			10	• •				me :	71:0	W AM Pai		"" M A 107 M
										<i>2</i> (3)	11 01	OMB No 1545-0047
&E 39	Form				Retur	n of Organization Ex	empt	From Inco	me 1	Гах 💯	100	
ענס	/			Under :	section 501(c	c), 527, or 4947(a)(1) of the Inter	nal Reve	enue Code (exce	pt priv	ate foundati	ons)	2015
	Denurin	nerd of th	e Treasury			nter social security numbers on		•			•	Open to Public
			Service		▶ Informat	ion about Form 990 and its inst	ructions	is at www.irs.g	ov/form	n990.		Inspection
	A F	or the 2	2015 calend		ax year begu		07-0	1 , 2015, and	ending		06-30	,2016
		reck if ap		C Name of orp	antator Prop	usa Resource Network	Inc					mployer identification no.
	_	idress ch	· ·	Dong busin					1			-2648129
	_	tme chan	1	1	•	or if mail is not delivered to street address)			Room	Visu 10	1	elephone number
	Ä	eal return	i Vierminaled		iavthorne	, country, and ZIP or loroign postal code		<del></del> -			1 (3	1,628,266
	<b>~</b>	nendad o		1	otte, NC						ا ،	roes receipts \$
	_		ponoung		ddress of principa			-/-				
								$\cap$ 7	140	a) le this a grou subordinates	o naturn foi ?	Yee ☑ 100
	Te	х-ехетр	4 status	501(c)(3)	501(c) (	) ◀ (insert no.) 4947(a)(1) or	؛ 🔲	27 /	не	b) Are all subor	dinates ind	udad? Vee Ho
	J W	ebake:	<del></del>		resource	network.org			не	c) Group exem	ATTACH S AS	(see instructions)
					Trust Ass	sociation ☐ Other ▶	4	Year of formation	2014	M State o	legal dom	cele_NC
₹,	Par		Summar				<u> </u>	<del></del>				
ร์เกร		ı	•	•		sion or most significant activities		re a team,		-		
7	8	1 '				partnering with indige personal growth by						
ಬ	Activíties & Governance		support.	nope and	- encouraç	se personal growen by	PLOVI	ding squeat	.10n,	CONBULC	LLION	and bear
<del></del>	¥			ox ► 🗍 il th	e organizatio	n discontinued its operations or di	sposed o	of	its o	et assets.		<del></del>
3	Ğ	•			•	erning body (Part VI, line 1a)	·	•		]	3	6
MAR	8	4 1	Number of in	ndependent v	oting member	rs of the governing body (Part VI,	line 1b)			[	4	6
	Σ	5	Total number of individuals employed in calondar year 2015 (Part V, line 2a)								5	32
Ω	Act			umber of volunteers (estmate if necessary)								<del></del>
岁							• • • •	• • • • • • • •	• • • •	••••	7a	0
Z		Ь	Net unrelate	d business ta	axable income	from Form 990-T, line 34	• • • •	<del></del>	<del></del>	<u> </u>	7ь	0
Ķ		8 (	Contributions	ond avante	(Part VIII, line	. 161				Prior Year	+	Current Year
SCANNED	æ			•	•	e2g)				1,086,	165	1,628,266
•	Revenue				•	A), lines 3, 4, and 7d)						0
	6	l		-	-	nes 5, 6d, 8c, 9c, 10c, and 11e)						0
		12	Total revenue	e - add fines	8 through 11	(must equal Part VIII, column (A),	line 12)	, <u></u>		1,086,	165	1,62B,266
•		13 (	Grants and s	ımılar əmour	nts paid (Part	IX, column (A), lines 1-3)						0
5		14 (	Benelits paid	ard to or for members (Part IX, column (A), line 4)								0
1	<b>a</b>	L	-	•		e benefits (Part IX, column (A), lin	•			779,	100	1,253,609
<b>)</b>	Expenses			_		column (A), line 11e)	• • • •		P == #E=" }		虚し 記述	0 ************************************
•	Ä			•	•	lumn (D), line 25) ▶ nes 11a-11d, 11f-24e)		<u>0</u>	25275	275,		377,242
•	_		•	•	• •	tequal Part IX, column (A), line 25	 A	• • • • • • • • •		1,054,		1,630,851
i		1			•	18 from line 12				31,		(2,585)
	ья								Beginni	ng of Current Y	-	End of Year
	Not Assets of Fund Balances	20 1	Total assets	(Part X, line	16)					174,	247	176,198
	45 88	21 1	Fotal labilitie	is (Part X, lin	e 26)					4,	937	9,473
			~		es Subtract	tine 21 from line 20		<u></u> J		169,	310	166,725
5	Par			re Block					4-4-			
	proe, cor	rect, and	complete Decla	aration of prepan	er (other than offic	n, maluding accompanying schedules and st cer) is based on all information of which prep	ener has ar	ny knowledge	Jiownougo	and belci, ii is	_	
5			Cha-		/	Herene Allen-Cas	718	,			10-15-2	
	Sign	il		ene Carac	<u> </u>	The Carrie Carrie	MANT.				Date	
	Here		Chere	ane Cara	co. Execu	tive Director						
_				ominamo end li								
			Prim/Type pre	parare name		Preparers signature		Date		Check X	d PTIN	
	Paid		Revin G	arrison		<u> </u>		10-15-2016		self-employed	P	1649042
	Prep		Firm s name	<b>b</b>	Reardon	4 Garrison LLP			Firms	EM >		
	Use	Only	Firm s address	, <b>&gt;</b>	222 S Ch				Phone			
	14-	- 100	41							-769-		
						own above? (see instructions)	• • • •	· · · · · · · · ·	· · · ·			Yes No
	FOT PE EEA	thet M.O	nk neauciii	m ACI NOUC	e, 866 line 86	parate instructions.						Form <b>990</b> (2015)
	CEA											

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03/22/2018 2:23PM (GMT-05:00)

To: 18777922864 From: 17048792802 Date: 03/22/18 Time: 11:04 AM Page: 34/88

Forn	1990 (2015) Promise Resource Network Inc 27-2648129 Page 2
Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.
	We are a team, united by our personal and professional experiences, partnering with
	individuals, organizations and communities to instill hope and encourage personal growth by
	providing education, consultation and peer support.
2	Not the arrange of the second
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	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?
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
	or one opposes, and reterior, it ally, to each program service reported
48	(Code:) (Expenses \$1, 206, 920 including grants of \$ ) (Revenue \$ 1,563,671)
	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 variety
	of initiatives that are aimed at creating opportunities for individual and familial recovery,
	developing a recovery-oriented behavioral health system in which recovery is valued,
	expected, supported and funded, and expanding the network of recovery champions through
	training, consultation and technical assistance for clinicians and organizations as they
	build their recovery knowledge, skills and tools.
<b>4</b> b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4	Other program convince (Describe in Schodule O.)
4d	Other program services (Describe in Schedule O.)  (Expenses \$ including grants of \$ \ /Pounny \$ \ \ /Pounny \$ \ \ \ /Pounny \$ \ \ \ /Pounny \$ \ \ \ \ \ /Pounny \$ \ \ \ \ \ \ /Pounny \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
4d 	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses > 1,206,920

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To: 18777922864 From: 17048792802 Date: 03/22/18 Time: 11:04 AM Page: 35/88

