ASURER	10.00	0.	0.		0
	N GAROFALO	10.00	<u> </u>	<u>.</u>	 	0.
	RD OF TRUSTEES	1.00	0.	0.		0.
****	R KEN TUZENEU					
BOA	RD OF TRUSTEES	1.00	0.	0.		0.
ELI	ZABETH GOLLA	""		***************************************		
	EC DIRECTOR	40.00	50,481.	0.		0.
	EEN HEPP					
BOA	RD OF TRUSTEES	1.00	0.	0.		0.
	W					
				0.		
					The state of the s	

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	٧.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		×
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		×
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		×
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	Comments of the Comments of th	×
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		100 00 00 00 00 00 00 00 00 00 00 00 00	Environment
39	Section 501(c)(7) organizations. Enter:	\$17777A779411 \$17774A779411 \$1777A77A77		
a	Initiation fees and capital contributions included on line 9		15279742767 2524 253 2524 253 1712974276741	
b	Gross receipts, included on line 9, for public use of club facilities	Care and Care		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ►; section 4912 ►; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	The second secon	×
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	7. 72. 95.		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	×
41	List the states with which a copy of this return is filed ▶	·····		
42a	The organization's books are in care of ► THERESA BINET Telephone no. ► (609)	9)879	9-97	16
	Located at ▶ 6 PETERSON DR, LITTLE EGG HARBOR NJ ZIP + 4 ▶ 0808	37		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		×
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	2011 (100 100 100 100 100 100 100 100 100		
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c		×
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here		.)	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	7.000,000	×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	.44b	The second of the second	×
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	A STATE OF THE STA	×
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45h	1. Confidence of the confidenc	×

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

							Yes	No					
46	Did the organization engage, directly or in	ndirectly, in political c	ampaign activities on	behalf of o	r in opposit	tion							
	to candidates for public office? If "Yes," o	complete Schedule C,	, Part I			· 46		<u> </u>					
Part			ations 17 10h and	E0 and a		ا حمالات	f I!						
	All section 501(c)(3) organization 50 and 51.	s must answer que	stions 47-49b and	o∠, and co	aubiere ru	e tables i	or iin	es					
	Check if the organization used Sch	hedule O to respond	to any question in t	hie Part VI									
	Check if the digametation about con	neddie O to respond	to any question in t	ing i ait vi	• • •	• • • •	Yes	No					
47	Did the organization engage in lobbying	activities or have a s	section 501(h) electio	n in effect	durina the	tax	100	110					
	year? If "Yes," complete Schedule C, Part II												
48	Is the organization a school as described in							×					
49a	Did the organization make any transfers to							×					
b	If "Yes," was the related organization a se												
50	Complete this table for the organization's												
	employees) who each received more than	\$100,000 of comper	nsation from the organ			e, enter "N	lone."						
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	benefit plans,	n benefits, s to employee , and deferred nsation	(e) Estimate other con							
NONE	1												
		•				******							
								•					
f.	Total number of other employees paid over	er \$100,000	. ▶										
51	Complete this table for the organization's	s five highest compe	ensated independent	contractors	s who each	ı received	more	than					
	\$100,000 of compensation from the orga	nization. If there is no	ne, enter "None."										
	(a) Name and business address of each independ	lent contractor	(b) Type of serv	ice	(c)	Compensati	ion						
MONE													
NONE													

		-4444											
						~~~							
			4.00.00										
d		_	·										
52	Did the organization complete Schedu completed Schedule A	lie A? <b>Note:</b> All se	ction 501(c)(3) orgai	nizations n		na . <mark>≯⊠ Ye</mark> s	. 🗆 ı	No					
I Inder n	renalties of perjury, I declare that I have examined this n	eturn including accompany	ing echadulae and etatama	inter and to the									
	rrect, and complete. Declaration of preparer (other than					iowicage and	J DOMEI,	11.19					
		**************************************					***************************************						
Sign	Signature of officer			Dat	e								
Here	ELIZABETH GOLLA, DIREC	CTOR											
	Type or print name and title		1										
Paid	Print/Type preparer's name	Preparer's signature	P Da		Check 🗵		577	. F					
Prep	le Manager II I/a a also	Many Hoffman	Keady 05	5/22/201		yed XXXX		<u>ა</u>					
Use (	Only Firm's name ► Mary H. Keady, Firm's address ► 652 Nugentown		gg Harbor, NJ		n's EIN ▶22	-3133 <i>/1</i> 09)294-							
Mav th	ne IRS discuss this return with the preparer		<del>, , , , , , , , , , , , , , , , , , , </del>	OOOO/  Pho		▶ ☐ <b>Yes</b>		° No					
				· · · ·									

# Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

# Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Line 16: Other Expenses

**Continuation Statement** 

Description	Amount
PROGRAM ACTIVITIES	23,885
GENERAL AND ADMINISTRATIVE	16,136
	<b>Total</b> 40,021

Name as Shown on Return

FAMILY PROMISE OF SOUTHERN OCEAN COUNTY, INC

Employer Identification No. 26-1970045

Line 24 - Other Assets:	Beginning of Year	End of Year
SECURITY DEPOSITS GIFT CARDS ON HAND	2,203.	2,203. 1,420.
Totals to Form 990-EZ, Part II, line 24	2,203.	3,623.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
PAYROLL LIABILITIES REVOLVING DEBT	2,142.	82. 1,085.
		177
		•

#### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

2017 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

Name	of ti	he o	rganiz	ation														Employer identification	n num	iber	
										N COU								26-1970045			
Pa																		rt.) See instructi	ons.		
The															n 12, che						
1																		(b)(1)(A)(i).			
2											•			,	orm 990		•	'			
3															in <b>sectio</b>						
4	Ш									ated in	cor	njunctio	n with	a hos	pital des	cribed in	se	ection 170(b)(1)(A	)(iii). I	Enter the	
E	F1						ınd st														-,-
5	section 170(b)(1)(A)(iv). (Complete Part II.)																				
6																					
1	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										on 170(l											
9																					
10		rec	eipts port	from from	acti\ gros	⁄ities s inv	relate estme	ed to ent i	o its e ncom	exempt for the and u	und nre	ctions – elated b	-subje usines	ct to c s taxa	ertain ex	ceptions ne (less :	s, ai	utions, membersh nd (2) no more tha otion 511 tax) from t III.)	in 33	1/3% of its	
11																		n 509(a)(4).			
12		An	orga	nizatio	n or	ganiz	ed ar	nd c	perat	ed exclu	visı	ely for	the be	nefit o	f, to perf	orm the	fun	ctions of, or to ca	ırry oı	ut the purpose	98
	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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.																				
а	١																	ed organization(s)			}
			the s	uppoi ortino	ted ora	orga aniza	nizati ation.	on(s <b>Yo</b> ı	s) the u mus	power to	o re let	egularly te Part I	appo IV. Se	int or e	elect a ma A and B	ajority of L	the	e directors or trus	tees o	of the	
b																	SH	pported organizat	ion(s)	by baying	
	•		cont	ol or	man	agen	nent c	of th	e sup		org	ganizatio	on ves	sted in	the same			nat control or mar			]
С	ĺ																	with, and function ns A, D, and E.	ally ir	ntegrated with	١,
d	ſ											•						tion with its supp	ortod	organization/	۱-،
u			that	s not	func	tiona	illy int	tegr	ated.	The orga	ani	ization (	genera	illy mu		a distrib	outi	on requirement a			
е	1																	it is a Type I, Typ	T الم	'yna III	
_			funct	ionall	y int	egrat	ed, o	r Ty	pe III	non-fun	ctio	onally in	ntegra	ted su	pporting	organiza	itio	n. n.	e II, I	уре ш	
f									~	ations .			٠.٠						•		
g								ion :		the sup	<u>-</u> 1-				T						_
	(i) N	lame	of su	ported	orga	nizatio	ıΠ		(ii	) EIN	1	(iii) Type ( (described above (se	d on line	s 1–10	listed in yo	organizatior ur governin ıment?		v) Amount of monetary support (see instructions)		(vi) Amount of her support (see Instructions)	
															Yes	No	-				
(A)								+			+					<u> </u>	+		$\vdash$	<del></del>	_
(A) 								1												30 M. W.	
(B)																					
(C)																					
(D)																				<del></del>	_
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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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	77,166.	116,908.	111,912.	162,519.	135,026.	603,531.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	77,166.	116,908.	111,912.	162,519.	135,026.	603,531.
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)						
6	Public support. Subtract line 5 from line 4				Tanasa (A) Santa		603,531.
	on B. Total Support	r ·					
	dar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	77,166.	116,908.	111,912.	162,519.	135,026.	603,531.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	47.	17.	12.	18,	39.	133.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10			THE CASE CONTRACTOR STREET			603,664.
12	Gross receipts from related activities, etc.	,	•			12	*****
13	First five years. If the Form 990 is for the				•		
	organization, check this box and stop her						▶ 🗆
	on C. Computation of Public Suppor						···
14	Public support percentage for 2017 (line 6					14	99.98%
15	Public support percentage from 2016 Sch					15	99.97 %
16a	331/3% support test—2017. If the organi box and stop here. The organization qual						
b	331/3% support test—2016. If the organization						
D	this box and <b>stop here.</b> The organization						
47-							
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts- facts-and-circu	and-circumstaumstaumstances" te	ances" test, ch st. The organiz	eck this box a zation qualifies	and <b>stop here.</b> s as a publicly	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ition meets the neets the "fact	e "facts-and-c s-and-circums	circumstances" stances" test.	' test, check t The organizati	this box and son qualifies as	a publicly
18	<b>Private foundation.</b> If the organization did instructions						

