	/	v	To: 1877	77922864 Fram:	17048792802	Date: 03/22,	/18 Time: 1	1:04	AM Page:	64/88		
	Return of Organization Exempt From Income Tax							CMB No 1545-0047				
	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundate) Do not enter social security numbers on this form as it may be made public.							11-1	Openito Publica			
	Departs	cent of the Roverus	Sorvice	'	on about Form 990 an		•		1 · A	/ Strape tion		
				year, or tax year begin	ning	07-0	. , 2014, and en	ding	00	-30 ,2015		
	Address change Doing business at			Name of organization Promo	se Resource Netw	ork Inc			Employer Identification no.			
					nx III mail is not dolivered to str	hot address)		Room/s	ula	E Telephone number		
	iritai mum 1041 Hawthorn							1		(980)321-4021		
		al totur	Aerminated	City or town, state or province	, country, and ZIP or loreign p	ostej code				1,086,165		
		nended r	j.	Charlotte, NC 28						G Cirbas recobilis		
		(PACEURE)	pending F	Name and address of princips	\sim				H(e) to this a group return for Yes 🔀 No			
B	I To	x-exemp	status. 🗴 s	o((c)(3) \(\int_{\sigma}\)501(c) () ◀ (Insert no.) ☐ 40	47(a)(1) or 5	21) Ноэ	Are all subordine	stes included? Yes No		
1/2		ebalte:		corporation Trust Ass	odation U Other >		770000000000000000000000000000000000000	H(c)	,	n number		
- W	Par		Summary	Corporation Littuat Li Ass	LI CANK P	-	Year of formation 2	014	M State of tec	el domicile. NC		
1/				the organization's mission	n or most significant acti	riles: We as	re a team, uni	ted b	y our pers	onal and		
	.	•		al experiences, pa	T			~				
	Ĕ		instill bo support.	pe and encourage p	erconel growth by	providing ed	carion, consu	Troci	on and pas	<u>r</u>		
	Activities & Governence			if the organization	discontinued is operation	ns or disposed of n	nore francisk of to	Te e	5018.			
	<u>ن</u> •	3	Number of voti	ing members of the govern	ning body (Rart VI, line 1s	3)		1	<u>}</u> <u>3</u>	6		
	1	ŀ		ependent voting members	- 1 4	27"8	7. A	$y \cdots$	5	6		
		ł		of individuals employed in a of volunteers (estimate if na	• • • • • • • • • • • • • • • • • • • •		WAVE		6			
	ď			l bushess revenue from P	· \ \E				7.	0		
		ь	Net unrelated b	ousiness taxable income fr	om Form 990-T, line 34			<u> </u>	71			
		8	Contributions o	and greats (Part VIII, line 1	n (-		Prior Year	Current Year		
	5			ce revenue (Part VIII, line 2	200		9		449,91	1,086,165		
	Revenue			ome (Part VIII, column (A)			₹ [0		
-	٠ ق			(Part VIII, column (A), line			<i>}</i>		449,91	1,086,165		
				- add lines 8 through 11 (n illar amounts paid (Part IX		12 12 12			443,32	0		
		14	Benefits paid to	o or for members (Part IX	column (A), the (4)	.	// [0		
	9	15	Salaries, other	compensation employee	benefis PartIX. column	(A), lines 5-10)	\.\.\.		219,44	779,100		
	en 849	16a	Professional fu Tem 6 meterinis	ndraising fees (Part IX) cou	ump(A), inerije)			WANT ME		\$ (************************************		
	EXP	I		C19			———) {	11	132,50			
		18	Total expenses	s Addunes 13-17 (music expenses, Subtractine 1	gual Pait IX, column (A)	fine 25) = H 12 17	weed[\overline{Z}	351,9	1,054,780		
	_	19	Revenue less	experises, Subtractifine 10	Stom line 12 1 1	Lat Kall M	.L	<u> </u>	97,97	- 1		
	Assets or of Solemos	20	Total access (P	art X, line 16)	M n	EC 2-8-201		Beginnin	144,0			
	A 5	t	·=·	(Part X, Ine 26)		CO 2.0.20			6,0			
	22			und balances Subtract lin		<u> </u>	[7[97 9	129,355		
	Par		Signature	e Block that I have examined this return	BY:	adulan and Malaments	and to the heat of my i	mowledge	and belief, it to	\ 		
en				ration of preparer (other than offi	car) is based on all information							
Š	•	l l	Cherer	DE CATACO CAUSA	el Ullen-Can	2001				10-15-2016		
	Sign	- 1:	Signature						Da	ito /		
Ž	Here	·		ne Caraco, Executiv	e Director		·					
Ш			Print/Type prep		Preparer's elgisture		Date		Check X I	PTIN		
SCANNED APR	Pald		Kevin Gar		L		10-15-2015		self-employed	P01649042		
É	Prep		Firm's name		Garrison LLP			Firm's E		,		
<i>₹</i>	U86	Only	Firm's address		rch St NC 28202			Phone i		169-0405		
Ox.	May t	e IRS	discuss this ret	um with the preparer show		ns)	<u></u> .	<u> </u>		Yes 🛚 No		
PN:		_		Act Notice, see the sep						Form 990 (2014)		
Ø	FFA											

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To: 18777922864 From: 17048792802 Date: 03/22/18 Time: 11:04 AM Page: 65/88

Fom	n 990 (2014) Promise Resource Network Inc	27-2648129	Page 2
Рa	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<i></i>	<u> </u>
1	Briefly describe the organization's mission		
	We are a team, united by our personal and professional experiences, partnering with		
	individuals, organizations and communities to instill hope and encourage personal growt	h by	
	providing education, consultation and peer support.		
2	Old the organization undertake any algorificant program services during the year which were not listed on the	_	_
	prior Form 990 or 990-EZ?	🔲 Yes	x No
_	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	-	
	services?	∐ Yes	k No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by		
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$654,918 including grants of \$) (Revenue	\$1,0	85,367)
	Our programs employed people in recovery to partner with colleagues, families, peers,		
	clinicians, organizations, governments, systems and communities to advance recovery from		
	emotional distress, mental health and substance use challenges. We did this through a vi		
	of initiatives that are simed at creating opportunities for individual and familial reco	wery,	
	developing a recovery-oriented behavioral health system in which recovery is valued,		
	expected, supported and funded, and expanding the network of recovery charitons though training, consultation and technical assistance for clinical as		
	build their recovery knowledge, skills and tools.	<u> </u>	
	the chair recovery knowledge, willie and cooledge		
			•
4b	(Code) (Expenses S	s	}
			•
		\	
4¢	(Code) (Expansion for the control of the cont	, \$,
		\ 	
		\	
			
		-	
			
		} 	
		/- -	
		\-	
4-4	Other program services (Describe in Schedule O)	+	
4d		', '	
4-	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 654,918	-/\	
FFA	Total program service expenses 654, 918	F~	້າກ 990 (2014)

