Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

| | Inter | nal Revenu | e Service | ☐ Go to w | w.irs.gov/Forn | n990 for instruction | s and the late | st information | on. | Inspect | lion |
|--------|-------------------------|--------------------|-------------|--|--------------------|---------------------------|--|------------------|--|------------------|------------------|
| | Ā | For the | 2017 cale | ndar year, or tax year be | ginning | | 2017, and en | ding | | , 20 | |
| | В | Check if a | pplicable | C Name of organization Fan | nily Promise of | Augusta Inc. | | | D Employer | identification n | umber |
| | | Address of | | Doing business as | • | | | | | 58-2279801 | |
| | $\overline{\Box}$ | Name cha | ~ | E Telephone | | | | | | | |
| | Ξ | Initial retu | • | Number and street (or P O 2177 Central Avenue | | | , I | | · • | 706-364-4402 | |
| | H | | /terminated | City or town, state or provi | nce country and | ZIP or foreign postal cor | | | | 700-304-4402 | |
| | H | | | | ,, | oo.o.g pool | | | G Gross rec | ounts \$ | 200 074 |
| | | Amended | | Augusta, GA 30904 F Name and address of prince | and officer | | | 111-3 1- 45 | _ | | 268,074 |
| | ш | Application | on pending | r warne and address of princ | ipai onicer | | | | s a group return for su | | |
| | | | | | 1 | | | | e all subordinates i If "No," attach a li | | |
| | | Tax-exem | | ✓ 501(c)(3) | 501(c) () | | a)(1) or 📙 527 | / - 4 | | • | 113) |
| | _ | Website: | | | | O | | | oup exemption n | | |
| | | art I | | ✓ Corporation Trust | Association (| Other ► | L Year of for | mation 19 | 97 M State o | f legal domicile | GA |
| | | | Summ | | | | | <u></u> | | | |
| | an a | ŀ | | escribe the organization | | | | | | | |
| | Governance | | | on of Family Promise of | Augusta is to r | nobilize communitie | s to help low | -income tarr | illes achieve a | ind sustain | |
| | Ē | | ndepend | | | tion and the amount and | | d of more t | han 050/ of the | | |
| | ove | | | is box ▶☐ if the organ | | | | d of more t | 1 1 | S Het assets | |
| | Ğ | | | of voting members of th | | • • | | L | 3 4 | | 13 |
| | S | | | of independent voting n | | | | | . 5 | | 13 |
| | įį | | | nber of individuals emp | - | • | v, line za) | | . 6 | | 9 |
| | Activities & | | | nber of volunteers (estir | | | 10 | • | . 7a | | 1,855 |
| | ⋖ | | | elated business revenue | | | 12 | • | 7a 7b | | 0 |
| | | b | Net unrei | ated business taxable i | ncome from F | orm 990-1, line 34 | • | Prio | r Year | Current Ye | 0 |
| | | , , | Cantribut | tions and grants (Dort V | III lino 1h\ | | | 1110 | | Ourrent 16 | |
| | ë | | | tions and grants (Part V | | | | | 263,380 | | 263,582 |
| | Revenue | | _ | service revenue (Part V | | | | | 7,923 | | 0 |
| 2018 | Re | 1 | | nt income (Part VIII, col enue (Part VIII, column | | | | - | 1,353 | | 4,492 |
| 2 | | 4 | | • | 272.656 | | 200.074 | | | | |
| 0 | | | | enue-add lines 8 throug nd similar amounts paid | | | 1 (A), life 12) | | 272,656 | | 268,074 |
| - | | , | | paid to or for members | - | | • | | 5,765 | | 4,308 |
| () | | 1 | | other compensation, emp | | | Linos 5–10) | | 120 100 | | 134,900 |
| ח | ses | | | onal fundraising fees (Pa | | 138,188 | 0 | | | | |
| \cap | Expenses | | | draising expenses (Part | | | | *** | | | 0 |
| Ш | Ä | b 17 (| Other eve | penses (Part IX, column | (A) lines 114: | 5 14 ACI3280 2 | ::: <u></u> | | 120,000 | | 122 024 |
| ANNED | | 18 | Catal ava | enses Add lines 13-17 | (must equal | Sart IX-column (A) | | | 129,088 | | 123,834 |
| 3 | | 1 | | less expenses. Subtrac | | | - 2 | <u> </u> | 273,041 -385 | | 263,042 5.032 |
| 25 | _ v | | nevenue | less expenses. Subtrac | time to non | CODEN, I | 17 7 | Beginning o | f Current Year | End of Ye | -, |
| SC | Assets or 1 Balances | 20 | Total acc | ets (Part X, line 16) | | | | | 407,590 | | 407,467 |
| | Asse Bal | 21 | | ilities (Part X, line 26) | • | | | - | 24,457 | | 19,302 |
| | Eg/ | | | ts or fund balances Sul | htract line 21 f | from line 20 | • • | | 383,133 | | 388,165 |
| | | rt II | | ure Block | Stract III C 2 1 1 | | | | 303,133 | | 300,103 |
| | | | | ry, I declare that I have exami | ned this return in | cluding accompanying s | chedules and st | atements and | to the best of my | knowledge and | helief it is |
| | true | e, correct, | and comply | ete Declaration of preparer to | ther than officer) | based on all information | n of which prepared | arer has any kr | owledge | miomodgo una | 20.101, 1110 |
| | | | | 1/11/11/11/11/11/11/11/11/11/11/11/11/1 | +X 1116 | | , | | 1 | | |
| | Sig | ın İ | 000 | ature of officer | | | | | Date | | |
| | He | | | avid Black | Book | d Presid | lent | | 10/24/ | 18 | |
| | | | Type | or print name and title | <u> </u> | 0. 1.0.0 | | | 101-11 | | |
| | | | Print/Typ | oe preparer's name | Prepare | r's signature | | Date | Charle [| PTIN | |
| | Pa | | | | | | | | Check self-emplo | | |
| | | eparer Firm's name | | | | | | | Firm's EIN ▶ | | |
| | U\$ | e Only | , —— | ddress ▶ | | | | | Phone no | | |
| | Ma | y the IRS | | this return with the pre | parer shown | above? (see instruc | ctions) | | | · Yes | No No |
| | | | | ction Act Notice, see the | | | | t No 11282Y | | | 90 (2017) |

| | (2017) | |
|--|--------|--|
| | | |
| | | |

Page 2

| Part | |
|------|---|
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission. |
| | To mobilize communities to help low income families achieve and sustain independence by organizing congregations to provide |
| | shelter, meals and comprehensive support services to homeless families, training volunteers as mentors to homeless families, pro- |
| | moting and supporting the growth of locally-developed Network outreach initiatives, and advocating for adequate housing and |
| | support services for low-income people |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? ☐ Yes ☑ No |
| | If "Yes," describe these new services on Schedule O |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program |
| | services? |
| | If "Yes," describe these changes on Schedule O |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by |
| | expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, |
| | the total expenses, and revenue, if any, for each program service reported |
| | |
| 4a | (Code) (Expenses \$ 200,258 including grants of \$) (Revenue \$) |
| | To enable homeless families to make the transition to permanent housing, employment and independent living by providing |
| | support services, meals and temporary housing. This is accomplished by providing overnight lodging for a period of up to 60 nights, |
| | daycare assistance to children, employment and educational assistance, medical assistance, transportation, basic communication |
| | services such as an address, telephone and information services, and parenting and life skills training. Family Promise of Augusta |
| | is a cooperative endeavor between congregation volunteers and social service agencies |
| | |
| | In 2017 we served 45 homeless individuals in 14 families including a total of 29 children. Additionally, we provided 6,456 meals |
| | and 786 bed nights in 2017. Volunteers from the network congregations and the community contributed 18,855 hours providing |
| | overnight hosting, shelter, transportation, meals, activities, professional services, childcare, case management, transitional housing, |
| | and many other services. Additionally, we estimate values of other volunteer services of \$188,850 and overnight lodging for guests |
| | |
| | of \$47,160. |
| 4b | (Code) (Expenses \$including grants of \$) (Revenue \$) |
| 75 | (Code) (Expenses a) (Revenue a) |
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| | |
| 4c | (Code) (Expenses \$ including grants of \$) (Revenue \$) |
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| 4d | Other program services (Describe in Schedule O) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 40 | Total program service expenses |