ADO

	990 (2015) Promise Resource Network Inc 27-2648:  1:IV: Checklist of Required Schedules	29	, F	Page 3
		_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	Γ	<u> </u>	<u> </u>
	complete Schedule A	1	lх	l
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	T	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	┢	<b>!</b>	<del>                                     </del>
•		3	l	x
4	candidates for public office? If "Yes," complete Schedule C, Part I	<del>                                     </del>	<del>                                      </del>	┢
-	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.	İ	
_	electron in effect during the tex year? If "Yes," complete Schedule C. Part II	4		X
5	is the organization a section 501 (c)(4), 501 (c)(5), or 501 (c)(6) organization that receives membership dues,			1
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			1
	Pan III	5	<u> </u>	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			1
	*Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	$\Box$		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	١.	-x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account hability, serve as a	Ľ		<del>  ^</del>
_	• • • • • • • • • • • • • • • • • • • •			1
	custodian for amounts not listed in Part X; or provide credit counselling, debt management, credit repair, or			v
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporantly restricted			١.,
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Annana	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		1	
	VII, VIII, IX, or X as applicable	調整	<b>BEET</b>	
8	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	1		
	complete Schedule D, Part VI	118		X
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	1		
	of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
đ	Old the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	110		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule O, Part X	11e		X
ř	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		-	<u> </u>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	117		x
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del>  ``</del> ''-		<del>                                     </del>
120		12a	x	
	Schedule D, Parts XI and XII	<del>'</del> -	<del>  ^-</del> -	<del></del>
O	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4		х
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	$\vdash$	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	$\vdash \vdash$	X
148	Did the organization maintain an office, employees, or agents outside of the United States?	148	<u> </u>	<u> </u>
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	ш	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	أسا	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
.3		19		х
EEA	II "Yes," complete Schedule G, Pan III		990 (2	
CCM			20V (4	

		7-26481	29_	P	age 4
Pa	rtilV; Checklist of Required Schedules (continued)				
				Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		20b		
21	Did the organization report more than \$5,000 of grams or other assistance to any domestic organization or				
	domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II		21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III		22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	amployees? If "Yes," complete Schedule J		23		x
24a					<u> </u>
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			i	l
	through 24d and complete Schedule K. If "No," go to line 25a		248		x
ь	Did the organization invest any proceeds of lax-exempt bonds beyond a temporary period exception?		24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		275	$\vdash$	
·			24c		
	to defease any tex-exempt bonds?		<b>-</b>		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		<u>24d</u>	<b>-</b>	_
25a					
	transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I	• • • • •	25a	<u> </u>	X
Þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				ł
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				i
	II "Yes," complete Schedule L, Part I		25b	<u> </u>	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any				i
	current or former officers, directors, trustees, key employees, highest compensated employees, or				i
	disqualified persons? If "Yes," complete Schedule L, Part II		26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,				
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				ł
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L.		豐豐		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)				
а	A current or former officer, drector, trustee, or key employee? If "Yes," complete Schedula L, Part IV		28a		X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete				
	Schadule L, Part IV		28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)				
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N.	••••	-		<del> </del>
J.	Part I		31		х
32	Did the organization sell, exchange, dispose oi, or transfer more than 25% of its net assets? If "Yes,"		-		<del>-^</del>
32			32	1	х
	complete Schedule N, Part II		-34		<del>- ^-</del>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	• • • • •	33	-	X
34	Was the organization related to any tex-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1		34	-	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				i
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		<b></b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable				i
	related organization? If "Yes," complete Schedule R, Part V, line 2		36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,				
	Part VI		37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and				
	19? Note All Form 990 tilers are required to complete Schedule O	<u></u> .	38	Х	
			E~~	<b>990</b> (2	20151

To: 18777922864 From: 17048792802 Date: 03/22/18 Time: 11:04 AM Page: 37/88

Form	1 990 (2015) Promise Resource Natwork Inc	27-2648129	F	age (
Pä	rt.V. Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			П
			Yes	Ho
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2 TIER		9
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		養養	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Ť	reportable gaming (gambling) winnings to prize winners?	1c	X	MX:5h
2a			200	
24		32		
_				EST.
ь			X Sign	HOUSE.
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		11100	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u>		Х
ь	If "Yes," has it filled a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
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, secunties account, or other financial			
	account)?	<u>4a</u>		X
ь				24
	See instructions for filling requirements 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?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	TENER.		STANKE TO
8	Drd the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
•	and services provided to the payor?	7a	OLIVERAL.	X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	· · · · · · · · · · · · · · · · · · ·		<del></del>
_	Did the organization sell, exchange, or otherwise dispose of tanglote personal property for which it was	· · · · · · · · · · · · · · · · · · ·	_	
c	required to file Form 8282?	7c		х
	· · · · · · · · · · · · · · · · · · ·		<b>登</b>	
ď	,,			
0	Did the organization receive any lunds, directly or indirectly, to pay premiums on a personal benefit contract?	79	-	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		$\vdash$	
8	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as require			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		arrena.	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		<b>300</b>	EEEE ST
	sponsoring organization have excess business holdings at any time during the year?	8	Vocation 2	ria vn
9	Sponsoring organizations maintaining donor advised funds.		(M)	
8	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9</u> a	Ш	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<u>9</u> b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation (ees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.			
a	Gross income from members or shareholders			<b>E</b> 4
ь	Gross income from other sources (Do not net amounts due or paid to other sources		20.0	L.
	against amounts due or received from (hem.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization lilling Form 990 in lieu of Form 1041?	12a		7,50,00
ъ	If "Yes," enter the amount of lax-exempt interest received or accrued during the year	STEER	4750	THE STATES
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	• • • • •	13a	ALE OF THE	يان المارية معمرية
a	Is the organization licensed to issue qualified health plans in more than one state?	(日本)		(ESC)
	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		<b>國際</b>	
	the organization is licensed to issue qualified health plans		图图	· (M)
С	Enter the amount of reserves on hand		ST-CUE!	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
FFA		Form	990 (2	4015)

_	1990 (2015) Promise Resource Network Inc 27-2648	129	F	aga E
Pa	ft.VII Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No"		-
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			- 🔯
Sec	tion A. Governing Body and Management			
			Yes	No
18	Enter the number of voting members of the governing body at the end of the tax year	1	<b>W</b>	315
	If there are material differences in voting rights among members of the governing body, or	溪口	際	
	If the governing body delegated broad authority to an executive committee or similar			25
	committee, explain in Schedule O			
ь	Enter the number of voting members included in line 1s, above, who are independent			
2	Did any officer, director, trusiee, or key employee have a family relationship or a business relationship with	774.		-
	any other officer, director, trustee, or key employee?	. 2	i	lх
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	.   з	l	х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
- 6	Did the organization have members or stockholders?		$\vdash$	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	·   —		<del>                                     </del>
	one or more members of the governing body?	.   7a		х
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	`\-``		<del>  ^</del>
_	stockholders, or persons other than the governing body?	.   75	1	x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	225.24	SEGME.	
•	the year by the following:		<b>建</b>	12.13
Ð	· · · · · · · · · · · · · · · · · · ·	. 8a	X	ELINA
ь	The governing body?	86	X	├
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	<del>au</del>	_^_	├─
•		9		x
800	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	1 3		
500	2. Foreign (mis section bilequests anormation according to required by the internal nevertibe code.)			
10a	Did the grantation have lead sharten bromber as affiliated?	10a	Yes	X
b	Did the organization have local chapters, branches, or affiliates?  If "Yes." dd the organization have written policies and procedures governing the activities of such chapters,	108		<u>  ^-</u> -
•		10b	1	
11a	affilliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		v	
ь	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	totala.
_	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		EN	W. St. C.
128	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	┝
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	Х	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		ا ر ا	
40	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X.	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	X	er Statemen
15	Did the process for determining compensation of the following persons include a review and approval by	2949 300		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		23.3	STATE OF
9	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
Đ	Other officers or key employees of the organization	15b	X	-
	"Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
18a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		1	
	with a taxable entity during the year?	168	44 1 4 4 4 1	X
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	经证	<b>夏</b> 恩	置勢
	organization's exempt status with respect to such arrangements?	16b	لـــــا	L
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed   NC			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☐ 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, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Scalable Consulting LLC (980)321-4021, 1927 S Tryon St STE 106, Charlotte, NC 2820	3		_
EEA			990 (	2015)