	To: 18777922864 From: 17048792802 Date: 03/22/18 Time: 1:04 AM Page: 66%	38	1	
		\ .		
Fòm	990 (2014) / Promise Resource Network Inc	Ţ.		Page 3
	tilVi Checklist of Required Schedules	1		<u> </u>
4			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? (I "Yes," complete Schedule A	,	x	
2 (ls the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	 	$\frac{1}{x}$
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u> </u>		
	candidates for public office? If "Yes," complete Schedule C, Part I	3	l	х
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	<u> </u>	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues.			
	assessments, or similar emounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,	1	i	
_	Part III	5		L
В	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	1		
_	Yes, complete Schedule D. Part I	6	ļ	<u>X</u>
. '	Did the organization receive of hold a conservation easement, including easements to preserve open space,	l _	ĺ	l
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	 	.X.
•	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	_	l	l u
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	8	 -	<u> X</u>
•	custodian for amounts not listed in Part X or provide credit counseling, debt management, credit repair counseling.		ĺ	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	,	x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-	┝	^
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D. Part V	10		x
11	If the organization's enswer to any of the following questions is "Yes." then complete Stredie D. Hatte VI.	18383	77/24	- A
	VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, Ine 102 H 'Yes	Section 2	CMER	BIRREY
	complete Schedule D, Part VI	118		x
ь	Did the organization report an amount for investments - other securities in Ren X, line 12 that is 550 or more	<u> </u>	_	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule Di Part VII	116		х
Ċ	Did the organization report an amount for investments - program related in Partiz line 13 that is 5% or more			
	of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VIII"	11c		х
d	Drd the organization report an amount for other assess in Early, this 15, that is 5% or more of its total assets			
	reported in Part X, line 16º If "Yea." complete Schedule D, Part X	11d		Х
	Did the organization report an amount for organization of a light of the organization report an amount for organization or organization organizat	11e	_X	
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for undertain take positions funder FIN 18 (ASC 740)? If "Yes," complete Schedule D, Part X	111		Χ_
12a	Did the organization obtain respansion in deplayers guidited improval statements for the tax year? It, "Yes," complete			
	Schedule D, Pans Xland XIII	12a		<u>x</u>
ь	Was the organization in consolidated, independent audited financial statements for the tax year it is and it			
	the organization answered "No" to line 12a ten completing Schedule D. Parts XI and XII is optional	12b		X
13	Is the organization a school described in Section 770(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
Ь	On the state of th			
	fundratising, business, investment, and program service activities outside the United States, or aggregate			
4.5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>x</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			v
18	for any foreign organization? If "Yes," complete Schedule F, Paris II and IV	15		X
.0	Old the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	$\left\lfloor ight floor$	< -l	V
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<u>~16</u>	\rightarrow	*
••	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)	ا ـ ا		J
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
	- A - A - A - A - A - A - A - A - A - A	,,	1	x
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	\dashv	
••	# "Yes," complete Schedule G, Pert III	19	J	x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	\dashv	X
	If "Yes" to line 20s, did the organization attach a copy of its audited financial statements to this return?	20b		 -
EEA	The second content of sales as a second of we period of the second of th		990 (2	2014)

Form 990 (2014)

	1990 (2014) Promise Resource Network Inc	27-264812	9	F	age 4
Pa	TiVs Checklist of Required Schedules (continued)				
				Yes	/No
21	Did the organization (epon 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	l .	Х
22	Did the organization report more than \$5,000 of grams or other assistance to or for domestic individuals on				
	Part IX, column (A), 5ne 27-11-17es, complete Schedule I, Parts I and III		22		х
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		1		1
	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 II No. go to line 25e		248		х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		<u> </u>
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			-	
	to defease any tax-exempt bonds?		24c		l
đ	Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?		24d	_	_
25a				-	
	transaction with a disqualitied person during the year? If "Yes," complete Schedule L. Part I		25a		х
ь	Is the organization aware that it engaged in an excess benefit transaction/with a disquatified person in a prior.		200		Ĥ
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		1		ĺ
	II 'Yea,' complete Schedule L. Part I		25b		х
26	Did the organization report arry amount on Part X, line 5, 6, or 22 for/receivables from or payables to any			 	
	current or former officers, directors, trustees, key employees, highest compensated employees or				1
	disqualified persons? If 'Yes,' complete Schedule L. Part II		26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee hay employee	• • • • • •	-20		_
	substantial contributor or employee thereof, a grant selection committee grantitier, of to, a 35% controlled.				l
	entity or family member of any of these persons? If "Yes," complete Schedule I, Part III				х
28	Was the organization a party to a business transaction with one of the to lowing parties (see Schedule L.	• • • • • •	27 1830-52	55.07.42g	
	Part IV Instructions for applicable filing thresholds, conditions, and exceptions				EQ. (2.2)
8	A current or former officer, director, trustee, or key employee htt Yes," complete Schedule L, Part IV		28a	ANDRES	Manager X
ь	A family member of a current or former officer, director, trustee of the employee (1174) (2) complete			\vdash	^
_	Schedule L. Part IV		285		х
c	An entity of which a current or former officer, director, (usually of key employee (or a family member thereof)			\vdash	<u>^</u>
·	was an officer, director, trustee, or direct or indirect owner? If Yes, complete Schedule L, Part IV		28c		х
29	Did the organization receive more than \$25,000 minor cash contributions? If Yes, complete Schedule M		29		X
30	Did the organization receive contributions of last initiational treasures, organization receive contributions of last initiation and the organization receive contributions of last initiation and the organization receive contributions of last initiation and the organization receives and the organization of last initiation and the organization a		28	-	
30	conservation contributions? If Ties, contributions of start instruction beautiful, organization starting assess, or qualified		20		х
31	Did the organization injustate, terminate, bridissolve and classe operations? If "Yes," complete Schedule N.		30		
J ,	Part I		31		х
32	Did the organization self exchange, dispose of, outgransfer more than 25% of its net assets? If "Yes,"		31		<u> </u>
J L	complete Schedule N.Van II		32		х
33	Did the organization own 100% of an equity disregarded as separate from the organization under Regulations	• • • • • •	-3-2	\vdash	<u> </u>
-	sections 301 7701-2 and 3017701-37 If the complete Schedule R, Part I		33		х
34	Was the organization related and the state of the property of		33		
•	Was the organization related to say in seempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		34		x
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	· · · · · · ·	35a		$\frac{x}{x}$
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	? l	330		<u></u>
•	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	′	35b		
36			330		—
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable valued organization? If Yes Complete Schedule B. Part V. Inc. 3		20		х
37	related organization? If "Yes," complete Schedule R, Part V, Ine 2		38_		<u> </u>
31	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,	/ I	ا ہ		х
38	Part VI	$\cdot / \cdot \cdot \cdot \cdot $	37		
30	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			х	
	19? Note. All Form 990 filers are required to complete Schedule O	<u> </u>	38		10.4
EEA		1-	LOIM	990 (2	.014)