| aπ | Checklist of Required Schedules | | | r |
|------|--|-----|----------|----------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1_ | ✓ | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | ✓ | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | | 1 |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> | 4 | | 1 |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | | | |
| | Part III | 5 | | ✓ |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | 1 |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | | 1 |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | 1 |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | 1 |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | √ | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable | | · | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | ~ · | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | |
| С | Old the organization report an amount for investments—program related in Part X, line 13 that is 5% or more if its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | | | 1 |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | √ |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11e | | √ |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | √ | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | √ |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | ✓ |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | ✓_ |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | 14b | | 1 |
| 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 | | ✓ |
| 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 | | √ |
| 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 | | √ |
| 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 | √ | • |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | • | 1 |

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| Form 9 | 90 (2017) | | | Page |
|-----------|--|------------|-----|---------------|
| Part | IV Checklist of Required Schedules (continued) | | | |
| 20.0 | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | - | Yes | No |
| zo a b | | 20a 20b | | ✓_ |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | 1 |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2° If "Yes," complete Schedule I, Parts I and III | 22 | 1 | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | ✓ |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a | 24a | | 1 |
| b c | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24b | | √ |
| d 25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 24d 25a | | √ √ |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | √ |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | √ |
| 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 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. | 27 | | ~ |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . | 28a 28b | ✓ | √ |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | <u>,</u> |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 29 | | .√ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 30 | | <u>√</u> |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 31 | | <u>√</u> √ |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | ~ ✓ |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | <u>▼</u> ✓ |
| 35a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35a | | <u>√</u> |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | 36 | | <u>√</u> . |

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O

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Form **990** (2017)

| Part | Statements Regarding Other IRS Filings and Tax Compliance | | | | 3- | | | | | | |
|------------|---|-----------------------|-----------|--------------|--|--|--|--|--|--|--|
| | Check if Schedule O contains a response or note to any line in this Part V | | | | . [| | | | | | |
| | • | | | Yes | No | | | | | | |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1a ' | 3 | | | | | | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | | | | | | |
| С | Did the organization comply with backup withholding rules for reportable payments reportable gaming (gambling) winnings to prize winners? | to vendors and | COMMENTS. | | | | | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 1 1 | 1c | √ | F 505 6250 | | | | | | |
| Lu | Statements, filed for the calendar year ending with or within the year covered by this return | 2a | | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employmen | <u> </u> | 2b | 1 | . Links | | | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | | | | | | |
| ՝ 3a | Did the organization have unrelated business gross income of \$1,000 or more during the ye | | 3a | · | √ × | | | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in S | | 3b | | | | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature | | | | | | | | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, | or other financia | ١ | | ١. | | | | | | |
| | account)? | | 4a | - Manager | V | | | | | | |
| b | If "Yes," enter the name of the foreign country. | | | | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and I (FBAR) | Inancial Accounts | | 13.8 | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the ta | v vear? | 5a | | | | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelf | • | 5b | | 1 | | | | | | |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5c | ļ . | | | | | | | |
| 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 | | 1 | | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that suc | h contributions or | | | | | | | | | |
| _ | gifts were not tax deductible? | • | 6b | 10" 41 65 | 1520.41 | | | | | | |
| . 7 . а | Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and | d north for according | | 10.00 | | | | | | | |
| ű | and services provided to the payor? | a partiy for goods | Anti-thi- | | | | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided | 2 | 7a 7b | | - | | | | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property | | | ļ | | | | | | | |
| | required to file Form 8282? | | 7c | | 1 | | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | 77.02 | | | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal | | 7e | | ✓ | | | | | | |
| f, | Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben | | 7f | | ✓ | | | | | | |
| g h | If the organization received a contribution of qualified intellectual property, did the organization file Form | | | | <u> </u> | | | | | | |
| 8 | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fi Sponsoring organizations maintaining donor advised funds. Did a donor advised fund if | | 7h | - 12877 c.30 | - 1900-0-1 | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | namamed by the | 8 | 329 | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | *divis | 35548 | | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | Z. C. Zhan | ine ing | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related pe | rson? | 9b | | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter. | | 10 | 100 | | | | | | | |
| . а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | | | | | | |
| • | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | | | | | | |
| 11 ' a | Section 501(c)(12) organizations. Enter Gross income from members or shareholders | laasi | | | | | | | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources | 11a | | | | | | | | | |
| | against amounts due or received from them) | 11b | | | | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu | | 12a | in in it | ZD HAGE | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | 3534 | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | | | |
| , a | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | | | | | | | |
| | Note. See the instructions for additional information the organization must report on Schedu | ile O | | 7.7% | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. | 1 | 1.12 | | | | | | | | |
| , , | Enter the amount of reserves on hand | 13b | | | | | | | | | |
| | | 13c | 44- | 100 AS | / | | | | | | |
| ,14a h | Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in | Schedule O | 14a | | V | | | | | | |

| Form 9 | 90 (2017) | | | Page 6 |
|----------|--|--------|----------|---------------|
| Part | | | | |
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S | | struct | ions. |
| Secti | Check if Schedule O contains a response or note to any line in this Part VI | | <u> </u> | . 🗸 |
| 0000 | on A. Governing Body and Management | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a | Γ- | 163 | 1 |
| | If there are material differences in voting rights among members of the governing body, or | 1 | | |
| | if the governing body delegated broad authority to an executive committee or similar | | 100 | |
| | committee, explain in Schedule O | | | ۱ ، |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b | ' | 1., | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | - 1 |
| _ | any other officer, director, trustee, or key employee? | 2 | | ✓_ |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | Ì | | |
| 4 | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | ✓ |
| 4 5 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? | 4 | <u> </u> | √ |
| 6 | Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? | 5 6 | | 1 |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | - | | V |
| | one or more members of the governing body? | 7a | | 1 |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| | stockholders, or persons other than the governing body? . | 7b | | ✓ |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | , , | 1 |
| _ | the year by the following | | | ز |
| a b | The governing body? Each committee with authority to act on behalf of the governing body? | 8a | √ | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | 8b | ✓ | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | 1 |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Rever | ue C | ode) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | ✓ |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | 11a | ✓ | |
| 12a | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> | 12a | | ` |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | <i>'</i> | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | - | |
| | describe in Schedule O how this was done | 12c | ✓ | |
| 13 | Did the organization have a written whistleblower policy? | 13 | ✓ | |
| 14 15 | Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by | 14 | ✓ | ; |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | 1 |
| а | The organization's CEO, Executive Director, or top management official | 15a | 1 | |
| b | Other officers or key employees of the organization | 15b | 7 | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| | with a taxable entity during the year? | 16a | | √ |
| Ь | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | * | |
| | organization's exempt status with respect to such arrangements? | 16b | | نث ــــ |
| Secti | on C. Disclosure | נטטו | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ Georgia | | | |
| 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 int | erest | oolicy | , and |
| 20 | 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 re- | ords | | |

| Form | 990 | (2017) |
|------|-----|--------|
| | | |

| Part VII | Compensation of Officers, D | irectors, Trustees, | Key Employees, Highest | Compensated Employee | s, and |
|----------|-----------------------------|---------------------|------------------------|----------------------|--------|
| • | Independent Contractors | | | | |