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	on A. Public Support			, p		,	
Caler	idar year (or fiscal year beginning in)	(a) 2013 ⁻	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees				1	.,	
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise			<b></b>			
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000	,					
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)	and the second s					
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6		· · · · · · · · · · · · · · · · · · ·				
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .					···	
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		***************************************				
	acquired after June 30, 1975						
C	Add lines 10a and 10b , , ,		<b>_</b>				
11	Net income from unrelated business	]					
	activities not included in line 10b, whether						
	or not the business is regularly carried on						-
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
10	(Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14		L	n'o fivot	d thind formal		22.02.2.2.2	n E01(-\/0\
14	First five years. If the Form 990 is for the organization, check this box and stop he	_			•		
Sooti	on C. Computation of Public Suppor				<u> </u>		· · • 📙
<u> 15</u>	Public support percentage for 2017 (line			3 column (ft)		15	<u> </u>
16	Public support percentage for 2017 (life of 2016 Sci						
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#### Part IV Supporting Organizations

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

	Section	A.	ΑII	Supporting	Organizations
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- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 77 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  b A family member of a person described in (a) above?  c A 35% controlled entity of a person described in (a) above?  7 A 35% controlled entity of a person described in (a) above?  8 A 55% controlled entity of a person described in (a) above?  8 A 55% controlled entity of a person described in (a) above?  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations describe how the powers to appoint and the test ast an amount of the organizations describe how the powers to appoint and/or remove directors or trustees were ellocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were ellocated among the supported organization operated organization operated organization operated organizations and what controlled the supported organization other than the supported organization operated organization operated organizations.  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) that operated, supervised, or controlled the supported organization of the supported organization's supported organization of the supported organization's supported organization operated organization's supported organization's the supported organization's supported organization's the possibility of the organization's supported organization's and the controlled or managed the supported organization's supported organization's active the organization's active the described in the supported organization's supported organization's supported organization's supported organization's supported organization's su	Part	Supporting Organizations (continued)			
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a ☐ The organization satisfied the Activities Test. Complete line 2 below. b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations in 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.  b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement.  2a  b 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? Provide details in Part VI.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Section	on E. Type III Functionally Integrated Supporting Organizations			
b	1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  Activities Test. Answer (a) and (b) below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the 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.  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organizations. Answer (a) and (b) below.  Parent of Supported Organizations. Answer (a) and (b) below.  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? Provide details in Part VI.  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
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trustees of each of the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3		Total Accession of the Control of th		70.555.000.00
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а		A COURT OF THE PARTY OF T	20000000000000000000000000000000000000	Communication of the Communica
			3a	gogariáns	
	b		3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			ons A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	in a second	
7 Other expenses (see instructions)	7		1
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	v	(5) 6
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	The second secon		
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	4	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		511 6541 842 843
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			60.00 50.00 50.00 50.00 50.00 50.00
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III supportir	ng organization (see