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Form	1990 (2014) / Promise Resource Natwork Inc					_
			27-26481	29		Page :
51.0		<u> </u>				-G-
_	Check if Schedule O contains a response or note to any line in this Part V	• • • • •	· · · · · · · · · · · ·	· · · ·		ᆛ
1a	Forter the course arroad at Day C of Fem. 1999. State A. Course C. Course C.	1.1		(*************************************	Yes	No
Ь	Enter the number reported in Box 3 of Form 1096 Enter -0- a not applicable	· 1a		983	1888	
	Enter the number of Forms W-2G included in line 1a Enter -O- If not applicable	15		막았		
C	Oid the organization comply with backup withholding rules for reportable payments to vendors and			EX.	經驗	320
	reportable garming (gambling) whrnings to prize winners?	· • • • •		1c		X
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1		120		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a		o a	题到	300
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2Ь	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				25.50	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
Ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			3b		
48	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	l :	х
· b	If "Yes," enter the name of the foreign country:			100		
	See instructions for filing (equirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts					
	(FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	A		58	200	X
b	Did any taxable party notify the organization that it was or is a party to a provious day shelter transaction	M		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	M		5c		 ^
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			<u>~</u>		-
	organization solicit any contributions that were not tax deductible as charitable contributions?		À	6a		l x
ь	If "Yes," did the organization include with every solicitation an express statement that social point basins or	y A	W	- 68		<u> </u>
_	gits were not tax deductible?	3		ا ــ ا		1
7	Organizations that may receive deductible contributions undergection 170(c)	P		8b	PRESENT	0/2558
a	Did the organization receive a payment in excess of \$75 made party 85 g contribution and party for goods					
a		&		123	SE 663	200
	and services provided to the payor?	· · · ·		7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			76		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of languile personal property longwhich it was					١
	required to file Form 8282?	1		7c	nematron)	X
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d		1000 E	经证别	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
T	Did the organization, during the year, pay premains, directly or intriectly, or a personal benefit contract?		• • • • • • • •	77		X
9	If the organization received a contribution of qualified implectual property, did the organization file Form 8899.	es tednic	ed?	79		Х
h	If the organization received a communion of cars, poats airplanes, on other vehicles, do the organization (se a Form 10)	98-C?		7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained to	by the				
	sponsoring organization have excessible unesstandings at any time during the year?			8		X
9	Sponsoring organizations maintaining donor advised funds.			200		
a	Did the sponsoring organization make any takable distributions under section 4966?			₽a		X
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	[X
ຸ 10	Section 501(c)(7) organizations. Enter			E	然还	
8	Initiation fees and capital community included on Part VIII, line 12	10a				
Þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100				经企业
11	Section 501(c)(12) organizations, Enter.	\prec				
8	Gross income from members or shareholders	110	,)			
ь	Gross income from other sources (Do not net amounts due or gaid to other sources		1			
	egains amounts due or received from them)	116				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	-		128	20000	CONTRACT OF THE PARTY OF THE PA
ь.	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	125		23872	Marin	#212E
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	النحنا	· · · · · · ·			
	is the organization licensed to issue qualified health plans in more than one state?		. (-13a	T.C4031	AL PURIOR
•	- ,			7777.37	2577XI.	माजितहर स
	Note. See the instructions for additional information the organization must report on Schedule O					
Þ	Enter the amount of reserves the organization is required to maintain by the states in which	1 1				
_	the organization is licensed to Issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c		TOP 1	RUKA	455-48
148	Did the organization receive any payments for indoor tanning services during the tax year?			14a	-	<u> </u>
_ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<u> </u>		14b		
EEA				Form	990 (2	2014)

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Pa	Governance; Management, and Disclosure For each "Yes" response to lines 2 through 70 bek	w, and for a "No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See in		
	Check if Schedule O contains a response or note to any line in this Part VI		🛭
Sec	tion A. Governing Body and Management		
			Yes No
1a	Enter the number of voting members of the governing body at the end of the tax year	6	
	If there are material differences in voting rights among members of the governing body, or		
	if the governing body delegated broad authority to an executive committee or similar		
	committee, explain in Schedule O.		
ь	Enter the number of voting members included in line 1a, above, who are independent	6	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		4444
	any other officer, director, trustee, or key employee?	2	lх
3	Did the organization delegate control over management didies customarily performed by or under the direct	· · · · · · · 	-
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	TX.
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		T X
6	Did the organization have members or stockholders?		$\frac{x}{x}$
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?		l x
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members.	· · · · · · /a	- ^-
_	stockholders, or persons other than the governing body?	_	l _x
8	Did the organization contemporaneously document the meetings held or written actions understand our no	7b	TATEST TATEST
•	the year by the following		
	The governing body?	155	
	The state of the s	8a	X
	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>
•	Is there any officer, director, trustee, or key employee listed in Part VII Section A who cannot be reached any		١
500	the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9	<u> </u>
360	tion B. Policies (The Section B requests information about policies not required by the internal Revenue Code.)		
404			Yes No
10a	Did the organization have local chapters, branches, or efficience?	10a	<u> </u>
0	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?	106	
118	Carlotte Ford		X
ь	Describe in Schedule O the process, if any, used by the organization to develop this Form 990		
128			<u>x</u>
ь		is? <u>12b</u>	<u>X</u>
C	Did the organization regularly and consistently monthly and enforce compliance with the policy? If "Yes"		
	describe in Schedule Q how this was done 1		<u> </u>
13	Ord the organization have a written with state bower, policy?	· · · · · · · · · · · · · · · · · · ·	X
14	Did the organization have a written document retartion and destruction policy?	14	X
15	Did the process for delegitining compensation of the following persons include a review and approval by		
	independent persons, comparability dailayand contemporaneous substantiation of the deliberation and decision?	1	
a	The organization's CEO, Executive Director, or top management official	158	Х
Ь	Other officers or key employees of the organization	<u>15b</u>	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Ord the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		
	with a taxable entity during the year?	16a	Х
ь	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?	160	X
Sec	tion C. Disclosure		
17	List the states with which a copy of this Form 990 is required to be filed		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or	M /	
-	available for public inspection, Indicate how you made these available. Check all that apply	·"" \	
	Own website Another's website Upon request Other (explain in Schedule O)	\	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	and \	
	Inancial statements available to the public during the tex year.		
20		•	
ZU.	State the name, address, and telephone number of the person who possesses the organization's books and records:	-	
	Reardon & Gerrison LLP (980)321-4021, 222 8 Church St Swite 100, Charlotte, NC 26202		100 (001 1)
EEA		Form B	90 (2014)

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Form 990 (20		e Resource Net	work Inc								27-26481	29 Page 7
Part VII-		Officers, Direc	tors, Trus	stees	3, K	ey i		ploy	ees	, Highest Con	pensated Em	ployees, and
	Independent Cont											п
Section A.	Check if Schedule O con									<u> </u>	· · · · · · · · ·	<u> </u>
	Officers, Directors, Tru											
organizațion's	e this table for all persons in tax year. of the organization's curre									-		
compensation	n. Enter -0- in columns (D), (E), and (F) if no com	pensation wa	as paid	ı							
List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the												
organization and any related organizations. Listagli of the organization's former officers, key employees, and highest compensated employees who received more than												
\$100,000 of it	eportable compensation from	n the organization ar	nd amy related	d orga	nizeti	ions.						
organization,	of the organization's former more than \$10,000 of report	er directors or trus lable compensation f	itees that re from the orga	cerved	ini nan	the c d any	apa (rek	city 88 sted or	a fo gan	ormer director or ti izations	ustee of the	
	n the following order individ employees; and former suc		ors; institution	nal trus	a so s	. offic	ers;	key e	mpla	yees; highest		-
	s box if neither the organiza		organization d	отое	nsate	ad an	N CU	ment c	office	r. directos or truste	А.	
		and the same of th		1	100.11		(C)		-	I N	T	1
	ζ\		[, Mion					_
	Name and Title		(B) Avarage			nech m	none t	nan one		Pre pool and	(E) Recortable	(F)
	rans and make		hours per					to bott Glavno		componed to	compensation from	Estimated amount of
	`	<i>\</i>	week (list ary				- SP	** **	緣	prom (related	other
			hours for related	2.5	Īā	g.	¥.		[}	omanization	organizations (W-2/1099-MISC)	compensation from the
		/ /	organizations		麵	Īā	Ž,	煙包	M	(Marianisc)		organization
			below dotted line)		1 0	1	₹ē	8 9			ľ	and retated organizations
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(1) Cherene	Caraco		0.00		Π			<u> </u>				
	ive Director			> _	Ļ			Х	<u> </u>	115,000	0	0
(2)			<u> </u>	1							[
(3)					K	П						-
<u>(4)</u>		Z. V. V.		1		N						
(5)			>	\vdash		Н		Z	-			
				<u> </u>		Ц						
(6)						Ц						
(7)		9										
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(9)						П						
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					Ш							<u> </u>
(14)					$\lfloor $	J						·
							_					Farm 000 (001.1)