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee | | | | | | | | | | | |
|---|-----------------------------|--------------------------------|-----------------------|----------|--------------|------------------------------|--------|---------------------------------|---------------------------|--------------------------|--|
| | | (C) | | | | | | | | | |
| (A) | (B) | (B) Positi | | | | | | (D) | (E) | (F) | |
| Name and Title | Average | | | | | e than c is both | | Reportable compensation | Reportable | Estimated | |
| | hours per week (list any | | | dad | | or/trus | tee) | | compensation from related | amount of other | |
| | hours for | 악교 | Inst | Officer | Ş. | emg Hig | Former | from the | organizations | compensation | |
| | related organizations | Individual trustee or director | Institutional trustee | E | Key employee | nest | ₫ | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization | |
| | below dotted | of all | onal | | ploy | i e con | | (** 27 1033-141100) | | and related | |
| | line) | uste | trus | | ee |) pen | | | | organizations | |
| | | n n | tee | | | Highest compensated employee | | | | | |
| | | | | | | | | | | | |
| (1) David Black | | } | | ١, | | 1 | | } | | | |
| President | 8 | | | ✓ | _ | ļ | | 0 | | | |
| (2) Rob Wynn | 7 | | | | | | | | | | |
| Vice-President | 4 | <u> </u> | <u> </u> | ✓ | | | | 0 | - | | |
| (3) Lee Clark | 1 | | | ١, | | | | | | | |
| Treasurer | 2 | | | ✓ | | <u> </u> | | 0 | | | |
| (4) Betty Pond | | | | | ٠. | ~- ` | | | | | |
| Secretary | 11 | | _ | ✓ | _ | | - | 0 | | | |
| (5) Gene McGinty | | | | | | | | | | | |
| Trustee | 1 | ✓ | | <u> </u> | | | | 0 | | | |
| (6) Ryan Mitchell | | , | | | | | | _ | | | |
| Trustee | 1 | ✓ | | | ⊢ | | - | 0 | | | |
| (7) Meg Heath | | , | | | | | | | | | |
| Trustee | 1 | ✓ | | | | | | 0 | | | |
| (8) Tony Barr | | , | | | | | | | | | |
| Trustee | 11 | ✓ | _ | | | | | 0 | | | |
| (9) Drew Prosser M D | | , | | | | | | | | | |
| Trustee | 1 | ✓ | | _ | | | - | 0 | | | |
| (10) Tonia Gibbons | | | | | | | , | | | | |
| Trustee | 11 | ✓ | | | <u> </u> | - | | 0 | | | |
| (11) Jonathan Vick | T | 1 | | | | | | | | | |
| Trustee | 1 | | | | | - | | 0 | | | |
| (12) Sandra Fisher Swanson | 1 | , | | | | | | | | | |
| Trustee | 1 | √ | <u> </u> | | | | | 0 | | , | |
| (13) Stacy Crevelle | | , | | | | | | | | | |
| Trustee | 1 | ✓ | | <u> </u> | | | | 0 | | | |
| (14) David Duff | T | | | | İ | | | _ | | | |
| Honorary Trustee | 0 | ✓ | L | L | L | <u> </u> | L | 0 | | | |

| | Section A. Officers, Directors, Trust | T | | | | | | | T T T T T T T T T T T T T T T T T T T | mployees (co | 11111111111 | -/ | | | |
|-------------|---|--|--------------------------------|---------------------|---------|--------------|------------------------------|-------------|---------------------------------------|--------------------------------|---------------|--------|----------------------|--------------|--|
| | | | | | • | C) ition | | | | | | | | | |
| | (A) | (do not check more than o | | | | | | | (D) | (E) | | | (F) | | |
| | Name and title | Average hours per | | | • | | ıs both or/trust | | Reportable compensation | Reportable compensation fr | mor | | mated ount of | | |
| | | week (list any hours for | | | | | | · | from the | related | . | | ther ensatio | | |
| | | related | Individual trustee or director | nstitutional truste | Officer | Key employee | nples | Former | organization | organizations (W-2/1099-MIS | | • | ensatio m the | an . | |
| | | organizations below dotted | fual | ton | | l pk | yee | ٦ | (W-2/1099-MISC) | | | • | nization | | |
| | | line) | trus | al tr. | | ууее | mpe | | | | | | related lization: | | |
| | | | ee | ıstee | | | Highest compensated employee | | | | | | | | |
| (15) | _atoya Hardman | | | | | <u> </u> | ă | - | | | | | | | |
| | Executive Director | 40 | | | | 1 | | | 41,156 | | | | | | |
| (16) | | <u> </u> | | | | | | | , | | \dashv | | | | |
| (4.7) | | <u> </u> | | | | | | | | | | | | | |
| (17) | | | | | | | | | | ! | | | | | |
| (18) | | | | | | | | | | | _ | | | | |
| | | | | | | | | ļ | | | | | | | |
| (19) | | ļ | | | | | | | | | | | | | |
| (20) | | | | | | | | -; | | | | | | | |
| 35-77 | | | | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | | | | |
| (20) | | | <u> </u> | | | | | <u> </u> | | | | | | | |
| (22) | | | | | | | | | | | | | | | |
| (23) | | | | | | | | | | | + | | | | |
| | | | L | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | | | |
| (25) | | | | | | | | | | - | - | | | | |
| (20) | | | | i | | | | | | | | | | | |
| 1b | Sub-total | l | | L—.—I | | | | > | 41,156 | | _ | | | | |
| С | Total from continuation sheets to Part | VII, Section | n A | | | | | > | | | | | | | |
| d | Total (add lines 1b and 1c) | | | | | | | • | 41,156 | | | | | | |
| 2 | Total number of individuals (including but reportable compensation from the organization) | | to th | ose | list | ed-a | above | e) wl | ho received mo | ore than \$100 | ,000 o | f | | | |
| | reportable compensation from the eigens | Eution | | | | | | | | | | - | Yes | No | |
| 3 | Did the organization list any former off | ficer, direct | tor, o | r tru | uste | ee, I | key e | mp | loyee, or high | est compens | ated | | | | |
| | employee on line 1a? If "Yes," complete S | | | | | | | | | | | 3 | | √ | |
| 4 | For any individual listed on line 1a, is the organization and related organizations | | | | | | | | | | | | | | |
| | individual | greater the | ∄ri ⊅i | 50,0 | UUU | 7 11 | Yes | S, | complete Sui | eaule J ior : | sucn | 4 | | _ | |
| 5 | Did any person listed on line 1a receive o | r accrue cc | mper | nsati | ion | fror | n any | uni | related organiz | ation or indivi | idual | • | | | |
| | for services rendered to the organization? | | | | | | | | | | | 5 | | √ | |
| | on B. Independent Contractors | | | | | | | | | | | | | | |
| 1 | Complete this table for your five highest of | | | | | | | | | | | | | | |
| | compensation from the organization Rep year | ort comper | ารลแบ | on ic |)r u | ie ca | alerio | ar y | ear ending with | n or witnin the |) orgai | าเรลแบ | ทร เล | ίΧ | |
| | (A) | | | | | | | | (B) | | | (C) | | | |
| | Name and business addi | ress | | | | | | | Description of se | ervices | Co | mpens | ation | | |
| | | | | | | , | | | | <u></u> | | | | —- | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 2 | Total number of independent contractor received more than \$100,000 of compensations. | | | | | | | th | ose listed abo | ove) who | , | ~ ' | | | |