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Form 990 (201	5) Promise Resource N Compensation of Officers, Direc			. K	ev E	m	ploy	ees	. Highest Con	27-26481 npensated Em		
	Independent Contractors				•						_	
<u> </u>	Check if Schedule O contains a response or									<u> </u>	<u> </u>	
Section A. 1a Complete to organization's	Officers, Directors, Trustees, Key Employ his table for all persons required to be listed. It tax year.									hin the		
	f the organization's current officers, directors Enter -0- in columns (D), (E), and (F) if no co				idual	ls o	r orga	nızal	tions), regardless c	of amount of		
	f the organization's current key employees, if	-						-				
<ul> <li>List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)</li> <li>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</li> </ul>												
<ul> <li>List all of the organization's former officers, key employees, and highest compensated employees who received more than</li> <li>\$100,000 of reportable compensation from the organization and any related organizations.</li> <li>List all of the organization's former directors or trustages that received, in the capacity as a former director or trustage of the</li> </ul>												
organization, n	nore than \$10,000 of reportable compensation	n from the arg	anzati	ion a	and a	iny i	related	d org	ganizations	tae of the		
	the following order, individual trusteës or direc	ctors, enstituti	onal tr	uste	es; o	ffice	ers; ke	y er	nployees; highest	· . <del></del>	•	
	employees; and former such persons. box if neither the organization nor any related	d erganizatio	n como	Hans	ated	am.	CUTE	nt ni	flicer director or tr	ustae		
						C)			1	1		
	(A)	(B)	l			mon			(B)	(E)	( <del>F</del> )	
	Name and Tipe	Average					eno nsi s filod z		Reportable	Reportable	Estimated	
		hours per week (list any	office	er an	d a dir	ector	ilrustee:	1	compensation from	compensation from related	amount of other	
		hours for related	8 8	ã	g	Ã	3.5	7	Pre Organization	organizations (W 2/1099-MISC)	oompensation from the	
		organizations below dotted	individual Inuside or director	nstitutional busine	Gike	ee/coctue 4e)	ploye	夏	(W-2/1099 MISC)		organization	
		line)	9	A Per		) Second	4 B				and related organizations	
			8	100		٩	Highesi comparselad employee					
							8	1				
											_	
(1) Steve T Board C		3.00			х				0	0	0	
(2) Meghan	Gasmovic Teasurer	_ 3.00			x	-				0	0	
(3) Kristin	a Reihl	2.00			x				0	0	0	
	Tannerhill	2.00										
Board M		2.00			쒸	$\dashv$				0	0	
Board N					x	ļ			d	o	0	
(6) Cherene Executi	Caraco ve Director	40.00					х		115,000	0	. 0	
m		- <b></b>										
					$\downarrow$							
(10)												
(12)		<b>-</b>										
(13)												
(14)			T	1								
EEA											Form 990 (2015)	

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	VIIIS Section A. Officers, Directors, Trustees,			and	Higt	1831	Comp	Xê∏St	ited Employees (	27-264 continued)		Page
	(A) Namo anc tide		bax. office	unles or and	Pos colum s pen d a otr	ecter	van one both ar trustee)		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimate amount other	ed of
		hours for related organizations below dotted fine)	or director		Circle	Nay employee	employee	Forme!	the organization (W-2/1099-A0SC)	organizations (W 2/1099-MISC)	organizati	e bon ted
(15)								Н				
(16)												
(17)			-	=:				-				_
(18)												
								Ц				
[25]												
16								٠,				
c	Total from continuation sheets to Part VII, Section		• • •						115 000			
<u>d</u>	Total (add lines 1b and 1c)		• • •					<u> </u>	115,000			0
	reportable compensation from the organization	IO INOS IISE	30 BDO	ve)	wno	гес	91VBO 1	more	ID 000,000 & rish	2	<u> </u>	
,	Did the executestics the any fearner officer discusse.										Yes	No
3	Old the organization list any former officer, director,					-		-			327 572	
4	employee on line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the sum of repr								on from the		3	X
•	organization and related organizations greater than											
	individual	• • • • •								<i></i>	4	x
5	Did any person listed on line 1a receive or accrue co							zatio	on or individual			
	for services rendered to the organization? If "Yes," or	complete Sch	edule	J for	SUC	h pe	rean				5	<u> </u>
	on B. Independent Contractors											
1	Complete this table for your five highest compensated compensation from the organization. Report compensation											
	year (A)			•••					(B)	<del></del>	(C)	
	Name and business address								Description of s	envices	Compensatio	on n
				_								
2	Total number of independent contractors (including to received more than \$100,000 of compensation from			se i	isted	abo	ove) w	ተነዕ				
EA	The state of the s	or yaracal		_		_				162	Form 990 (2	2015)

Form 990 (2015) Promise Resource Network Inc 27-264								
Part	/M#	Statement of Revenu	ie ,	•				
endoaht to	. دنداده نا	Check if Schedule O contain	is a response or	note to any line in the	his Part VIII			<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 514
	1a	Federated campaigns		1				
Grants	ь	Membership dues	11	ь	TREADER ST	45500000		
عَ ق	C	Fundraising events		c				
i i	d	Related organizations	10	đ	一种的产品的 <b>企业</b> 的现在分词	Control Control Control		
ΘĒ	0	Government grants (contribution	ons) 10	9	<b>三三二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二</b>			
Contributions, Gifts, and Other Similar A	1	All other contributions, gifts, gi	rants,	_	Wild Wash			
35	Ì	and similar amounts not include		16年10日				
<u> </u>	g	Noncash contributions include	d in lines 1a-1f	s			77.7	
<u>8£</u>	h	Total. Add lines 1a-11	<del></del>	<b>.</b>		*15 % 14.		<b>建筑建筑</b>
_	İ			Business Code	A THE WAR AND THE	SERVICE STATE		對對國門的
Ē	2a	Support Services		624100	1,603,522	1,603,522	<b>.</b>	
፟፟፟፟፟፟		Training	<del></del>	-611430	16,800	16,800	<del></del>	
2	ŀ	Member Services		611430	7,944	7,944		
<u> </u>	٥			. }				
Ę	e			-	1			
Ē	'	All other program service rever				(at a 11 tale and tale and a tale at a	manage production of the parties of the	Some approximation of the said
		Total. Add lines 2a-21			1,628,266		12 24 24 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
	3	Investment Income (including di				1		
	ا ا	and other similar amounts) .						
	5	Income from investment of tex-			<u> </u>	<del> </del>		
	"	Royalties	(i) Real		Tenerus in the same of the same	And the second s	Photo descriptions	
	l 6a	Gross rents	(I) Real	(a) Personal	11100000000000000000000000000000000000		MASS SERVICE	
		Less. rental expenses		1		<b>宣想的</b>		
	1	Rental income or (loss)	<del></del>					<b>建筑,然外面</b>
	1					I .		
	1	Gross amount from sales of	(i) Secumbes	(u) Other				
	""	assets other than inventory	(// 3333	1,7,53.5.		the state of the	<b>图</b> 从企业区里。2000年	
	ь	Less cost or other basis		<u> </u>				
	-	and sales expenses		İ			THE WAR	
	C	Gam or (loss)			The section of the			
	ď	Net gain or (loss)		. <u></u>	7		1	
3	8a	Gross income from fundraising				Seminarion fra di		
Ē		events (not including \$		-	STORY COLUMNS			Same and the same of the same
ě		of contributions reported on line	) 1c)	1	THE STREET		<b>运温速放放</b>	10年10年11
Other Revenue		See Part IV, line 18	a	•				
δ	b	Less direct expenses	t	· [		CONTRACTOR OF THE STATE OF THE		
	C	Net income or (loss) from fundr	aising events	. <u> </u>	Secretary and the second			
	9a	Gross Income from gaming acti			er system	<b>新新班里斯斯</b>		
	l .	See Part IV, line 19				THE PERSON NAMED IN		医多种性
		Less direct expenses			是一个	深。通過是話	源自由國政府主義	<b>国民共和国</b>
	1	Net income or (loss) from game	ng activities .	• <u>• • • • • • • • • • • • • • • • • • </u>	din eine ferneliem der in nicher unband	Description of a same of a second	ally it ill the comment of the state of the	arednorf & Communication of the
	10a	Gross sales of inventory, less	_	.	<b>建筑建筑建筑</b>			
	١.	returns and allowances		<del></del>				
		Less cost of goods sold Net income or (loss) from sales				<b>外表面面面面面面</b> 表示。	三十二年 三十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二	D. T. B. D. W. B. C. S. C. C. C. C. C. C. C. C. C. C. C. C. C.
	۳	Misoellaneous Revenue	or inventory .	Business Code	Baterring & gill			ATTACK TO THE PARTY OF THE PART
	11a	mismessucoms mayerite		OUTLINES COM	-ATLASTELEMEN		auceasur in delic	** 3/4/25/2000 (1990)
	Ъ							
	E				<u> </u>	-		
		All other revenue						
			· • • • • • • •	. <del> </del>		FEET THEFT	90407465465	Mental Person
		Total revenue. See instructions			1,628,266			0
EEA								Form 990 /2016\