Form 990 (2014) Promise Resource Network Inc 27-2648129 Page 8 Section A. Officers, Qirectors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII Position (A) Œ١ (D) Œ (do not check more than ace Name and tills Avamga Reportable Reportable Estimated box, unless person is both an npersation from compensation emount of officer and a director/trustee) nek (ibt an from related other bours for the organizations നനാണച്ചിറ (W-2/1099-MISC) from the organization (W-2/1009-MISC) organization low dollar and roleted organizations (15)_____ (20) (21)(22)____ (23)_ (24)__ (25)______ 1b Sub-total c Total from continuation streets to Pa Total (add lines 1b and 10) Total number of individuals (including but not reportable compensation from the organization) injind to ose listed above) who received more than \$100,000 of Yes No X organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Х 5 Did any person listed on line 1a réceive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax (C) Name and business address Description of services Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization EEA Form 990/(2014)

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Check il Schedule O contains a response or note to any line in this Part VIII									
			(A) Total revenue	(B) Related or exempl function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tex under sections 512-514			
Contributions, Giffs, Grants and Other Similar Amounts	- 1á - Federated campaigns 1a- b Membership dues 1b c Fundralsing events 1c d Related organizations 1d e Government grants (contributions) 1e 1 All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f S								
Roverue	h Total Add Ines 1a-11 2a Support Services b Training	Business Codo 624100 611430	1,061,662 24,503						
Program Service F	c d e 1 All other progrem service revenue		. 155						
	g Total. Add lines 2a,21. 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceed		1,0864165						
	6a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss)	(I) Personal							
	7a Gross amount from sales of assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss)	Other							
Other Revenue	d Net gain or (loss) 8a Gross income from fundrating events (not including) of contributions reported on line (c). See Part IV, line 18								
	c Net income or (loss) from fundinging events 8a Gross income from gaming activities. See Part IV, line 19								
	10a Gross sales of inventory, less returns and allowances								
	Miscallaneous Revenue	Business Code							
	c d All other revenue								
EEA	12 Total revenue. See instructions	.	1,086,165	1,086,165	0	Form 990 (2014)			

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Fom	1990 (2014) Promise Resource Network	t Inc		27-2648	129 Page 10						
Pa	PartilX 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 f	ox include amounts reported on lines 65,75,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundrahing						
8b, 9	tb, and 10b of Part VIII.	TOTAL EXPENSES	expenses	denaral expenses	except test						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	L									
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22			多种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种	44.5						
3	Grants and other assistance to foreign	<u> </u>									
	organizations, foreign governments, and foreign	1/	ł								
	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	139,875	139,875								
8	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and	· V									
	persons described in section 4958(c)(3)(B)	<u> </u>									
7	Other salaries and wages	533, \$16	210,458	322,958							
8	Pension plan accruals and contributions (include			A							
	section 401 (k) and 403(b) employer contributions)			A							
9	Other employee benefits	49,655	13.655								
10	Payroll taxes	56, 154	560334								
11	Fees for services (non-employees).	4	- W								
a	Management										
b	Legal	3.540		3,540							
C	Accounting	31,908	AV N	31,908							
đ	Lobbyrng			À							
ė	Professional fundraising services See Part IV, line 17			A CONTRACTOR OF THE CONTRACTOR							
t	Investment management fees			1							
9	Other (If line 11g amount exceeds 10% of line 25, column										
	(A) amount, list line 11g expenses on Schedule ()	37,357		37,357							
12	Advertising and promotion	1,390	1,390	1							
13	Office expenses	105,130	102,815	2,315							
14	Information technology			<u> </u>							
15	Royalties	1 1 1 1 1 1 1 1 1 1									
16	Occupancy										
17	Travel	31,972	31,972								
18	Payments of travel of ententainment expenses										
	for any federal, state or local public offices.										
19	Conferences, conventions, and meetings				ļ.——						
20	Interest			<u> </u>							
21	Payments to affiliates			<i></i>							
22	Depreciation, depletion, and amortization										
23	Insurance	23,735	23,735	APER SCHOOL SCHOOL SCHOOL	AMERICAN CONTRACTOR AND A						
24	Other expenses Itemize expenses not covered										
	above (List miscellaneous expenses in line 24e If			74 5 (2)							
	fine 24e amount exceeds 10% of line 25, column		100								
	(A) amount, list line 24e expenses on Schedule O)	SEASON SERVICE SERVICES	2000年120日 120日 120日 120日 120日 120日 120日 120日	P. N. S.	THE SHARE STORY						
A	Fees	3,917	2,133	1,784	\						
Þ	Meals ,	16,329	16,329		 						
C	Training and Education	20,402	20,402	<u> </u>	 \ \ 						
đ	* 1				 						
8	All other expenses										
25	Total functional expenses. Add lines 1 through 24e .	1,054,780	654,918	399,862	\ \ \ 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	•									
	following SOP 98-2 (ASC 958-720)										
FEA					Form 990 (2014)						

		990 (20		2	7-264	18129 Page 1
ا	Part	3 X 5	Balance Sheet			
			Check if Schedule O contains a response or note to any line in this Part X	<u> </u>		<u></u>
\backslash				(A)		(B)
`				Beginning of year	l	End of year
		1	Cash - non-interest-bearing	109,998	1	131,606
		2	Savings and temporary cash investments	20	2	
		3	Riediges and grants receivable, net		3	
		4	Accounts receivable, net	34,047	4	37,024
		5	Loans and other receivables from current and former officers, directors.	A-14-00 (00 (00 (00 (00 (00 (00 (00 (00 (00		
			trustees, key employees, and highest compensated employees			
			Complete Part II of Schedule L		5	AND POSSERVATE OF THE PARTY.
		6	Loans and other receivables from other disqualified persons (as defined under section		1900	
		_	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
			sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
					ALC: N	
		,	Organizations (see instructions). Complete Part II of Schedule L		8	
	918	'	Notes and loans receivable, net		7	
•	9	-0-	-inventories for sale or use		-8	
	•	9	Prepaid expenses and deferred charges	ANTICONO DE LA CONTRA DE PORTE EN ESTA DE LA CAL	9	
		10a	Land, buildings, and equipment cost or .			
			other basis Complete Part VI of Schedule D 10a			
		6	Less accumulated depreciation \		10c	
		11	Investments - publicly traded securities		11	
	•	12	Investments - other securities See Rain IV, line 11	AND AND	12	
		13	Investments - program-related. See Part V, Ine 11		13	
		14	Intangble assets		14	
		15	Other assets See Part IV, line 11		15	
		18	Total assets. Add lines 1 through 15 (must equal line 34)	144,065	16	168,630
		17	Accounts payable and accrued expenses	15,540	17	26
		18	Grants payable	3	18	
•	-	19	Deferred revenue		19	
		20	Tax-exempt bond liabilities		20	
		21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	g	22	Loans and other payables to current and lomite officers, directors.		\$100 E	
	薑		trustees, key employees, highest compensated employees, and		98	
	Llabilities		disqualified persons Complete Part (100 Schedule)	T. W. C.	22	TO CHANGE AND ASSESSED IN
	-	23	Secured mortgages and notes payable to unitstand imad parties		23	
		24	Unsecured notes and Coans payable thing said third parties	15,801	24	40,076
		25	Other liabilities (Including lighteral ricome aux, payables to related third	13,601	-24	40,070
			panies, and other isolities not included on intering 24). Complete Pan X			
			of Schedule 23			
		26		14,754	25	(827)
•		20	Total Habilitian, Add lines 17 th Out 25	46,095	28	39,275
	.		Organizations that tollow Sras 117 (ASC 958), check here			
	ences		complete lines 27 through 25 and lines 33 and 34.			
	喜	27	Unrestricted net assets	97,970	27	129,355
	ĕ	28	Temporarily restricted net assets		28	
	ξ.	29	Permanently restricted net assets		29	
	Ę		Organizations that do not follow SFAS 117 (ASC 958), check here			
			complete lines 30 through 34.			
	Net Assets or Fund Bah	30	Capital stock or trust principal, or current funds		<u>√30</u>	
	As	31	Paxt-in or capital surplus, or land, building, or equipment fund		34	
	ž	32	Retained earnings, endowment, accumulated income, or other funds		32	\
	-	33	Total net assets or fund balances	97,970	33	129,355
]	34	Total liabilities and net assets/fund balances	144,065	34	168,630
Ī	EEA					Form 980 (2014)
						X