Part VIII Statement of Revenue

| Check if Schedule O contains a response or note to any line in this Part VIII | | | | | | | | | | | |
|---|----------|---|---------------------------------------|-----------|---|--|--|--|--|--|--|
| | | | 174 6 | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | | |
| Grants | 1a | Federated campaigns | 5 | <u>1a</u> | | | Sign Section | | | | |
| يخ کو | b | Membership dues | | <u>1b</u> | -, | | | 4 704 | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | C | Fundraising events | | 1c | 98,495 | | | | | | |
| يَ قَ | d | Related organizations | | <u>1d</u> | | | | | | | |
| Sir | e f | Government grants (cor All other contributions, g | | 1e | 11,500 | | | | | | |
| ie tr | ' | and similar amounts not inc | | 48 | | | | | | | |
| <u>4</u> | | | L | 1f | 153,587 | 3.5 | | | and the control of the light the control of the con | | |
| Contributions, and Other Simi | g | Noncash contributions includ | | 11 \$ | | day is due to the committee | | | | | |
| | h | Total. Add lines 1a-1 | <u> </u> | | Business Code | 263,582 | | | | | |
| n La | 2a | | | | Busiless Code | | | | | | |
| Program Service Revenue | b | | | | ļ - | | | | | | |
| e | c | | | | | | | | ' - | | |
| ēZ | d | | | | , | | | | | | |
| ΣE | e | | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| gra | f | All other program ser | vice revenu | е | 7 | | | | | | |
| Pro | . g | Total. Add lines 2a-2 | | _ | D | , , , | | | | | |
| | 3 | Investment income | | dıvıd | ends, interest, | | TO PRODUCTION TOTAL TRANSPORT | STATE OF A STATE OF S | <u> </u> | | |
| | , | and other similar amo | | | ▶ | 4,492 | 4,492 | | | | |
| ه | 4 | Income from investmen | t of tax-exen | npt bo | ond proceeds ▶ | , | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , | | | |
| | 5 | Royalties | | · | | | | | | | |
| | | · | (ı) Real | • | (II) Personal | | 6.24 | | 451324445533 | | |
| | 6a | Gross rents | | | | | | | | | |
| | b | Less rental expenses | | | ı | | 14.00 | | | | |
| | С | Rental income or (loss) | | | | | | | | | |
| | d | Net rental income or (| | | | | | | | | |
| | 7a | Gross amount from sales of | (i) Secuntie | es | (II) Other | | | | | | |
| | | assets other than inventory | | | | | | | | | |
| • | b | Less cost or other basis | | | | | | | | | |
| | i ' | and sales expenses | | | | | | | | | |
| | C | Gain or (loss) | L | | | | 3 | | | | |
| • | d | Net gain-or (loss) | | | • | ALCANONICATION PAR | ASSESSED TO LANGUAGEN STOP | 20125 2014 J 31427 1108 46 822- | South William and The description by all the 1995 and 19 with 1995 | | |
| ē | 8a | Gross income from fu | ındraicina | | | | 22.5 | | | | |
| eu | Oa | events (not including \$ | indiaising | | | | | | | | |
| Other Reven | | of contributions reporte | ed on line 1c | <u>.</u> | ۶ | | | | | | |
| - | | See Part IV, line 18 | , , , , , , , , , , , , , , , , , , , | a | | | | | | | |
| Ŧ. | . b | Less direct expenses | • | · b | | | | | | | |
| O | 1 | Net income or (loss) fi | | sına | events > | ************************************** | | | 3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/ | | |
| | 9a | Gross income from ga | | | | | | | | | |
| | | See Part IV, line 19 | · · | а | | | A STATE OF | Part of the second | | | |
| | b | Less direct expenses | 3 | b | | | | | | | |
| | С | Net income or (loss) fi | rom gaming | | vities ▶ | 334 37721 3772 3773 3773 | Mileson Marie Section In Section 1991 | | 25.00.000 | | |
| | 10a | Gross sales of in | ventory, le | ess | | | | | 427,627,537 | | |
| | | returns and allowance | es | а | | | | | | | |
| | b | Less: cost of goods s | | b | | | | | | | |
| | С | Net income or (loss) fi | | finve | entory > | | | | | | |
| | | Miscellaneous R | evenue' | | , Business Code | 478500 E 8 1978. | | | | | |
| • | 11a | | · | | | | | | | | |
| | b | , | * | | | | | | | | |
| | С | 411 | | | | | | | | | |
| | d | All other revenue | | | | | ANTONIO DE CONTRACTOR DE L'ANTONIO DE L'ANTO | Property of the Control of the Contr | Character and the second | | |
| | e | Total. Add lines 11a- | | | | | | | | | |
| i | 12 | Total revenue. See in | ISHUCTIONS | | \$≥ | 268 074 | 4 402 | | l | | |

Part IX Statement of Functional Expenses

| Secur. | Check if Schodulo O contains a respon | | | ns must complete co | olumn (A) |
|-----------------|---|--------------------|------------------------------|--|---------------------------------------|
| Do no | Check if Schedule O contains a respon of include amounts reported on lines 6b, 7b, | | | | · U |
| | o, and 10b of Part VIII. | Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | | · · | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 . | 4,308 | 4,308 | .0 | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | , | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | , | |
| 7 | Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 116,712 | 103,505 | 13,207 | : |
| 9 10 | Other employee benefits Payroll taxes | ' - 8,465 9,723 | | | |
| 11 . ´a b | Fees for services (non-employees) 'Management Legal | | | | • |
| c d | Accounting Lobbying | 6,500 | 4000 | 2,500 | • • • |
| e f g | Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | . 862 | | 862 | , |
| 12 13 . | Advertising and promotion Office expenses | 11,477 | 3,510 | 860 | 7,967 |
| 14 15 | Information technology Royalties | | • | | |
| 16 17 18 | Occupancy Travel Payments of travel or entertainment expenses | 34,126 | 30,768 | 3,358 | • |
| , 19 | for any federal, state, or local public officials Conferences, conventions, and meetings | 2,146 | | 2,146 | · · |
| 20 21 · | Interest Payments to affiliates | 101 3,716 | | 101 3,716 | |
| 22 23 | Depreciation, depletion, and amortization Insurance | 16,797 27,829 | 7,536 25,799 | 9,261 2,030 | · · · · · · · · · · · · · · · · · · · |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| a b | Transportation/Vehicle Expense Golf Marathon Fundraiser | 3,377 7,254 | 3,377 | The state of the s | 7,254 |
| c ' d | Online Donor Program Fees | 3,541 | • | • | 3,541 |
| е. 25 | All other expenses Total functional expenses. Add lines 1 through 24e | 1213 | 440 | 735 | 38 |
| <u>25</u> 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here Infollowing SOP 98-2 (ASC 958-720) | 263,042 | 200,258 | 42,243 | 20,541 |