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Form 990 (2015) 27-2648129 Promise Resource Network Inc Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) gram servi expenses Do not include amounts reported on lines 6b, 7b, (A) Total expenses (C) (D) 8b, 9b, and 10b of Part VIII. goneral expenses TERRITA. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 .... Benefits paid to or for members . . . . . . . . . Compensation of current officers, directors, trustees, and key employees ...... 115,000 115,000 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... Other salaries and wages ........ 1,027,700 727, 382 300,318 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 110,909 110,909 Fees for services (non-employees): b Legal....... 52,688 52,688 Professional fundraising services. See Part IV, line 17. Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) ... 6,138 12 14 15 16 17 37,144 37,144 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . 1,232 1,232 20 21 Payments to affiliates . . . . . . . . . . . . 22 Depreciation, depletion, and amortization . . . . 23 Insurance 28,405 28,405 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e II line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) Fees 4,374 2,869 Meals 16,075 16,075 Training and Education 12,557 12,557 e All other expenses Total functional expenses. Add lines 1 through 24e 1,630,851 1,206,920 423,931 0 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) Form 990 (2015)

	990 (20		2	7-26	<b>48129</b> Page 1
Par	ŀX:	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	<i></i> .	<del></del>	<u>C</u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	† <del></del>	.1	39,121
	2	Savings and temporary cash investments		2	337
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	37,024	4	130,233
	5	Loans and other receivables from current and former officers, directors,	From Establish Control of the Contro		A CONTRACTOR OF THE PARTY OF THE
	1	trustees, key employees, and highest compensated employees		<b>100</b>	<b>建多数和企业企业</b>
		Complete Part II of Schedule L	NAME OF THE PARTY	5	S SOUTH SE AND SECTION OF THE SECOND
	6	Loans and other receivables from other disqualified persons (as defined under section		Sec. 25.	William Heimaile
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' baneficiary			
		organizations (see instructions) Complete Part II of Schedule L	Same and the second sec	6	[4] = 84.07.00 ± 25.07.00 ± 46.46 ± 45.45.00 ± 13.00 ± 12.00 ±
	7	Notes and loans receivable, net		7	
Assetts -	8 _	-inventories for sale or use		-8	
Age	9	Prepaid expenses and deferred charges	5,617	9	6,844
	-	Land, buildings, and equipment cost or	STATES OF BEAUTIFUL STATES		Transfer of the profit many
		other basis. Complete Part VI of Schedule D 10a		10	The state of the state of
	ь	Less, accumulated depreciation 10b	THE NOTIFIED OF STREET OF STREET	10c	September 1995
	11	Investments - publicity traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, time 11		13	•
	14	Intangible assets		14	· · · · · · · · · · · · · · · · · · ·
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	174,247	16	176,198
	17	Accounts payable and accrued expenses	4,937	17	. 9, 473
	18	Grants payable	1,7.5.	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	22	Loans and other payables to current and former officers, directors,	as population and the contract of the contract	### E	
₽		trustees, key employees, highest compensated employees, and	Carried and a series of the se		
Liabilities		disqualified persons Complete Part II of Schedule L	COLUMN TO MAN AND TANKS	22	(4)
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	4,937	26	9,473
		Organizations that follow SFAS 117 (ASC 958), check here 🕒 🔯 and			
883		complete lines 27 through 29, and lines 33 and 34.	TALE CONTROL TO THE WAY THE SAME		THE RESERVE OF THE PARTY OF THE
	27	Unrestricted net assets	169,310	27	166,725
5	28	Temporarily restricted net assets		28	
ğ	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here 🕒 🔲 and		<b>新祖</b>	
Nei Assets or Fund Balan		complete lines 30 through 34.		꽳	TO THE PARTY OF
a l	30	Capital stock or trust principal, or current funds		30	
A	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
<b>₹</b>	32	Retained earnings, endowment, accumulated income, or other funds		32	
-	33	Total net assets or fund balances	169,310	33	166,725
	34	Total liabilities and net assets/fund balances	174,247	34	176,198
EA					Form <b>990</b> (2015)

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_	990 (2015) Promise Resource Network Inc	27-264	8129	F	age 1
Pa	ft:XII Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u>. 🗆</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	<u>-1-1-</u>	<u>1,</u>	628,	266-
`2	Total expenses (must equal Part IX, column (A), line 25)	. 2	1,	630,	851
3	Revenue less expenses. Subtract line 2 from line 1	. 3		(2,	585)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		169,	310
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			٥
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (8))	. 10		166,	725
Pa	rt XIII Financial Statements and Reporting			-	
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. 🛛 </u>
				Yes	No
1	Accounting method used to prepare the Form 990 🔯 Cash 🔲 Accrual 🗍 Other			字	10.3
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		6	<b>温源</b>	
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the linancial statements for the year were audited on a		<b>学</b> 题	图	
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			1	100
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			202	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		20	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in			<b>福</b>	
	Schedule O		<b>建</b>	逐	
<b>3</b> a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a	L	X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any sleps taken to undergo such audits	<u> </u>	31b	<u> </u>	<u> </u>
EEA			Form	990 (	2015)

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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 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990.

OMB No 1545-0047

2015

Open to Public

Name	of the	organization				•	Employer Identifi	ication number
Pro	mis	e Resource Network Inc			_		27-26481	
·Pa	rt I:	Reason for Public Charit	y Status (All o	rganizations must c	omplete	this par	t.) See instructio	ns.
	_	nzation is not a private foundation bed						$\prec$
1	Й	A church, convention of churches, or						$\Lambda$
2	Н	A school described in section 170(b		*	-	•		( )
3	Ы	A hospital or a cooperative hospital s						
4	П	A medical research organization ope	rated in conjunction	n with a hospital describe	d in secti	on 170(b)(	1)(A)(III). Enter the	
_	$\Box$	hospital's name, city, and state.					<del> </del>	
5	Ц	An organization operated for the ben-	-	university owned or oper	ated by a	governmen	ital unit described in	
_		section 170(b)(1)(A)(iv). (Complete	•					
6	H	A federal, state, or local government	*					
7	ш	An organization that normally receive	•	., .	vernmenta	unii or iro	m me general public	-· -
8	П	described in section 170(b)(1)(A)(v) A community trust described in secti	•	•				
9	図	An organization that normally receive			n contribut	ione mami	verskin lage and ere	re
ŭ		receipts from activities related to its e		• •			•	
		support from gross investment incom	•			•		
		acquired by the organization after Jul		•		-		
10		An organization organized and opera				-		
11		An organization organized and opera		•			carry out the purpos	ses of
		one or more publicly supported organ	nzations described	in section 509(a)(1) or	section 5	09(a)(2) S	ee section 509(a)(3)	Check
		the box in lines 11a through 11d that	describes the type	of supporting organization	on and com	plete lines	11e, 11l, and 11g.	
	8	Type I. A supporting organization	n operated, supervi	ised, or controlled by its s	betroqqui	organizatıc	on(s), typically by givi	ng
		the supported organization(s) the	power to regularly	y appoint or elect a majo	rity of the d	directors of	trustees of the supp	gning
		organization You must complet	e Part IV, Section	s A and B.				
	b		•			_		
		control or management of the sup			rsons that	control or a	manage the supporte	id .
		organization(s) You must comp						
	C	Type III functionally integrated		•			• -	nth,
		its supported organization(s) (see	· ·	•				
	d	Type III non-functionally integr						
		that is not functionally integrated.	-			•	nt and an attentivenes	S
	_	requirement (see instructions). You	-				Tree H. Tree III	
	6	Check this box if the organization				атурет.	туре ії, туре ііі	
		functionally integrated, or Type II  Enter the number of supported organ	-	• -				
	,	Provide the following information abo						•••••
	<del>y</del> //	Name of supported organization	(ii) Ein	(iii) Type of organization	(iv) is the c	rganization	(v) Amount of monetary	(vi) Amount of
	**	The state of the s	(1) (1)	(described on lines 1 9	lusted in you	r governing	support (see	other support (see
				above (see instructions))	docum	ert <sup>o</sup>	instructions)	mstructions)
					Yes	No		
٠								
(A)					ļ			
(B)					1			
<u>.                                    </u>						<u> </u>	<del></del> ,	
(C)					}			
					<u> </u>			
(D) ——								
(E)								
<u> </u>			material superior for the second	GRANDE SANCE - or do recommon	HARRIMANA MARKANANA	uner riefs		
Total			LI. L	STATE OF THE PROPERTY OF THE P	<b>透清計</b>			