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Form 9	90 (2014) Promise Resource Network Inc. XIS Reconciliation of Net Assets	27-26	8129	Page 1
(F. d) L				Π.
• 7	Check If Schedule O contains evesponse or note to any line in this Part XI			<u></u>
	otal revenue (must equal Part VIII, column (A), Ine 12) otal expenses (must equal Part IX, column (A)-\(\frac{1}{2}\) (ne.25)	1	┼──	1,086,165
	Nevenue less expenses. Subtract line 2 from line 1	3	 	1,054,780
	tel assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1 4	┼	31,385
	let unrealized gans (losses) on investments	5	 	97,970
	constant services and use of facilities	<u> </u>	! 	
	tvestiment expenses	 		
	nor period adjustments	. 8	 	
	Other changes in net assets or lund balances (explain in Schiedule,O)	9	 	
	let assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	`\	 	<u>_</u>
	3, column (B))	. 10		129,355
Part	XII Financial Statements and Reporting	-,		223,030
	Check if Schedule O contains a response or note to any line in this Part XII			П
				You No
1 A	ccounting method used to prepare the Form 990 🔯 Cash 🗀 🗚 ccrual 🔲 Other		g	W20 12 12 13 15 15 15 15 15 15 15 15 15 15 15 15 15
	the organization changed as method of accounting from a prior year or checked "Other," explain in	_	K	
	cheduls O		i i	
	Vere the organization's financial statements compiled or reviewed by an independent accountant?		ľ	29 X
	"Yes," check a box below to indicate whether the financial statements for the year were compiled or		7	
	eviewed on a separate basis, consolidated basis, or both		Š	
	Separate basis Consolidated basis Both consolidated and separate basis			
	Vere the organization's financial statements audited by an independent accountant?		[26 X
lt	"Yes," check a box below to indicate whether the financial statements for the year were audited on a		Į.	
51	eparate basis, consolidated basis, or both.	ŧ.	3	
	Separate basis Consolidated basis Both consolidated and separate basis		200	
c H	"Yes" to line 2s or 2b, does the organization have a committee that assumes responsibility locate isight			
	the audit, review, or compitation of its financial statements and selection of an independent accomment?		<u>L</u>	2c X
	the organization changed either its oversight process of selection process during the lightlyear, explain in		[3	
	chedule O		\$	
	s a result of a federal award, was the organization required to undergo an audit of builds as set forth in		- 1	
	se Single Audit Act and OMB Circular A-133?	· · · ·	⋯⊦	3a X
ЬΠ	"Yes," did the organization undergo the required audit or audit all the organization did not undergo the		- 1	
	equired audit or audits, explain with in Schediffe Orano describe any steps taken to undergo such audits \	· ·) · ·	• • • • •	3b
A		/		Form 990 (2014)
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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 4047(a)(1) nonexempt charitable trust.

OMB No 1545-0047 2014

Department of the Treasury

Attach to Form 990 or Form 990-EZ.

_	_		SOUL SCHOOLS A LEG	#m 330 G 330-E2) @10 R3	1130000010	D &! WWW118.	govca	Special Control of the Control of th	
		organization					Employer Identifi		
	_	Resource Network Inc	. Castus /All se				27-254812		
Par	~	Reason for Public Charle				is part.) S	ee instruction	5.	
	_	rization is not a private foundation becau	•	•					
1	Н	A church, convention of churches, or			ion 170(b)(1	XAχ(I).		$i\Omega(I)$	
2	片	A schòol dèscribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)							
3	닖	A hospital or a cooperative hospital s	•		•			11/71 -	
4	U	A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in sectlo	n 170(b)(1)(A)(III). Enter the		
	_	hospital's name, city, and state.		<u> </u>					
5	П	An organization oberated for the benef		versity owned or operated	by a govern	mental unit d	escribed in		
	_	section 170(b)(1)(A)(IV). (Complete	•						
6	П	A federal, state, or local government							
7	An organization that notifically receives a substantial part of its support from a governmental unit or from the general public								
	_	described in section 170(b)(1)(A)(vi							
8	П	A community, trust described in secti	on 170(b)(1)(A)(v	i). (Complete Part II.)		ØA.			
9	X	An organization that normally receives:	(1) more than 33 1	/3% of its support from co	ntributions, <u>"</u>	nembereijip i	ees, and gross		
		receipts from activities related to its exe							
		support from gross investment income	and unrelated busin	ness taxable income (less	section 511	rau from bus	nesses		
		acquired by the organization after Ju	ne 30, 1975 See s	section 509(a)(2). (Com	plete Part III	The Mark	A		
10		An organization organized and opera	ted exclusively to	test for public safety. Se	e gection 51	09(à)(à).			
11		An organization organized and operate	d exclusively for the	entiffmohed of logitened e	turiduons of	or to carry o	nt the purposes of		
		one or more publicly supported organ	nizations described	in section 509(a)(1) or	section 50	(a)(2), See	section 509(a)(3). Check	
		the box in lines 11a through 11d that d	escribes the type of	supporting organization	nd complete	lines) 1e, 11	f, and 11g		
	a	Type I. A supporting organization	n operated, superv	ised, of controlled by its	o benogqua	rganizailon(B), typically by giv	ing	
		the supported organization(s) the p	xower to regularly a	point or elect a majorify	the director	sees trustess	of the supporting		
		organization. You must comple	te Part IV, Section	s A and B.	A				
	Ь	Type II. A supporting organization			in its suppor	ned organiza	ation(s), by having)	
		control or management of the supp	oorung organization	vested in the same perso	ns that contro	ol or manage	behodqua ert		
		organization(s) You must comp				•	••		
	c				nection with	n, and function	nally integrated	with,	
	_	Type II functionally integrated its supported organization(s) (see	e Affiliations You	must complete Part I	/. Sections	A. D. and E		•	
	d	Type III non-functionally integr	ated. A subconfor	beterago coulectricon o	n connection	with its sug	ported organizati	onis)	
	-	that is not functionally engrated.						(-)	
		requirement (seginstructions) V							
	e	Check this box if the organization r					Type III		
	•	functionally magnated, or Type III				po 1, 1 Jpc 11,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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	`	Provide the following information about		nination(c)	(. <i>S</i>				
	<u>.</u>) Name of supported organization	(0) EIN	(II) Type of organization	ONTHE STO OFF	antentino (hi	Amount of monetary	(vf) Amount of	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 980/or 990-EZ) 2014