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish e			
2				
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	· July		
<u>6</u>	Other distributions (describe in Part VI). See instructions.	1.00mm	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	7 Total annual distributions. Add lines 1 through 6.			·
8	Distributions to attentive supported organizations to which (provide details in <b>Part VI</b> ). See instructions.	n the organization is res	ponsive	
9	Distributable amount for 2017 from Section C, line 6			MERCE .
10	Line 8 amount divided by line 9 amount	· · · · · · · · · · · · · · · · · · ·		
	61)			(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6		2-2 (pg. 2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (	
2	Underdistributions, if any, for years prior to 2017		-	
	(reasonable cause required - explain in Part VI). See	The state of the part of the p		
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013	STATE OF THE PROPERTY OF THE P		
C	From 2014			
d	From 2015			
e	From 2016	HEREN CANAL AND CONTROL OF THE PROPERTY OF T		
f	Total of lines 3a through e			
	Applied to underdistributions of prior years	A CONTROL OF THE CONT		
<u>h</u>	Applied to 2017 distributable amount			
<u>i_</u>	Carryover from 2012 not applied (see instructions)			
<u> </u>	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from		And the second s	
	Section D, line 7: \$			
a	Applied to underdistributions of prior years  Applied to 2017 distributable amount			
<u>b</u>	Remainder, Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2017, if	Section of the Control of the Contro		
5	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
Ů	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			PARTY PRINTED BY THE
d	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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.)
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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 the latest instructions.

OMB No. 1545-0047

Employer identification number

26-1970045 FAMILY PROMISE OF SOUTHERN OCEAN COUNTY, INC Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. -Part-I-Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that applye Solicitation of non-government grants ☐ Internet and email solicitations Solicitation of government grants ☐ Special fundraising events Phone solicitations In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser have (i) Name and address of individual or entity (fundraiser) (or retained by) fundraiser listed in (iv) Gross receipts (or retained by) (ii) Activity custody or control of contributions? from activity organization col. (i) Yes No 1 3 5 6 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Pa	rt II.	Fundraising Events. Com than \$15,000 of fundraisin gross receipts greater than	g event contributions	on answered "Yes" on and gross income on F	Form 990, Part IV, line Form 990-EZ, lines 1 a	18, or reported more and 6b. List events with
		gross receipts greater that	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
Œ	2 3	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes			:	
	5	Noncash prizes				
sesus	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ad Net income summary. Subtra	d lines 4 through 9 in c	olumn (d)		
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 99	e organization answe	red "Yes" on Form 99	0, Part IV, line 19, or	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
 Re	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
L	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from l	line 1, column (d)		
•	a Is	nter the state(s) in which the or the organization licensed to co "No," explain:	ganization conducts ga	aming activities:	s?	Yes No
10		Vere any of the organization's g	gaming licenses revoked		ated during the tax yea	ur? . ☐ Yes ☐ No

Schedu	le G (Form 990 or 990-EZ) 2017 Page 3
11 12	Does the organization conduct gaming activities with nonmembers?
13 a b 14	Indicate the percentage of gaming activity conducted in: The organization's facility
	records: Name ▶
	Address►
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b c	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:
	Name ►
	Address►
16	Gaming manager information:
	Name >
	Gaming manager compensation ▶ \$
	Description of services provided ►
	☐ Director/officer ☐ Employee ☐ Independent contractor
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

► Attach to Form 990 or 990-EZ. Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization	Employer identification number
	,