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

Schedule A (Form 990 or 990-EZ) 2015

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		ise Resource	Network In	<b>c</b>		27-2648129	Page 2
Pa	rt'lis Support Schedule for Or	ganizations D	escribed in Se	ctions 170(b)	(1)(A)(IV) and	170(b)(1)(A)(vl)	
	(Complete only if you ched	ked the box on	line 5, 7, or 8	of Part I or if th	ne organization	failed to qualify i	ınder
	Part III. If the organization	fails to qualify i	under the tests	listed below, p	olease complete	Part III.)	
Sec	tion A. Public Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gitts, grants, contributions, and						
•	membership tees received (Do not				1	]	
	include any "unusual grants ")				1	1	
2	Tax revenues levied for the				1	ĺ	
•	organization's benefit and either paid				i		
	to or expended on its behalf				1		
3	The value of services or facilities						
•	furnished by a governmental unit to the	ł					
	organization without charge		ļ				
4	Total. Add lines 1 through 3			i		*******	
5	The portion of total contributions by	Section 1	AND THE RESIDENCE OF THE PARTY		THE SHEET OF THE STATE OF THE S	SHERING MICHIGAN	
	each person (other than a-		TO SALES		211/2019		
	governmental unit or publicly						
	supported organization) included on	The state of the s					
	line 1 that exceeds 2% of the amount				<b>国际</b>		
	shown on line 11, column (1)		THE RESERVE OF THE				
6	Public support Subtract line 5 from line 4				T. P. VIII CO.		
Sec	tion B. Total Support	1	The second second	I was a second second	A AND SHAPE AND A SECONDA	man transmission and a construction of the con	
	ndar year (or tiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4		19755	(3)	(5) 25.1	(6) = 6.15	107 : 0.12
8	Gross income from interest, dividends,						
	payments received on securities loans,	\ \ \				i l	
	rents, royalties and income from similar sources	\					
9	Not recover for an arranged by the state of						
•	Net income from unrelated business activities, whether or not the business						
	is regularly carried on						
10					<del>                                     </del>		<del></del>
	Other income. Do not include gain or loss from the sale of capital assets	ļ					
	(Explain in Part VI)		<b>\</b>				
11	Total support. Add lines 7 through 10	<b>产业工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工</b>				*****************	
12	Gross receipts from related activities, etc. (					12	
13	First five years. If the Form 990 is for the c			or lith lay year as	s a section 501/cV3		
_	organization, check this box and stop here		• • • • • • • • •			" 	▶□
Sec	tion C. Computation of Public St	ipport Percent	age				
14	Public support percentage for 2015 (line 6,			» · · · · · · · · · · · · · · · · · · ·	<b>A</b>	14	%
15	Public support percentage from 2014 Sched	dule A, Part II, line 1	4			15	%
16a	33 1/3% support test - 2015. If the organiz	tation did not check	the box on line 13.	and line 14 is 33	1/3% or more, chec	k this	_
	box and stop here. The organization qualifi						▶ 🔲
Ь	33 1/3% support test - 2014. If the organiz	tation did not check	a box on line 13 o	r 16a, and line 15 i	s 33 1/3% or more,		
	check this box and stop here. The organiza						▶□
17a	10%-facts-and-circumstances test - 2015						
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac					ed \	
	organization						▶ 🔲
ь	10%-facts-and-circumstances test • 2014	I. If the organization	did not check a bo	ox on line 13, 16a,	16b, or 17a, and lin	le \	
	15 is 10% or more, and if the organization in						
	Explain in Part VI how the organization mee	ets the "lacts-and-ci	rcumstances" test.	The organization	qualifies as a public	ty	
	supported organization						🔪 🛮
18	Private foundation. If the organization did						
	instructions				<u> </u>	<u> </u>	<u>▶ □</u>
EEA						Schedule A (Form 990	or 990-EZ) 2015

		mise Resource				27-2648129	Page 3
₽.	irtill Support Schedule for O	rganizations D	escribed in Se	ction 509(a)(2	2)		
	(Complete only if you che	cked the box or	line 9 of Part I	or if the organ	ization failed to	qualify under P	art II.
	If the organization fails to	qualify under th	e tests listed b	elow, please co	omplete Part II.	)	
	ction A. Public Support						
Cak	andar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gits, grants, contributions, and membership fee received. (Do not include any "unusual grants")				344,270	1,563,671	1,907,941
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				344,270	1,363,671	1,307,341
3	Gross receipts from activities that are not an unrelated trade or business under section 513				105, 647	64,596	170,243
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	·					<u>-</u>
6	Total. Add lines 1 through 5				449, 917	1,628,267	2,078,184
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 time 13 for the year						
C	Add lines 7a and 7b	,				. [	
8	Public support. (Subtract line 7c from line 6.)						2,078,184
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	•			449,917	1,628,267	2,078,184
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	•					
11	Net income from unrelated business activities not included in time 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11 and 12.)			a	449, 917	1,628,267	2,078,184
14	First five years. If the Form 990 is for the organization, check this box and stop here	•		•			
Sec	ction C. Computation of Public S						
15	Public support percentage for 2015 (line 8,			)		15 1	00.00 %
16	Public support percentage from 2014 Scher	dule A, Part III, line 1	5	<u></u>	<u> [</u>	16	0.00 %
Sec	ction D. Computation of Investment	ent Income Per	centage				
17	Investment income percentage for 2015 (fin			umn (t))		17	0.00 %
18	Investment income percentage from 2014 S	Schedule A, Part III, I	me 17		<u>.</u>	18	0.00 %
1 <del>9</del> a	33 1/3% support fests - 2015. If the organ 17 is not more than 33 1/3%, check this box	rization did not check x and stop here. The	the box on line 14 organization quali	, and line 15 is more lies as a publicly su	e than 33 1/3%, and ipported organizati	diine on	▶ 🛭
Ь	33 1/3% support tests - 2014. If the organiline 18 is not more than 33 1/3%, check this	nization did not check s box and stop here.	a box on line 14 o The organization o	r line 19a, and line justifies as a publici	16 is more than 33 ly supported organi	1/3%, and izalion	▶ □
20	Private foundation. If the organization did						<u> ▶</u> 🗖
EEA						Schedule A (For	m 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

Promise Resource Network Inc.