	uto A (Form 990 or 990-EZ) 2014 Prom 11:112 Support Schedule for On	ise Resource P	Network Inc	4. 4.70%		27-2648129	Page 2
11:11	- " - " - " - " - " - " - " - " - " - "	ganizations D	escribed in Se	ctions 170(b)	(1)(A)(Iv) and 1	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.)						
500	Part III. II the organization	tails to quality	under the tests	listed below, p	lease complete	Part III.)	
	tion A. Public Support		Υ	,		·	
Care	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gits, grants, contributions, and membership fees received. (Oo not include any "unusual grants")						
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		χ.				
3	The value of services of facilities furnished by a governmental unit to the organization without charge.						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by	of the second			SAN SHIP HOUSE		
•	each person (other than a		E COMP				
	governmental unit or publicly						
	supported organization) included on				2 A		
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (i)		10.00				
8	Public support. Subtract line 5 from line 4	化工作的工作	THE REPORT OF THE PARTY.			LANCE MEN	
Sec	tion B. Total Support			76			
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(0) 2013	(e) 2014	(f) Total
7	Amounts from line 4					à	
8	Gross income from interest, dividends,			AND LONG	The second secon	7	
	payments received on securities loans, rents, royalties and income from similar	\ \					
	SOUTCBS						<u></u>
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
4.0	-	- W					
1D	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 .			のでは、		の変更を高く	
12	Gross receipts from related activities, etc. (see	einstructions)	/			12	
13	First five years. If the Form 990 is for the	organization's lice	second, third, four	th or lifth lax year	as a section 50,1(c)()	
	OIGHT THE CONTROL STOP THE		 	<u></u>	<u> </u>	:/ <u>:</u>	<u> ▶ 🔲</u>
Sec	tion C. Computation of Public Su				1		
14	Public support percentage for 2014 (line 6.5)	lumi (7 divided by	ine 11, column (l))		. /	\14	<u>%</u>
15	Public support percentage from 2013 Schedu	Partil, Ine 14			<i>.</i> / [15	<u> %</u>
168	33 1/3% support test - 2014; If the organiz	and the chec	k the box on line 13	3, and line 14 16 33	1/3% or more, the	eck this	_
	box and stop here. The organization quality	ies as a publicly s	upported organizati	on		· · · · · · · · · · · · · · · · · · ·	🕨 🔲
b	33 1/3% support test - 2013. If the organi	ation did not chec	k a box on line 13 d	or 16a, and line 15	√e 33 1/3% or more	θ, \	_
	check this box and stop here. The organization			•		/	▶ 📙
17a	10%-facts-and-circumstances test - 2014	•			1	\ /	
	10% or more, and if the organization meets Part VI how the organization meets the "facts."		•			1 in	٠. ۵
	organization				· · · · · · · \	·······/···/···/···/···/···/···/···/··	▶ 📙
Đ	10%-facts-and-circumstances test - 2013					line /	
	15 is 10% or more, and if the organization is					. (\	\
	Explain in Part VI how the organization meets			•			7
	supported organization /					/	· ·/· · •/L
18	Private foundation. If the organization did	not check a box or	n line 13, 16a, 16b,	17a, or 17b, chec	k this box and see		\ . /_
	instructions	<u></u> .		<u> </u>	<u> </u>		···\ •/II
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(Carrylele only if you checked the box on line 3 of Pan I or if the organization lated to qualify under Part II. If the organization fails to qualify under the lests listed below, please complete Part III. Section A. Public Support Calendary year (or fiscal year beginning in) (a) 2010			ise Resource N				27-2648129	Page 3
Section A Public Support Calendary year (or fleat lyear terephorning in part or public support I dispress, confidence, and restricted places memoral (for not publicate any navaland greats 7) 2. Gross recipies from legislate size, variously greats 7, 20 dispress recipies from the public or publicate any navaland greats 7, 20 dispress recipies from the public or publicate any navaland greats 7, 20 dispress recipies from the public or publicate any navaland greats 7, 20 dispress recipies from the public or publicate any navaland greats 7, 20 dispress recipies from the public or publicate any navaland greats 7, 20 dispress recipies from the public or publicate any navaland greats 7, 20 dispress recipies from the public or publicate any navaland great from the public or publicate any navaland great from the public or publicate from the publicate from the public or publicate from the publicate fr	P.B							
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b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	11 12 13 14 Sec 15 18 Sec 17 18	section 511 taxes) from businesses acquired after June 30, 1975/77. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly calried on . Other income Do not include gain of loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the or organization, check this box and stop here cition C. Computation of Public Support percentage for 2014 (line 8, columbic support percentage from 2013 Schedule cition D. Computation of Investment income percentage from 2014 (line Investment income percentage from 2013 Schedule Investment Income Investment Inc	pport Percent mn (f) divided by la a A Part III, line 15 nt Income Percent a 10c, column (I) di chedule A, Part III,	e 13, column (l)) centage ivided by line 13, c	olumn (f))		15 18 17 18	▶⊠ % %
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	11 12 13 14 Sec 15 18 Sec 17 18	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated discress activities not included in lines to, whether or not the business is regularly calried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c. 11. and 12.) First five years. If the Form 990 is for the or organization, check this box and stop here cition C. Computation of Public Support percentage for 2014 (line 8, col. Public support percentage from 2013 Schedule cition D. Computation of Investment income percentage for 2014 (line Investment income percentage from 2013 Schedule cition D. Computation of Investment income percentage from 2013 Schedule cition D. Support teats - 2014, If the organization support teats - 2014, If the organization support teats - 2014, If the organization cition is support teats - 2014, If the organization cition is support teats - 2014, If the organization cition is support teats - 2014, If the organization cition is support teats - 2014, If the organization cition is support teats - 2014, If the organization cition is support teats - 2014, If the organization cition is support teats - 2014, If the organization cition is support teats - 2014, If the organization cition is support teats - 2014, If the organization cition is support teats - 2014, If the organization cition is support teats - 2014, If the organization cition is support teats - 2014, If the organization cition is support teats - 2014, If the organization cition is support teats - 2014, If the organization cition c	pport Percent mn (f) divided by la a A Part III, Ine 15 nt Income Perce a 10c, column (I) di chedule A, Part III, tation did not chec	e 13, column (i)) centage ivided by line 13, column 17	olumn (f))	ore than 33 1/3%,	15 18 17 18 and line	% %
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	11 12 13 14 Sec 15 18 Sec 17 18	section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Not income from unrelated business activities not included in line 10s, whether or not the business is regularly carried on . Other income Do not include gain of loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c. 11, and 12.) First five years. If the Form 990 is for the or organization, check this box and stop here extended to the control of the properties of th	pport Percent mn (f) divided by la a A Part III, line 15 nt Income Perce a 10c, column (I) di chedule A, Part III, eation did not check and stop here. The	e 13, column (I)) centage ivided by line 13, column 17 k the box on line 1 e organization qua	olumn (f)) 4, and line 15 is m	ore than 33 1/3%, supported organiz	15 18 17 18 and line ation	% %
	11 12 13 14 Sec 15 18 Sec 17 18	section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated dusiness activities not included in lines to, whether or not the business is regularly carried on . Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c. 11. and 12.) First flive years. If the Form 990 is for the or organization, check this box and stop here cition C. Computation of Public Support percentage for 2014 (line 8, col. Public support percentage from 2013 Schedule cition D. Computation of Investment income percentage for 2014 (line Investment income percentage from 2013 Schedule cition D. Computation of Investment income percentage from 2013 Schedule cition D. computation of Investment income percentage from 2013 Schedule cition D. computation of Investment income percentage from 2013 Schedule cition D. computation of Investment income percentage from 2013 Schedule cition D. computation of Investment income percentage from 2013 Schedule cition D. computation of Investment income percentage from 2014 (line Investment income percentage from 2014 (line Investment income percentage from 2014 (line Investment income percentage from 2014 (line Investment income percentage from 2014 (line Investment income percentage from 2013 Schedule cition D. computation of Investment income percentage from 2014 (line Investment income percentage from 2014 (line Investment income percentage from 2014 (line Investment income percentage from 2014 (line Investment income percentage from 2014 (line Investment income percentage from 2014 (line Investment income percentage from 2014 (line Investment income percentage from 2014 (line Investment income percentage from 2014 (line Investment income percentage from 2014 (line Investment income percentage from 2014 (line Investment income percentage from 2014 (line Investment income percentage from 2014 (line Investment income percentage from 2014 (line Investment income percentage from 2014 (pport Percent umn (f) divided by la a A Part III, Ine 15 nt Income Perce a 10c, column (I) di chedule A, Part III, tation did not checl and stop here. The	e 13, column (f)) centage ivided by line 13, column (f) k the box on line 14 k a box on line 14	olumn (f)) 4, and line 15 is malifies as a publicity or line 19a, and line	ore than 33 1/3%, supported organize 16 is more than 3	15 18 17 18 and line ation	% %
	11 12 13 14 Sec 17 18 19a b	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated duciness activities not included in lines to, whether or not the business is regularly carried on Other income Do not include gain of loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c. 11. and 12.) First flive years. If the Form 990 is for the or organization, check this box and stop here cition C. Computation of Public Support percentage from 2013 Schedule cition D. Computation of Investment income percentage from 2013 Schedule cition D. Computation of Investment income percentage from 2013 Schedule cition D. Computation of Investment income percentage from 2013 Schedule cition D. computation of Investment income percentage from 2013 Schedule cition D. computation of Investment income percentage from 2013 Schedule cition D. computation of Investment income percentage from 2013 Schedule cition D. computation of Investment income percentage from 2013 Schedule cition D. computation of Investment income percentage from 2014 (line investment income percentage from 2014 (line investment income percentage from 2013 Schedule cition D. computation of Investment income percentage from 2014 (line investment income percentage from 2014 (line investment income percentage from 2014 (line investment income percentage from 2014 (line investment income percentage from 2014 (line investment income percentage from 2014 (line investment income percentage from 2014 (line investment income percentage from 2014 (line investment income percentage from 2014 (line investment income percentage from 2014 (line investment income percentage from 2014 (line investment income percentage from 2014 (line investment income percentage from 2014 (line investment income percentage from 2014 (line investment income percentage from 2014 (line investment income percentage from 2014 (line investment income percentage from 2014 (line investment income percentage from 2014 (line investment inc	pport Percent umn (f) divided by la a A Part III, Ine 15 at Income Perce a 10c, column (f) di chedule A, Part III, tation did not chec and stop here. The	ne 13, column (f)) centage ivided by line 13, column (f) k the box on line 14 ine organization quality a box on line 14 inc. The organization	olumn (f)) 4, and line 15 is malifies as a publicty or line 19a, and line	ore than 33 1/3%, supported organize 16 is more than 3 slicity supported org	15 18 17 18 and line ation	% %