| Part X | Balance Sheet |
|--------|---------------|
| | |

| 1 Cash—non-interest-bearing 6.8.13 1 3.8.61 2 8.8.80 3 7.1.50 1 2 8.8.80 3 7.1.5 | | | Check if Schedule O contains a response or note to any line in this Pa | <u>irt X</u> | | <u> </u> |
|--|------------|------|---|--|---------------|--|
| 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 5 1,000 | | | | , , , | | |
| 2 Savings and temporary cash investments 4,6,033 2 7,88,908 3 Peldeges and grants receivable, not 5,080 3 7,180 4 Accounts receivable, net 6,080 3 7,180 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 6 Constant of the discussified persons (as defined under service and other receivables from other discussified persons (as defined under service and 9,89(f)(i)), prozons described in section 4939(f(ii)), prozons described in section 4939(f(iii)), prozons described in section 4939(f(iiii)), prozons described in section 4939(f(iiiii)), prozons described in section 4939(f(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | | 1 | Cash—non-interest-bearing | 65,873 | 1 | 35,661 |
| 3 Pledges and grants receivable, net | | 2 | Savings and temporary cash investments . | | | |
| A Accounts receivable, net 1,000 | | 3 | Pledges and grants receivable, net | | | |
| Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 6 Loans and other receivables from other disqualified persons (as defined under sertion 4958(f)(f)), persons described in section 4958(c)(f)(g), and contributing imployers and uponsoring urganizations of section 5016(f)(g) voluntary employees und uponsoring urganizations of section 5016(f)(g) voluntary employees und uponsoring urganizations of section 5016(f)(g) voluntary employees beneficiary urganizations for sale or use 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prépad expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 11 Investments—publicly traded securities 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—publicly traded securities 14 Intample basests 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 15,118 Grants payable 18 Other assets See Part IV, line 11 17 Accounts payable and accrued expenses 15,118 Total assets. Add lines 1 through 15 (must equal line 34) 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodal account liability Complete Part VI of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule D 21 Escrow or custodal account liabilities 22 Secured mortigages and notes payable to unrelated third parties 23 Secured mortigages and notes payable to unrelated third parties 24 Unsecured totes and loans payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Unrestricted net assets 30.00 Experimently restricted net assets 30.00 Experimently restricted net assets 30.00 Experimently restricted net asse | | 4. | Accounts receivable, net | | .4 | |
| Complete Part II of Schiedule L 5 6 Constant and other receivables from other disqualified persons (as defined under sertion 4958(f(1)), persons described in section 4958(f(2))(8), and contributing employers and upunasoring urganizations of section 5016(9)(9) voluntary employees beneficiary urganizations see instructions). Complete Part II of Schedule L 7 7 7 7 7 7 7 7 7 | | 5 | Loans and other receivables from current and former officers, directors, | X150 (2001) | \$1.74 | |
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| Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. Universtricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 24,457 26 19,302 24,457 26 19,302 24,457 26 19,302 24,457 26 19,302 24,457 26 19,302 24,457 26 19,302 24,457 26 19,302 310,933 27 324,761 36,033 29 40,512 37 38 38 38 388,165 | | | of Schedule D . | , | 25 | • |
| Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances | i | 26 | | 24.457 | | 10 202 |
| complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations | | | | 24,437 | (4(8)A) | 19,302 |
| 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 383,133 388,165 | es | | | | | |
| 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 383,133 388,165 | ğ | 27 | u- | 310.933 | 32.662F 27 | 324 761 |
| 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 383,133 388,165 | 3g | 28 | • | | | |
| 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 383,133 388,165 | 힏 | 29 | • • | | | · · · · · · · · · · · · · · · · · · · |
| 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 383,133 388,165 | ج <u>َ</u> | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and | | | 720802805283 |
| 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 383,133 388,165 | 9 | | complete lines 30 through 34. | | | |
| | ts | 30 | Capital stock or trust principal, or current funds | • | 30 | A THE PARTY OF THE |
| | SSE | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | ``` |
| | ţ. | | = | | 32 | , |
| | Se | | Total net assets or fund balances | 383,133 | 33 | 388,165 |
| | | 34 | Total liabilities and net assets/fund balances | 407,590 | 34 | 407,467 |

| Pari | XI Reconciliation of Net Assets | | | |
|------|--|-------------|------------------|------------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2 | 68,074 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2 | 63,042 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 5,032 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). | 4 | 3 | 83,133 |
| 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 | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line | | | |
| - | 33, column (B)) | 10 | 3 | 38,165 |
| Par | Financial Statements and Reporting | • | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u>:</u> | | \Box |
| | | • | Yes | No |
| 1 | Accounting method used to prepare the Form 990 🗸 Cash 🔲 Accrual 🔲 Other | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," ex | plain in | | |
| | Schedule O | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a ✓ | e 12 20 20 20 20 |
| | If "Yes," check a box below to indicate whether the financial statements for the year were com- | piled or | | |
| | reviewed on a separate basis, consolidated basis, or both | | | |
| | ✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| D | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit | | 2b √ | * 24 22 |
| | separate basis, consolidated basis, or both | eu on a | | |
| • | ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o | versiaht | | 1 |
| · | of the audit, review, or compilation of its financial statements and selection of an independent account | | 2c 🗸 | |
| | If the organization changed either its oversight process or selection process during the tax year, ex | | 75.7 Feb. | 5 2563 |
| | Schedule O | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set | forth in | 1.644.8 | 1 5 2 2 2 |
| | the Single Audit Act and OMB Circular A-133? | | 3a | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo | ergo the | | + |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | | 3b | |
| | | | Form 99 0 | 0 (2017) |
| | • | • | | |

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

| | ly Promise of Augusta Inc | | | | | 58-22 | 79801 | |
|--------|---|---|---|-------------------------|---------------------------------------|---|------------------|--|
| Pai | | | | | | | ons | |
| The o | organization is not a private founda | | | | | | | |
| 1 | A church, convention of church | | | | | | M - | 1 |
| 2 | A school described in section | | | | | | (L) | + |
| 3 | A hospital or a cooperative ho | | | | | | \cup | 1 |
| 4 | A medical research organization hospital's name, city, and state | | onjunction with a hos | pital desc | cribed in | section 170(b)(1)(A) | (iii). En | ter the |
| 5 | An organization operated for section 170(b)(1)(A)(iv). (Com | the benefit of a | college or university | owned o | or operate | ed by a government | al unit | described in |
| 6 7 | ☐ A federal, state, or local gover ☐ An organization that normally | | | | | | a tha a | anaral nublia |
| | described in section 170(b)(1 |)(A)(vi). (Complet | te Part II) | | r a gover | rimental drift of from | n the g | eneral public |
| 8 | A community trust described | | | | | | | |
| 9 | An agricultural research organ or university or a non-land-grauniversity | nization described ant college of agr | d in section 170(b)(1) riculture (see instruction | (A)(ix) op ons) Ente | erated in er the nar | conjunction with a line, city, and state of | and-gr the co | ant college llege or |
| 10 | An organization that normally receipts from activities related support from gross investmen | l to its exempt fu it income and un | nctions—subject to c related business taxa | ertain ex- | ceptions, ne (less si | and (2) no more tha ection 511 tax) from | n 331/3 | % of its |
| 11 | acquired by the organization a An organization organized and | | | | | | | |
| 12 | An organization organized and | | | | | | | 41- |
| 12 | of one or more publicly support | orted organizatio | ns described in sect i | ion 509(s | 2)(1) or se | anctions of, or to car | rry out | ine purposes |
| | Check the box in lines 12a thro | bugh 12d that des | scribes the type of sur | oportina a | organizati | on and complete line | e 36 00 | 12f and 12g |
| а | | | | | | | | _ |
| | the supported organization Y | n(s) the power to | regularly appoint or e | elect a ma | ajority of t | | | |
| b | ☐ Type II. A supporting orga | nization supervis | sed or controlled in co | nnection | with its s | supported organizati | on(s), t | ov having |
| | control or management of organization(s) You must | the supporting of | rganization vested in | the same | | | | |
| С | Type III functionally integ its supported organization | | | | | | ally inte | grated with, |
| d | ☐ Type III non-functionally | i ntegrated. A su | pporting organization | operate | d in conn | ection with its suppo | orted o | rganization(s) |
| • | that is not functionally integrated requirement (see instruction | grated The orga | nızatıon generally mu | st satisfy | a distribi | ition requirement an | | |
| е | Check this box if the organ functionally integrated, or | | | | | | e II, Typ | oe III |
| f | Enter the number of supported | • | | | | | | |
| g | Provide the following information | n about the supp | orted organization(s) | | | | | |
| | (i) Name of supported organization | (n) EIN | (III) Type of organization (described on lines 1–10 above (see instructions)) | listed in you | organization ur governing ment? | (v) Amount of monetary support (see instructions) | other | Amount of support (see structions) |
| | | | | Yes | No | | | |
| (A) | | | | | | -, | | |
| (B) | | | | | | | | |
| (C) | | | → | | | | | |
| (D) | | | | | | | | |
| (E) | | | | | | | | |
| Total | | | | 20:453 | | | | |
| | | TARREST AND AND AND AND AND AND AND AND AND AND | | | · | | | |