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Partity Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 39 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 11a or 11b 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 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2015

	Me A (Form 990 or 990 EZ) 2015 Promise Resource Network Inc	27-2648129		P	age 5
Pä	rt IV: Supporting Organizations (continued)				
		ਹਿਲ	Y Post in	es	No
	Has the organization accepted a gift or contribution from any of the following persons?		313	纖	
8	A person who directly or indirectly controls, either alone or together with persons described in (b) are		Sc 3	ria)	
	below, the governing body of a supported organization?	111		_	
	A family member of a person described in (a) above?	11		_	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b, or c, provide deta	il in Part VI 11	<u>c</u>		
Sec	tion B. Type I Supporting Organizations		-12	·1	No
1	Did the directors trustees or membership of any or more supported arrestantings have the newer	to 📜		68	No
•	Did the directors, trustees, or membership of one or more supported organizations have the power regularly appoint or elect at least a majority of the organization's directors or trustees at all times du			4.7	
		- IU-90			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, super- controlled the organization's activities. If the organization had more than one supported organization		建	3	<b>完</b>
	· · · · · · · · · · · · · · · · · · ·	1119	到是		可能
	describe how the powers to appoint and/or remove directors or trustees were allocated among the e organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		C. 122	2347	200
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	205	E 25	2352	STREET, STREET,
2	Did the organization operate for the benefit of any supported organization other than the supported		经局	N.	
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain	n in Pert	翘膛		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operate				廬
	supervised, or controlled the supporting organization.	2	E1 80	****	
Sec	tion C. Type II Supporting Organizations				
		<del></del>	TY	'63	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the	directors 🚎	鸡頭		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how	control		<u>.</u>	
	or management of the supporting organization was vested in the same persons that controlled or m		劉昌		
	the supported organization(s)	1			
Sec	tion D. All Type III Supporting Organizations				
		F	_ γ	03	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month	143953	劉慶		X, SIT
	organization's tax year, (i) a written notice describing the type and amount of support provided during	g the prior tax	劉隆		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) co		類疑		題の
	organization's governing documents in effect on the date of notification, to the extent not previously	provided?	222 - 22	****	* 11 1 11 14 14 17
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the sa	upported (	劉懿	灣	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in	Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization	ation(s). 2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a			2	
•	significant voice in the organization's investment policies and in directing the use of the organization	10000			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization				
	supported organizations played in this regard.	3		N.C	PECENTY.
Sec	tion E. Type III Functionally-integrated Supporting Organizations				
	Check the box next to the method that the organization used to satisfy the Integral Part Test during	the year (see instru	rctio	ns)	
	☐ The organization satisfied the Activities Test. Complete line 2 below.	, , , , , , , , , , , , , , , , , , , ,		-,	
	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 gov	ernment entity (see	instr	ucti	ons).
	Activities Test. Answer (a) and (b) below.	• •		<b>es</b>	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt pur	poses of	强烈	96	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Ide	entify	劉建		
	those supported organizations and explain how these activities directly furthered their exempt or			Ş.	
	how the organization was responsive to those supported organizations, and how the organization de	etermined 🔯			
	that these activities constituted substantially all of its activities.	28	丄		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one	or more			影為
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Pa	nt VI the	劉德		
	reasons for the organization's position that its supported organization(s) would have engaged in the	170	到謎		
	activities but for the organization's involvement.	2b			
3	Parent of Supported Organizations. Answer (a) and (b) below.		3	3	243
8	Did the organization have the power to regularly appoint or efect a majority of the officers, directors,	or 🔯		젌	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		$\perp$	
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activ	ities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this	s regard. 3b			

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Part V. Type III Non-Functionally Integrated 509(a)(3) Supporting Org	an	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			structions. All
other Type III non-functionally integrated supporting organizations must comp	olete	Sections 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	Γ		
collection of gross income or for management, conservation, or			}
maintenance of property held for production of income (see Instructions)	6		
7 Other expenses (see instructions)	7		· · · · · · · · · · · · · · · · · · ·
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year - (optional)
Aggregate fair market value of all non-exempt-use assets (see	1	And reachast mental	
instructions for short tax year or assets held for part of year).	- C		<b>大学科学的中华科学</b>
Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	10		
e Discount claimed for blockage or other	1		
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,	Т		
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
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4	<b>开始到</b> 例及辽泛南部	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	Π		
emergency temporary reduction (see instructions)	6	四年記述改造	
7 Check here if the current year is the organization's first as a non-functionally-	ntec	rated Type III supporting	organization (see
instructions).	•		• ,
EEA		Schedule	A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Promise Resource Network   Part   Y   Type III Non-Functionally Integrated 509(a)(3		27-26	48129 Page 7
Section D - Distributions	7 oupporting Organi	zanona (commeca)	Current Year
1 Amounts paid to supported organizations to accomplish exen	not numoses		GENERAL TOUR
2 Amounts paid to perform activity that directly furthers exempt	nurposes of supported		
organizations, in excess of income from activity	porpodd or dopported		
3 Administrative expenses paid to accomplish exempt purpose:	s of supported omaniza	tions	
4 Amounts paid to acquire exempt-use assets	o or copported organiza	DO113	
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the	organization is respect	chia	
(provide details in Part VI). See Instructions.	. organization is respons	51 <b>4 G</b>	
9 Distributable amount for 2015 from Section C, line 6	<del> </del>		<del></del>
10 Line 8 amount divided by Line 9 amount			
TO CINC O MINORIN DIVIDED BY LINE 9 MINORIN	<u> </u>	(ii)	(iii)
Section E - Distribution Allocations (see Instructions)	(1)	Underdistributions	Distributable
oction E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2015	- Amount for 2015
Distributable amount for 2015 from Section C, line 6		242 4 10 E E E E E E E	- Antountion 2015:
2 Underdistributions, if any, for years prior to 2015		S. C. S. S. S. S. S. S. S. S. S. S. S. S. S.	Eletaren antarior data artista de
(reasonable cause required-see instructions)	THE THE STATE OF T		AND ASSESSMENT OF THE PARTY OF
3 Excess distributions carryover, if any, to 2015			
8 ENERGY PROPERTY OF THE PROPE	<b>经是高品格及地域的图图</b>		では、 は、 は、 は、 は、 は、 は、 は、 は、 は、
P 最後數學支管高高工作的自己主義的傳統學院就無過其三世里可能對於 - 中心。如如如此一句,可以可以可以可以可以可以可以可以可以可以可以可以可以可以可以可以可以可以可以	1. 是一次合併产品 网络地名埃瓦瓦	E. C. Willer Tonisamore C. Williams	
C 2000年 1000年  李三子,"是一个" 一定了第二章,"我们就是一个"			
	三二年,京三年五年五年1日中中中中中中中中中中中中中中中中中中中中中中中中中中中中中中中中中		
f Total of lines 3a through e	1000年の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の	,	The same of the sa
g Applied to underdistributions of prior years	MARINE SHEET	The Standard Sta	
		reroireste discensialementent	
h Applied to 2015 distributable amount			
Carryover from 2010 not applied (see instructions)	<b>"我的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个</b>		Company of the second s
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.  4 Distributions for 2015 from Section		THE PROPERTY OF THE PROPERTY O	
		· 公司 · · · · · · · · · · · · · · · · · ·	
	神聖」でもまっては、 ではないのとなっていた。 ではないのでは、 ではないのではないのでは、 ではないのでは、 ではないのでは、 ではないのでは、 ではないのでは、 ではないのでは、 ではないのでは、 ではないのでは、 ではないのでは、 ではないのでは、 ではないのでは、 ではないのでは、 ではないのでは、 ではないのでは、 ではないのでは、 ではないのでは、 ではないのでは、 ではないのでは、 ではないのでは、 ではないのではないのでは、 ではないのでは、 ではないのではないのでは、 ではないのではないのではないのではないではないではないではないではないではないではないではないではないではない	公司 医甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	
a Applied to underdistributions of prior years		BY COLON AND CONTRACT CONTRACT CONTRACT CONTRACT	<b>手始始三三部級組織原</b> 点
b Applied to 2015 distributable amount			the state of the s
c Remainder, Subtract lines 4a and 4b from 4.	mounicamanisti		A Brand to Floris Actions 1 that
5 Remaining underdistributions for years prior to 2015, if	The late of the balance will be		
any Subtract lines 3g and 4a from line 2 (if amount			
greater than zero, see instructions).		pant attachment contains	Carter Control of the
6 Remaining underdistributions for 2015. Subtract lines 3h			
		2. 大型 (100 mm) (100	
instructions).	が動き、同門門の動物を	Sunfamily observed the state of the	C MANUFACTURE AND LAND AND AND AND AND AND AND AND AND AND
7 Excess distributions carryover to 2016. Add lines 3j			THE RESERVE OF THE PARTY OF THE
and 4c	THE AMERICAN WATER PROPERTY AND PARTY AND PARTY.	AND SECOND	AS A PROPERTY OF THE PARTY OF T
8 Breakdown of line 7:		·····································	
	A ACTION TO LES MANAGEMENTS AND ASSAULT	THE RESERVE THE TANK THE PARTY OF THE PARTY	
			2000年11年11年11日
c Excess from 2013			
e Excess from 2015	<b>运动。</b>		
EEA		Schedu	de A (Form 990 or 990-EZ) 2015