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	NEDULE D		ai Financiai Statements		CMB NO. 1045-0047
(Form 990)		Complete if the organization answered "Yes," to Form 990,			2014
		/ Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			2014
Department of the Tressury		/	Attach to Form 990.		Open to Rublic 1
	al Revenue Service	Information about Schedule D (Form	990) and its instructions is at www.brs.gov	/form990.	inspection
	of the organization		-	Employer Identific	cation number
Pro		urce Network Inc-		27-264	8129
Ŗă			nds or Other Similar Funds or Accou	nts.	
	Complete	if the organization answered "Yes" to I	orm 990, Part IV, line 6.		
			(a) Donor acrylsed tuncs	(b) Funds and o	ther accounts
1	Total number at end	of year			
2		contributions to (during year) .			
3	Aggregate value of	grants from (during year)			
4	Aggregate value at	and of year	\		·
5	Did the organization	inform all donors and donor advisors in writing	that the assets held in donor advised		
	funds are the organ	zation's property, subject to the organization's	exclusive legal control?	<i></i>	🗌 Yes 🗌 No
6	Did the organization	inform all grantees, donors, and donor adviso	rs in writing that grant funds can be used		
	only for charitable p	rposes and not for the benefit of the donor or	donor advisor, or for any other purpose		-
		able private benefit?	<u></u>	<u></u>	Yes No
Pai		ation Easements.			
		if the organization answered "Yes" to			
1		rvation easements held by the organization (d	heck all that apply)	A.	
		land for public use (e.g., recreation or education		inportant land area	l
	Protection of na		Preservation of a centred his	Ono structure	
_	☐ Preservation of				
2			negryation contribution units to income		······································
		I day of the tax year.		Held at th	e End of the Tax Year
		servation easements		· _2a	
Þ	~	ned by conservation easements		<u>2</u> b	
C	Number of conserva	tion easements on a certified historic structure fron easements included in (c) acquired anex	ncuded in (a)	· 2c	
d		CE-1514	917/06, and not on a	1 - 1	
3		ed in the National Register		. 20	
3		uon easemenis modilleo, transfarigo, release	extinguished, or terminated by the organization	on auring the	
4	Number of extreme	tere property subject to conservation easemen			
5		n have a written policy regarding the periodic			
_		cement of the conservation easiements it holds			Yes No
6	Staff and volunteer I	ours devoied to montoring inspecting, and e	prorcing conservation easements during the ye	ar	
	•	WALLEY BY	, , , , , , , , , , , , , , , , , , ,		
7	Amount of expenses	inclined in monthing, hispecing, and enforce	ing conservation easements during the vear		
	▶ s		11		
8	Does each conserva	lion easement reported on line 2(d) above sat	lary the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4	(B)(B)(C)(C)(C)(B)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)			Yes No
9	In Part XIII, describe	how the oliganization reports conservation ear	sements in its revenue and expense statement	and	
	balance sheet, and	nclude, if applicable) the text of the footnote to	the organization's financial statements that det	ribes the	
	organization's accou	nting for conservation easements	<u> </u>	//	
Rai	t게를 Organi:	ations Maintaining Collections of	f Art, Historical Treasures, or Oti	ner Similar As	sets.
بېمي_		e if the organization answered "Yes" to		$\overline{}$	
18	If the organization e	ected, as permitted under SFAS 116 (ASC 95)	B), not to report in its revenue statement and be	itance ŝheet	
		-	blic exhibition, education, or research in further	ance of \	
		te, in Part XIII, the text of the footnote to its fina		\	
Þ			9), to report in its revenue statement and balan	\ \ 1	
		•	blic exhibition, education, or research in further	ance of V	
		ie the following amounts relating to these item:	S C	Λ .	
		ed in Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	(II) Assets included			• • • • • • • • • • • • • • • • • • •	
2	-		, or other similar assets for financial gain, provi	de The	\nearrow
		quired to be reported under SFAS 116 (ASC)		. .	1)
8					\\
E _{AT} E	Assets included in F				chadib O (Samoni and
FOF F	-aperwork Meductic	n Act Notice, see the Instructions for Form	।। वक्ष.	5	chodulo D (Form 990) 2014
CCA					y