| | , | | 4 | | | | Page Z |
|-------|--|--|--|-----------------------------|------------------------------------|--------------------------|-------------------|
| Part | | ations Descr | ibed in Sect | ions 170(b)(1 |)(A)(iv) and 1 | 170(b)(1)(A)(v | i) |
| | (Complete only if you checked t | he box on line | 5, 7, or 8 of | Part I or if th | e organizatio | n failed to gu | alify under |
| | Part III. If the organization fails to | o qualify unde | er the tests lis | sted below, p | lease comple | ete Part III.) | • |
| Secti | on A. Public Support | | | | | · · | |
| Caler | dar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | 1 | | | |
| | include any "unusual grants") | 233,341 | 256,626 | , 225,753 | 263,380 | 263,582 | 1,242,682 |
| 2 ` | Tax revenues 'levied for the | | _ | • | | | |
| | organization's benefit and either paid to or expended on its behalf . | | | | | | |
| 3. | The value of services or facilities furnished by a governmental unit to the organization without charge | • | | , . | | | - |
| 4 | Total. Add lines 1 through 3 | 222.241 | 0.50.000 | | | | |
| | • | 233,341 | 256,626 | 225,753 | 263,380 | 263,582 | 1,242,682 |
| 5 | The portion of total contributions by | | | | | | |
| • | each person (other than a governmental unit or publicly | | 307/2018 | | | | |
| | supported organization) included, on | | | | | | |
| | line 1 that exceeds 2% of the amount | | | | | | |
| | shown on line 11, column (f) | | | | | | 17,1,234 |
| . 6 | Public support. Subtract line 5 from line 4 | | | No. Hall | | 2.54 | . 1,071,448 |
| Secti | on B. Total Support | The state of the s | Constant to the constant of th | de monavellación successiva | 4- Vi 1 10 1 3 35 1035 4. (125. 4 | Tar constituent services | . 1,071,448 |
| Calen | dar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 7. | Amounts from line 4 | 233,341 | 256,626 | | 263,380 | 263,582 | 1,242,682 |
| 8 | Gross income from interest, dividends, payments received on securities loans, | | , | | 200,000 | | 1,242,002 |
| | rents, royalties, and income from | | | | | | |
| | sımılar sources | `419 | 2,737 | 393 | 1,353 | 4,492 | 9,394 |
| 9 | Net income from unrelated business | | | | .,,,,,,, | .,,,,,, | , 3,334 |
| | activities, whether or not the business | , | | | | _ | • |
| | is regularly carried on . | | | ., | | | |
| 10 | Other income Do not include gain or- | | | | , | • • | • |
| | loss from the sale of capital assets | , | * | | | | • |
| | (Explain in Part VI) | | | | · | İ | |
| 11 | Total support. Add lines 7 through 10 | 語。四點以降 | | 常能影響 | 海和欧洲是 | C. C. S. C. | 1,252,076 |
| 12 | Gross receipts from related activities, etc | , | , | | | 12 | |
| 13, | First five years. If the Form 990 is for the | ne organization | n's first, secon | d, third, fourth | , or fifth tax ye | ear as a sectio | n 501(c)(3) |
| | organization, check this box and stop he | | | | · | | <u> </u> |
| | on C. Computation of Public Support | | | <u> </u> | | | |
| 14 | Public support percentage for 2017 (line | | | 1, column (f)) | • | 14 | 86 % |
| 15 | Public support percentage from 2016 Sci | | | 1: 40 | | 15 | 83 % |
| 16a | 331/3% support test—2017. If the organ box and stop here. The organization qua | | | | 10 line 14 is 33 | 31/3% or more, | |
| К | | | • | • | a and line 15 | 15 221 mg/ or m | |
| | b 331/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | |
| 17a | 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. | | | | | | |
| b | 10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization resupported organization | ation meets th | e "facts-and-c | orcumstances' | ' test, check t | this box and s | stop here. |
| 18 | Private foundation. If the organization di | d not check a | box on line 13. | , 16a, 16b, 17a | ı, or 17b. checl | k this box and | |
| • | instructions | | | | | · | . b \Box |

| Part | (Complete only if you checked the | | | | nization failed | to qualify ur | nder Port II |
|-------|---|------------------|---------------------------------------|---------------------------------------|--------------------|------------------|-------------------|
| | If the organization fails to qualify | | | | | | idel Part III |
| Socti | on A. Public Support | under the te | sts listed beit | ow, please co | omplete Fait | | |
| | dar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (-) 0015 | (4) 0016 | (-) 2017 | 10/Tatal |
| Calen | Gifts, grants, contributions, and membership fees | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f)/Total |
| ' | received (Do not include any "unusual grants") | \ | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| ~ | sold or services performed, or facilities | 1 | | | | | |
| | furnished in any activity that is related to the | \ \ | | | | | |
| _ | organization's tax-exempt purpose | \\ | - | | | | |
| 3 | Gross receipts from activities that are not an | | 1 | | | | |
| | unrelated trade or business under section 513 | | | | ļ, | <i>[</i> | |
| 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 | | | | | | ļ |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | |) . <i>.</i> |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | | | X | | i | |
| | persons that exceed the greater of \$5,000 | | 1 | " \ | | | |
| | or 1% of the amount on line 13 for the year | | | \ | | | |
| С | Add lines 7a and 7b | | | 1 | | | |
| 8 | Public support. (Subtract line 7c from | 4 | 2 / | " July " | y, | , | |
| | line 6) | | - 1. | · · · · · · · · · · · · · · · · · · · | 1 - = 2 5° | -43 kg | |
| Secti | on B. Total Support | | | 1 | | | |
| Calen | dar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015\ | (d) 2016 | (e) 2017 | (f) Total |
| 9 | Amounts from line 6 | | | 1 | | | |
| 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 | | İ | | \ | | |
| | acquired after June 30, 1975 | | | | | - | - |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated buşiness | | | | | | |
| | activities not included in line 10b, whether | | | | \ | | |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain or | | | | \ | | |
| | loss from the sale of capital assets | | | | \ | | |
| | (Explain in Part VI) | | 1 | | \ | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | \ | |
| | and 12) | | <u> </u> | | | | |
| 14 | First five years. If the Form 990 is for the | ne organization | n's first, secon | d, third, fourth | n, or fifth tax ye | ear\as a sectio | n 501(c)(3) |
| | organization, check this box and stop he | re | | | | \ | ▶ 📋 |
| Secti | on C. Computation of Public Suppor | rt Percentag | e | | | | |
| 15 | Public support percentage for 2017 (line | 8, column (f) d | ivided by line 1 | 3, column (f)) | | 15 | % |
| 16 | Public support percentage from 2016 Sci | nedule A, Part | III, line 15 | | | 16 \ | % |
| Secti | on D. Computation of Investment In | come Perce | ntage | | | | |
| 17 | Investment income percentage for 2017 (| line 10c, colur | nn (f) divided b | y line 13, colu | mn (f)) | 17 | % |
| 18 | Investment income percentage from 2010 | | | | | 18 | % |
| 19a | 331/3% support tests-2017. If the organ | | | | | | |
| | 17 is not more than 331/3%, check this box | | | | | | |
| b | 331/3% support tests - 2016. If the organiz | zation did not d | check a box on | line 14 or line | 19a, and line 16 | s is more than 3 | 331/3%, and |
| - | line 18 is not more than 331/3%, check this | | | | | | |
| 20 | Private foundation. If the organization d | id not check a | box on line 14, | , 19a, or 19b, | check this box | and see instru | ctions 🕨 🗆 |
| | | | | | | | 0.or 990-EZ) 2017 |