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	1 990 or 990-EZI 2015
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, 2l
	D, mies 1 and 2,1 at 17, decirol (), mie 1, fait 17, decirol (), mies 2 and 3, fait 17, decirol E, mies 10, 2a, 2
	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.)
	<del></del>
	•
A	Schedule A (Form 990 or 990-EZ) 201

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### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No 1545 0047

2015

9chedule D (Form 990) 2015

Dane	tment of the Treasury		► Attach to Fo	rm 9	290.				Open to Po	Hic .
	al Revenue Service	▶ Information about Schedule D	(Form 990) and its	s ins	structions is at www.in	s aov/i	form99	Ю.	Inspection	
_	of the organization		·						cation number	
Pr	omise Reso	urce Network Inc						7-264		
		tions Maintaining Donor Advis	ed Funds or Oth	er S	Similar Funds or Ac	соцп				
		if the organization answered "Ye					•••			
_	-				wised funds		(6)	Funds and o	other accounts	
1	Total number at en	nd of year	(2, 24)			t				
2		f contributions to (during year)		_						
3	<del>-</del>	i grants from (dunng year)								
4		t end of year						•		
5		n inform all donors and donor advisor	s in writing that the	9556	ate held in donor advisor	-				
•		nzation's property, subject to the orga							∏ Ves	□N
6		in inform all grantees, donors, and do					• • •		🗀 🚥	٠٠٠. ب
		purposes and not for the benefit of the								
		ssible private benefit?								
Pa		vation Easements.				• • •				
1.7.		if the organization answered "Y	es" on Form 990	Pai	rt IV line 7					
1		ervation easements held by the organ							<del></del>	
•		fland for public use (e.g., recreation)	•	_ `	Preservation of a histo	rmaliv	mnort:	ant land ar	·ea	
	Protection of n		or coodanory	Ħ	Preservation of a certi	-	•		<b>0</b> 2	
	Preservation o				r reservation or a seri					
2		through 2d if the organization held a c	usided conservatio	n ~^	intribution in the form of	a cone	evetic	'n		
_	•	ist day of the tax year	positivo con son vallo			1	** ** ****		ne End of the T	av Year
а		nservation easements					<b>2</b> a	1400 01 0	E LIIG OF THE T	ux rear
6		cted by conservation easements	· · · · · · · · · · ·				2b			
c	-	ation easements on a certified histori					2c			
d		ration easements included in (c) acqu			•	]				
_		• • •					2d			
3		vation easements modified, transferre				•		furing the		
•	tax year >		o, rolomboo, oxillago	-0.10	of or tormination by the	J. g.w		July 5.0		
4	· -	where property subject to conservation	n easement is locate	ad	<b>&gt;</b>					
5	_	ion have a written policy regarding th								
	=	rcement of the conservation easeme							🗌 Yes	□ No
6		hours devoted to monitoring, inspecti								
	<b>&gt;</b>				.,				<b>, ,</b>	
7	Amount of expense	— es incurred in monitoring, inspecting, t	andling of violation	s. an	rd enforcing conservatio	n sase	ments	during the	vear	
	<b>▶</b> \$	<b>5. , 6.</b>	-		-			•		
8	Does each conserv	 vation easement reported on line 2(d)	above satisfy the re	quin	ements of section 170(f	1)(4)(B)	(i)			
	and section 170(h):	(4)(B)(ii)?		٠.					🗌 Yes	☐ No
9	In Part XIII, describ	e how the organization reports conse	rvation easements	ın ıts	revenue and expense s	stateme	nt, and	1		
	balance sheet, and	include, if applicable, the text of the fo	colnote to the organi	izatı	on's financial statement	s that d	escribe	es the		
	organization's acco	unting for conservation easements	•							
Pa	tillis Organiz	tations Maintaining Collect	ons of Art, His	tor	ical Treasures, or	Othe	er Sir	nilar As	sets.	
	Complet	e if the organization answered "\	es" on Form 990	, Pa	art IV, line 8.					
1a		elected, as permitted under SFAS 116				ent and	balan	ce sheet		
	works of art, historic	cal treasures, or other similar assets	held for public exhib	ition	, education, or research	in furth	nerano	e ol		
	public service, prov	ride, in Part XIII, the text of the footnot	e to its financial sta	teme	ents that describes these	ameh e				
b	If the organization e	elected, as permitted under SFAS 116	(ASC 958), to repo	ni no	its revenue statement a	and bal	ance s	heet		
		cal treasures, or other similar assets I								
		ide the following amounts relating to								
		led on Form 990, Part VIII, line 1						. > \$		
		in Form 990, Part X								
2		aceived or held works of art, historica						-		
	-	required to be reported under SFAS to				- ''				
a	_	on Form 990, Part VIII, line 1		-		<i>.</i> .		. • \$		
		Form 990, Part X						-		<del></del>

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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	ute D (Form 990) 2015 Promise Resource						27-26				Page 2
Pa	Tillia Organizations Maintaining C	Collections	of Art, Histo	orical Tr	easures,	or Oth	er Similar A	ssets	(cor	itinu	ed)
3	Using the organization's acquisition, accession,	and other recor	ds, check any o	of the follow	wing that are	a signific	ant use of its				
	collection items (check all that apply):										
а	Public exhibition	d []	Loan or exchi	ange progr	ams						
b	Scholarly research	e 🗌	Other								
C	Preservation for future generations										
4	Provide a description of the organization's collection	cuons and expla	ain how they fu	ther the or	ganzation's	exempt p	ourpose in Part				
	XIII										
5	Dunng the year, did the organization solicit or re	ceive donations	of art, historica	al treasure:	s, or other si	mılar					
	assets to be sold to raise funds rather than to be		part of the org	anzations	collection?		<u></u>		<u>`</u>	<b>'es</b>	☐ No
Pa	tilV Escrow and Custodial Arrang										
	Complete if the organization ar	swered "Ye	s" on Form	990, Par	t IV, line S	, or ret	orted an ame	ount c	on Fo	rm	
	990, Part X, line 21.										
1a	Is the organization an agent, trustee, custodian of	or other interme	drawy for contrib	utions or o	ther assets i	not			_		_
									ן 🗆 צ	es	☐ No
Þ	If "Yes," explain the arrangement in Part XIII and	d complete the t	following table			_					
			<b>~</b> ·			<u> </u>	- /	/mount	'		
C	Beginning balance										
d	Additions during the year					· · · — · ·	<u> </u>				
e	Distributions during the year					_					
1	Ending balance								т.		<u> </u>
2a	Did the organization include an amount on Form						• • • • •				D №
	If "Yes," explain the arrangement in Part XIII Ch	neck here if the	explanation has	been pro	vided on Par	t XIII	<u></u>	• • •	· · ·	· • •	<u> </u>
Fred		annered HVa	مه ده ده ده ده ده ده ده ده ده ده ده ده ده	200 Das	4 117 1:00 4	^					
	Complete if the organization ar				<del>,</del>			Τ.			
1a	Beginning of year balance	(a) Current yea	(b) Pr	or year	(c) Two year	rs back	(d) Three years ba	CA (	e) Four	years t	back
b	Contributions		<del></del>		1						
c					<u> </u>						
·	Net investment earnings, gains, and losses		İ								
d	Grants or scholarships		-		<del> </del>			-			
8	Other expenditures for facilities and				<del>                                     </del>			-+-			
•	programs				ļ						
f	Administrative expenses				<del> </del>			+			
g	End of year balance		<del></del>		<del> </del>			-			
2	Provide the estimated percentage of the current		ce three to coli	mn (a)) he	M 00						
_	Board designated or quasi-endowment	•	se time ty, con	#1111 (a)) 110	AU 005.						
ь	Permanent endowment ▶ %		•								
_	Temporarily restricted endowment ▶	%									
•	The percentages in lines 2a, 2b, and 2c should e										
3а	Are there endowment funds not in the possession		zation that are l	held and a	dministered (	or the					
	organization by								ſ	Yes	No
	(I) unrelated organizations						<i></i>	[	3a(l)		
	(ii) related organizations							1	3a(ii)		
ь	If "Yes" on 3a(ii), are the related organizations in	sted as required	on Schedule (	۹?				1	3b		
4	Describe in Part XIII the intended uses of the or	ganization's end	dowment funds					•	•		
Pai	Land, Buildings, and Equipm		·	•							
	Complete if the organization an		s" on Form 9	990. Parl	IV. line 1	1a. Se	e Form 990, I	Part X	. line	10.	
	Description of property		or other basis		r other basis		Accumulated		d) Book		
	, , , , , ,	1 **	vestment)	1	other)		epreciation	•			
1a	Land					TERES					
Ь	Buildings			1							<del></del>
С	Leasehold improvements										
d	Equipment		· · · · · ·	· · · · · ·							
6	Other										
Total	. Add lines 1a through 1e. (Column (d) must equa	al Form 990. Pa	rt X, column (B	), line 10c.	)						
EEA					<u> </u>			Schedu	in D /F/	991	0) 2015