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	ule D (Form 980) 2014 Promise Resource Network Inc	27-2648129	Page 2
Par	tilli Organizations Maintaining Collections of Art, Historical Treasures, or	Other Similar Assets	(continued)
3	"Using the organization's acquisition, accession, and other records, check any of the following that are a signif	ficam use of its	
	collection items (check all that apply).		
a	Public exhibition d Loan or exchange programs		
ь	Scholarly research e Other		
c	Preservation for luture generations		
4	Provide a description of the organization's collections and explain how they further the organization's exempt	purposa in Part	
	XIII / \	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other smilar		
•	assets to be sold to raise tunds rather than to be maintained as part of the organization's collection?		П у П и-
Dar	t:IV: Escrow and Custodial Arrangements.	<u> </u>	L TES LING
(0.6			. Farm
	Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or	reponed an amount of	ı Folm
	990, Part X, line 21.		
18	is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not		n. n.
	included on Form 990, Par(X? \		Yes No
b.	If "Yes," explain the arrangement in Part XIII and complete the following table		
		Amount	<u>-</u>
C	Beginning balance	. 1c	
đ	Additions during the year	1d	
e	Distributions during the year	10	
f	Ending balance	. Yarı	
2a	Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability	<i>y y</i>	Yes No
ь	If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.		🗖
Par			
	Complete if the organization answered "Yes" to Form 990 Parkity, line 10	A WA	
	(a) Current your Current your Current your Current your		e) Four years beak
1a	Beginning of year balance	der (a) (troo legg page)	e) rouryeas seux
	Contributions		
•		***	
C	Nat investment earnings, gains, and losses	· 1	
a	Grants or scholarships		
e	Other expenditures for facilities and		
	programs		
f	Administrative expenses		
9	End of year balance		<u></u>
2	Provide the estimated percentage of the current year, and became (line) g, column (a)) held as		
а	Board designated or quasi-enforment		
b	Permanent endowments of the second se		
c	Temporarily restricted endowment		
	The percentages in lines 2a, 2b, and 2c should equal 100%		
3a	Are there endowment furids not in the possession of the organization that are held and administered for the		
	organization by:		Yes No
	(f) unrelated organizations	1	3a(l)
	(II) related organizations	X . I	3arin a
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		3b
4	Describe in Part XIII the Intended uses of the organization's endowment funds		<u> </u>
(Dat	tiVII Land, Buildings, and Equipment.		
71.44	Complete if the organization answered "Yes" to Form 990, Part IV, line 11a.	Son Form OOD Part Y	line 10
_			
	Description of property (a) Cost or other basis (b) Cost or other basis	(c) Accumulated (d) Book value
			
Ь	Buildings		
Ċ	Leasehold improvements		
đ	Equipment		
_ <u>e</u>	Other		<u>`X</u>
Total	L. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c)		
EEA		Schedu	to D (Form 990) 2014

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Part VIII	1990) 2014 Promise Resource Investments - Other Securities.	e Network Inc	27-2648129 Page
(LE COLLEGE OF A 11-2)		red "Yes" to Form 990. Pa	art IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or estagony (including name of security)	(a) Book value	(c) Method of vetuation. Cost or and of year market vetus
(1) Financial de			A A
(2) Closely-hel	d equity interests		7
(3) Other			
(A)			
(B)			,
(C)		,	,
(D)			/
(E)			
(F)			
(G)			
(H)			
Total. (Column (b)	must equal Form 890, Part X, col (8) line 12.)		
PartiVIII	Investments - Program Related.		
		ed "Yes" to Form 990. Pa	it IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of volunition:
			Cost or end of year market value
(1)			
(2)			
_(3)			
(4)			
(5)			
(6)			
_(7)			
(8)			
(9)			
Total. (Column (b)	must equal Form 090, Part X. col. (8) line 13.)		STATES OF THE PARTY OF THE PART
PartiX	Other Assets.		<i>Y</i>
	Complete if the organization answer	ed "Yes" to Form 990, Pai	rt IV, line 11d.\See Form 990, Part X, line 15.
		Celectoton	(b) Book value
(1)			
_ (2)			
(3)		<i>67 4</i> 0	
(4)			
(5)		A	N T
(6)		9	.
(7)			
(8)			()
(9)			7
Total (Colum.	n (b) must equal Form 990, Part X, col (B) line	15)	
Part X	Other Liabilities	•	\
	Complete if the organization answer	ed "Yes" to Form 990, Par	nt IV, line 11e or 11f. See Form\990,\Pan X,
_	line 25.	•	\ \ \ \
1.	(a) Description of Rability	(b) Book value	The state of the s
(1) Federal r			
	l Liabilities: Net Payroll	(827	
	1 Liabilities: Tax Liability	1	
(4)			
(5)			
(6)			
(7)		†	
(8)	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
		 	
(9)		 	
	must equal Form 990, Part X. col. (B) time 25.)	(827)	
	uncertain tax positions. In Part XIII, provide the text		
JUNE INCHIROTES	iabliny for uncertain tax positions under FIN 48 (AS	(/40) Check here I the text of the	ne rodinote nas been provided in Part XIII

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Schodule D (Form 996) 2014

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	bio D (Form 890) 2014 Promise Resource Network Inc	27-2648129	Page 4
P.a	Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
Ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
B	investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, fine 12)	5	
11:81	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Keturn.	_
_	Complete if the organization answered "Yes" to Form 990, Part IV; line 12a.	1 . 1	
1	Total expenses and losses per audied financial statements	- Activity	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
8	Donated services and use of facilities		
b	Prior year adjustments	— [3.3]	
<u>د</u>	Other (Describe in Part XIII)		
d e	Other (Describe in Part XIII)		
3	Subtract line 2e from line 1	2 0	
4	Amounts included on Form 990, Part IX, the 25, but not on line 1	- Carr	
a	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Partiting 18.)	5	
100	rt XIII Supplemental Information.		
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, trees a and 4; Part IV-lines 1b and 2b, Part V, line 4, Part	C line	
	ert XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	1, 10.10	
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		_ \	
		<u> </u>	
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		<i>)</i> `	\
			
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Schedule D (Form 990) 2014

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

Department of the Treasury

Attach to Form 890 or 990-EZ.

Internel Royanua Service	Information about Schedute O (Form 890 or 890-EZ) and its instructions is at www.irs.gov/form990	
Name of the organization		Employer identification number
Promise Resource Net	twork Inc	27-2648129
01 75 000	management to the description of the second	
UL. FORM 990	governing body review (Part VI, line 11)	
Who 000 to amount of	4 +- +b- g4 -a	
100 330 10 presentet	d to the Board of Directors prior to the release of the return to	
IRS. The Board revi	lews and approves accordingly.	
	\	
02. Conflict	of interest policy compliance (Part VI, line	_12c)
The contlict of the	erest policy is a salf-monitoring process, however, no board member	; 18
allowed to vote on o	contracts that would present a conflict of interest for the member	r.
	À W	
03. CEO, exec	utive director, top management, comp (Fart VI	line 15a)
Affilial performance r	review of the Executive Director 11 type Torped by the Board	4
04. Other off	icer or key employee compensation (Part VI,	line 15b
Annual compensation	reports are utilized to determine proper compensation amounts for	
	organizations within the North Carolina region. Annual compensation	_
similar non-profit c	organizations within the North Caroline region. Annual compensation	ш
adiustments are made	baged on performantal and key compensation metrics.	
05. Governing	documents, etc, available to public (Part V	I, line 19)
Governing documents	are available at the office in Charlotte, NC.	
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Mar Inc.		\ \
		
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. ÉEA

Schedule O (Form 990 or 890-62) (2014)