Part V Supporting Organizations

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

| Section A. | Αll | Supporting | Organizations |
|------------|-----|------------|----------------------|

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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**.
- 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)
- B 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.**
- 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.)

| | | Yes | No | |
|--------|----------------|-------------------------|--|---|
| ing | 1000 | | | |
| | | 2.4 | | |
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| Part | V Supporting Organizations (continued) | |
|--------|---|---------------------------------------|
| | | Yes No |
| 11 . | Has the organization accepted a gift or contribution from any of the following persons? | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a |
| . р | A family member of a person described in (a) above? | 11b |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c |
| Secti | ion B. Type I Supporting Organizations | |
| | | Yes No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year | 1 |
| | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supporting organization | 2 |
| Secti | ion C. Type II Supporting Organizations | |
| | ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, | Yes No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) | 1 |
| Secti | ion D. All Type III Supporting Organizations | |
| | | Yes No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) | 2 |
| . 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard | 3 |
| Secti | on E. Type III Functionally Integrated Supporting Organizations | - |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i | instructions) |
| а | The organization satisfied the Activities Test Complete line 2 below | |
| b | ☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> | |
| c | ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (| (see instructions) |
| • | | · · · · · · · · · · · · · · · · · · · |
| 2 | Activities Test Answer (a) and (b) below. | Yes No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities | 2a |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement | 2b |
| 3 a | Parent of Supported Organizations <i>Answer (a) and (b) below</i> . Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> . | 3a |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard | 3b |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical | jani | zations | | | | |
|--|------|---|--------------------------------|--|--|--|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | | | | | | |
| instructions. All other Type III non-functionally integrated supporting organizations must complete 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 | | | | | | |
| 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 | 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) | | | |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | | | | |
| instructions for short tax year or assets held for part of year) | | | | | | |
| a 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) | 1d | | ; | | | |
| e Discount claimed for blockage or other | | | | | | |
| factors (explain in detail in Part VI) | | | | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | | | |
| 3 Subtract line 2 from line 1d | 3 | | | | | |
| 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, | . | | | | | |
| see instructions) | 4 | . ` | | | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | • , | | | |
| 6 Multiply line 5 by 035 | 6 | | | | | |
| 7 Recoveries of prior-year distributions | 7 | | | | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | | | | |
| Section C - Distributable Amount | | | Current Year | | | |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | | | | |
| 2 Enter 85% of line 1 | 2 | AND THE STATE OF T | | | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | THE PART OF THE PARTY OF | | | | |
| 4 Enter greater of line 2 or line 3 | 4 | SHADE HAVE BUT IN | | | | |
| 5 Income tax imposed in prior year | 5 | 网络沙鸡鸡鸡鸡鸡鸡 | | | | |
| 6 Distributable Amount Subtract line 5 from line 4, unless subject to | | | | | | |
| · emergency temporary reduction (see instructions) | 6 | 公开。1998年 1998年 | | | | |
| 7 Check here if the current year is the organization's first as a non-functional instructions) | y in | tegrated Type III supporting | organization (see | | | |

| હોવ | | Supporting Organ | zations (continued) | |
|------------|---|--|--|--|
| Secti | on D - Distributions | · | | Current Year |
| _1 | Amounts paid to supported organizations to accomplish | | | |
| 2 | Amounts paid to perform activity that cirectly furthers exe | empt purposes of suppo | rted | |
| | organizations, in excess of income from activity | <u> </u> | | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported orga | inizations | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI) See instructions | | | |
| 7 | Total annual distributions. Add lines 1 through 6 | | | |
| 8 | Distributions to attentive supported organizations to which | h the organization is res | sponsive | , |
| | (provide details in Part VI) See instructions | | | , |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | 1 |
| 10 | Line 8 amount divided by line 9 amount | | | |
| ' Se | ection E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| 1 | Distributable amount for 2017 from Section C, line 6 | MANAGE STATES | STATE OF THE STATE | |
| 2 | Underdistributions, if any, for years prior to 2017 | AD ALL STREET, SES | | |
| | (reasonable cause required - explain in Part VI) See | | ~ | |
| | instructions | | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | |
| а | 网络罗拉尔斯特尔斯特尔斯特尔斯特尔斯特尔斯特尔斯特尔斯特尔斯特尔斯特尔斯特尔斯特尔斯特尔 | | | 多来的影响 |
| b | From 2013 | 经验的基础的 | が表現がある。 | A PROPERTY OF THE STATE OF THE |
| С | From 2014 | 洲域外域。130 00000000000000000000000000000000000 | | AND THE PARTY OF T |
| d | From 2015 | | | |
| е | From 2016 | | | |
| f | Total of lines 3a through e | , | はいればはいかられば | KAKATEN MEN |
| g | Applied to underdistributions of prior years | | | Patrick Commence of the |
| h | Applied to 2017 distributable amount | | 主法经济的意识的 | |
| <u>i</u> | Carryover from 2012 not applied (see instructions) | ACCOUNT OF THE PARTY OF THE PAR | 社会学者的基本的 | |
| <u>j</u> | Remainder Subtract lines 3g, 3h, and 3i from 3f | | | 語が必要が必要が必要 |
| 4 | Distributions for 2017 from | The second secon | | |
| | Section D, line 7 \$ | | | Year Color Value |
| d | Applied to underdistributions of prior years | | | |
| <u>b</u> _ | Applied to 2017 distributable amount | PERSONAL PROPERTY. | | |
| <u>c</u> | Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 | Remaining underdistributions for years prior to 2017, if | | , | |
| ٠, | any Subtract lines 3g and 4a from line 2 For result | | | |
| | greater than zero, explain in Part VI. See instructions | | So a reconstitution to a su because danger on | |
| 6 | Remaining underdistributions for 2017 Subtract lines 3h | | | - |
| | and 4b from line 1 For result greater than zero, explain in | | | |
| | Part VI. See instructions | | | Priliping printi inggan yang bersang bersang |
| 7 | Excess distributions carryover to 2018 Add lines 3j and 4c | | | |
| 8_ | Breakdown of line 7 | SHARW SETTING | | |
| а | Excess from 2013 | TEVENTANTA | | |
| b | Excess from 2014 | | TO BEFORE WAS A STATE OF THE ST | |
| С | Excess from 2015 | | | |
| d | Excess from 2016 | | 阿里以 安下公司。 | |
| е | Excess from 2017 | | | |
| | | · - · - — — — — — — — — — — — — — — — — | | |

| Part VI. | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Parc V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions) |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