Schedule D (Form		ce Network Inc	27-2648129	Page 3
Part-VIII	Investments - Other Securities.			
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11b. See Form 990, Part X, line	12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financial of	denvatives			
(2) Closely-he	ald equity interests			
(3) Other				
_(A)				
(B)				
(C)				
(D)		<u> </u>		
(E)			· _	
_(F)				
_(G)			<u> </u>	
_(H)				
	musi equal Form 990, Part X, col (B) line 12 )		三二二二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	
Part VIII	Investments - Program Related.	,	<del>-</del> -	
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11c. See Form 990, Part X, line	<u> 13.                                    </u>
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of year market value	•
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)				
_{8}_				
(9)				
	must equal Form 990 Part X, col (B) line 13 )		国出版的	
Part IX	Other Assets.			
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11d. See Form 990, Part X, line	15.
4-1	(a) C	escription	(b) Book va	due .
(1)	<del></del>	<del></del>		
(2)			<del></del>	
(3)				
(4)	<del></del>			
(5)		<del></del>		
(6)	···_ ···			
<u>(7)</u>				
(8)				
(9)	/h) = at a wal Farm 000. Bod V and /B) inc to			
Part'X	(b) must equal Form 990, Part X, col (B) line 15 Other Liabilities.	<u> </u>		
FEBILY.	Complete if the organization answere	d "Yes" on Form 990, i	Part IV, line 11e or 11f. See Form 990, Part	Χ,
	line 25.	41.0		ONE SUPER
1.	(a) Description of £ability	(b) Book value		
(1) Federal in				10 TYPE
	l Liabilities: Net Payroll			
	l Liabilities: Tex Liability			
(4)		<del></del>		
(5)				
(6)				
(7)				
(8) (9)				
	must equal Form 990 Part X. cot (8) line 25)	<u> </u>		
			rization's financial statements that reports the	and extended report

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Donated services and use of facilities  Recoveries of prior year grants  Cither (Describe in Part XIII )  Add lines 2a through 2d  Subtract fine 2e from fine 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Add lines 4a and 4b  Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Int XIII Reconcilitation of Expenses per Audited Financial Statements With Expen  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25.  Donated services and use of facilities  Pinor year adjustments  Other (Describe in Part XIII )  Add lines 2a through 2d  Subtract line 2e from fine 1  Amounts included on Form 990, Part IX, fine 25, but not on fine 1  Investment expenses not included on Form 990, Part VIII, line 7b  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Int XIIII Supplemental Information.	27-2648129	Page 4
Total revenue, geins, and other support per audited financial statements Amounts Included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized geins (losses) on investments  Donated services and use of facilities  Recoveries of prior year grants  Cither (Describe in Part XIII)  Add lines 2a through 2d  Subtract line 2e from fine 1  Amounts included on Form 990, Part VIII, line 12, but not on fine 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Add lines 4e and 4b  Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Int XIII  Reconcillation of Expenses per Audited Financial Statements With Expen  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25.  Donated services and use of facilities  Pinor year adjustments  Other (Describe in Part XIII)  Add lines 2e through 2d  Subtract line 2e from fine 1  Amounts included on Form 990, Part IX, line 25, but not on line 1  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII)  Add lines 4e and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.)  ITEXIII  Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1e and 4, Part IV, lines 1b and 2b; Part V, lines 1b and 4.	ie per Return.	
Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains (losses) on investments  Donated services and use of facilities  Recoveries of prior year grants  Cither (Describe in Part XIII )  Add lines 2a through 2d  Subtract line 2e from fine 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  4a  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Investment expenses and losses per audited financial Statements With Expensional expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25.  Donated services and use of facilities  Prior year adjustments  Other (Describe in Part XIII )  Add lines 2a through 2d  Subtract line 2e from fine 1  Amounts included on Form 990, Part IX, line 25, but not on line 1  Investment expenses not included on Form 990, Part IX, line 7b  Other (Describe in Part XIII )  Add lines 4a and 4b  Total expenses not included on Form 990, Part IX, line 25, but not on line 1  Investment expenses not included on Form 990, Part IX, line 7b  Other (Describe in Part XIII )  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Investment expenses in Part XIII )  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.)	<del></del>	
Net unrealized gains (tosses) on investments  Donated services and use of facilities  Recoveries of prior year grants  Other (Describe in Part XIII)  Add lines 2a through 2d  Subtract line 2e from fine 1  Amounts included on Form 990, Part VIII, line 12, but not on fine 1:  Investment expenses not included on Form 990, Part VIII, line 7b  4a  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  art XIII.  Reconcilitation of Expenses per Audited Financial Statements With Expen  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25.  Donated services and use of facilities  Prior year adjustments  Other (Describe in Part XIII)  Add lines 2a through 2d  Subtract line 2e from fine 1  Amounts included on Form 990, Part IX, line 25, but not on fine 1  Investment expenses not included on Form 990, Part VIII, line 7b  4a  Other (Describe in Part XIII)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIIIII  Supplemental Information.  vide the descriptions required for Part II, lines 3. 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line		. <del>, 628, 266-</del>
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To: 18777922864 From: 17048792802 Date: 03/22/18 Time: 11:04 AM Page: 57/88

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2015 Open to Public

Inspection Internal Revenue Service Name of the organization Employer Identification number Promise Resource Network Inc 27-2648129 01. Form 990 governing body review (Part VI, line 11) The 990 is presented to the Board of Directors prior to the release of the return to the IRS. The Board reviews and approves accordingly. 02. Conflict of interest policy compliance (Part VI, line 12c) The conflict of interest policy is a self-monitoring process, however, no board member is allowed to vote on contracts that would present a conflict of interest for that member. 03. CEO, executive director, top management comp (Part VI, line 15a) Annual performance review of the Executive Director is performed by the Board. 04. Other officer or key employee compensation (Part VI, line 15b Annual compensation reports are utilized to determine proper compensation amounts for similar non-profit organizations within the North Carolina region. Annual compensation adjustments are made based on performance and key compensation metrics. 05. Governing documents, etc, available to public (Part VI, line 19) Governing documents are available at the office in Charlotte, NC.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. EEA

Schedule O (Form 990 or 990-EZ) (2015)