| Name o | of the or | ganization | | Employe | r identification number |
|--------|-----------------|---|---|-------------|---------------------------------|
| Family | Promi | se of Augusta Inc. | | | 58-2279801 |
| Par | t I | Organizations Maintaining Donor Adv | rised Funds or Other Similar Fun | ds or A | |
| | | Complete if the organization answered ' | | | |
| | | | (a) Donor advised funds | | (b) Funds and other accounts |
| 1 | Total | number at end of year | | | |
| 2 | Aggre | egate value of contributions to (during year) | | | |
| 3 | Aggre | egate value of grants from (during year) | | | |
| 4 | Aggre | egate value at end of year . | | | |
| 5 | | he organization inform all donors and donor are the organization's property, subject to the | | | onor advised Yes No |
| 6 | only t | ne organization inform all grantees, donors, a for charitable purposes and not for the benet erring impermissible private benefit? | | | |
| Par | t II | Conservation Easements. | | | |
| | | Complete if the organization answered ' | "Yes" on Form 990, Part IV, line 7 | | |
| 1 | Purpo | ose(s) of conservation easements held by the | organization (check all that apply) | | |
| | □ P | reservation of land for public use (e g , recrea | tion or education) Preservation of | f a histor | rically important land area |
| | □ P | rotection of natural habitat | ☐ Preservation of | f a certifi | ed historic structure |
| | | reservation of open space | | | |
| 2 | | olete lines 2a through 2d if the organization he | eld a qualified conservation contribution | on in the | form of a conservation |
| | easer | nent on the last day of the tax year | | | Held at the End of the Tax Year |
| а | Total | number of conservation easements | | | 2a |
| b | Total | acreage restricted by conservation easement | s | | 2b |
| С | Numb | per of conservation easements on a certified h | nistoric structure included in (a) | | 2c |
| d | | per of conservation easements included in | (c) acquired after 7/25/06, and not | on a | |
| | | ic structure listed in the National Register | | | 2d |
| 3 | | per of conservation easements modified, trans | sferred, released, extinguished, or tern | nınated l | by the organization during the |
| | tax ye | | | | |
| 4 | | per of states where property subject to conse | | | _ |
| 5 | | the organization have a written policy requons, and enforcement of the conservation ea | | pection, | handling of Yes No |
| 6 | Staff a | and volunteer hours devoted to monitoring, inspect | ting, handling of violations, and enforcing o | conservat | tion easements during the year |
| 7 | Amou ►\$ | nt of expenses incurred in monitoring, inspectin | g, handling of violations, and enforcing | conserva | ation easements during the year |
| 8 | | each conservation easement reported on line ection 170(h)(4)(B)(ii)? | 2(d) above satisfy the requirements of | section | 170(h)(4)(B)(i) ☐ Yes ☐ No |
| 9 | balan | t XIII, describe how the organization reports on the sheet, and include, if applicable, the text of dization's accounting for conservation easeme | of the footnote to the organization's fin | | |
| Part | | Organizations Maintaining Collections Complete if the organization answered ' | · · · · · · · · · · · · · · · · · · · | Other | Similar Assets. |
| 1a | | organization elected, as permitted under SFAs of art, historical treasures, or other similar | | | |
| | public | service, provide, in Part XIII, the text of the f | ootnote to its financial statements that | t describ | es these items |
| b | works public | organization elected, as permitted under S of art, historical treasures, or other similar c service, provide the following amounts relati | assets held for public exhibition, ed | | |
| | (i) Re | evenue included on Form 990, Part VIII, line 1 | | | > \$ |
| | | sets included in Form 990, Part X | | | ► \$ ► \$ |
| 2 | | organization received or held works of art, ring amounts required to be reported under S | | | tor financial gain, provide the |
| а | Rever | nue included on Form 990, Part VIII, line 1 | | | > \$ |
| b | Asset | s included in Form 990, Part X | | | > \$ |

| Part | | | | | | | | | |
|---|---|------------------------------|--------------|--------------|-----------------------|-------------|--------------------------|------------------|---------------|
| 3 | Using the organization's acquisition, a collection items (check all that apply) | accession, and ot | her record | ds, checl | k any of th | e follow | ing that are a s | significant u | ise of its |
| а | ☐ Public exhibition | | d [| Loan | or exchang | ae progra | ams | | |
| b | Scholarly research | | е「 | _] Other | _ | - | | | |
| С | Preservation for future generations | | _ | | | | | | |
| 4 | Provide a description of the organizati | on's collections a | and explai | n how th | nev further | the orga | anızatıon's exer | mpt purpos | e in Part |
| | XIII | | | | | | | | |
| 5 | During the year, did the organization | solicit or receive | donations | of art. I | nistorical tr | easures | . or other simil | ar | |
| | assets to be sold to raise funds rather | | | | | | - | | ☐ No |
| Part | IV Escrow and Custodial Arra | ngements. | - | | | | | | |
| | Complete if the organization 990, Part X, line 21 | answered "Yes" | on Forn | n 990, F | art IV, line | e 9, or r | eported an ar | mount on f | orm |
| 1a | Is the organization an agent, trustee, included on Form 990, Part X? | custodian or oth | er interme | ediary fo | r contribut | ions or | other assets n | | ☐ No |
| b If "Yes," explain the arrangement in Part XIII and complete the following table | | | | | | | | | |
| | | | | | | ļ | P | mount | |
| C | Beginning balance | | • | | | 1c | | | |
| đ | Additions during the year | | • | | | 1d | | | |
| e | Distributions during the year | | | | | 1e | <u> </u> | | |
| f | Ending balance | | | 0.4 .6 | | 1f | | | |
| 2a | Did the organization include an amoun | | | | | | | y" ∐ Yes | ∐ No |
| | If "Yes," explain the arrangement in Pa V. Endowment Funds. | rt XIII Check nere | e if the exp | olanation | nas been | provide | d on Part XIII | | |
| r al | Complete if the organization | answered "Vec" | " on Form | - 000 E | Part IV June | . 10 | | | |
| | Complete if the organization | (a) Current year | (b) Prior | | (c) Two year | | (d) Three years bac | k (e) Four ye | are back |
| 1a | Beginning of year balance | 36,033 | (5) (1.0) | 34,690 | (0) 1110 you | | | | |
| b | Contributions | 30,033 | | 34,090 | | 34,977 | 32,75 | 04 | 32,319 |
| C | Net investment earnings, gains, and | | | | • | | M — | | |
| Ū | losses | 4.470 | | 1 075 | | 270 | 2.7 | | 000 |
| d | Grants or scholarships | 4,479 | | 1,875 | | 378 | 2,73 | 52 | 823 |
| e | Other expenditures for facilities and | · | | | | | | | |
| | programs | | | | | | | | |
| f | Administrative expenses | | | 532 | | 665 | 5.0 | 09 | 388 |
| g | End of year balance | 40,512 | | 36,033 | · · · | 34,690 | 34,97 | | 32,754 |
| 2 | Provide the estimated percentage of the | | d balance | | column (a | | | <u> </u> | 32,734 |
| а | Board designated or quasi-endowmen | - | 0% | (| | ,,, | • | | |
| b | Permanent endowment ► | % | ' ' | | | | | | |
| С | Temporarily restricted endowment ▶ | % | | | | | | | |
| | The percentages on lines 2a, 2b, and 2 | c should equal 10 | 00% | | | | | | |
| 3a | Are there endowment funds not in the | | | ation tha | t are held | and adn | ninistered for th | ne | |
| | organization by | | | | | | | ĨΥ | es No |
| | (i) unrelated organizations | • | | | | | | 3a(i) | √ |
| | (ii) related organizations | | | | | | | 3a(ii) | 1 |
| b | If "Yes" on line 3a(ii), are the related or | ganizations listed | as require | ed on Sc | hedule R? | | | 3b | |
| 4 | Describe in Part XIII the intended uses | of the organization | n's endov | vment fu | ınds | | | | |
| Part | | | | | | | | | |
| | Complete if the organization | answered "Yes' | on Form | า 990, F | art IV, line | e 11a. S | See Form 990, | , Part X, Iır | <u>ie 10.</u> |
| | Description of property | (a) Cost or oti (investmi | I | | r other basis her) | | ccumulated preciation | (d) Book | /alue |
| 1a | Land | | | | | | | | |
| b | Buildings | | | | 309,200 | | 184,271 | 40.000, 40.40.40 | 124,929 |
| С | Leasehold improvements | | | | 54,859 | | 42,471 | | 12,388 |
| d | Equipment | | | | 30,346 | | 29,926 | - | 420 |
| е | Other | | | | 150,104 | | 66,831 | | 83,273 |
| Total. | Add lines 1a through 1e (Column (d) m | ust equal Form 99 | 90, Part X, | column | |)c) | • | | 221,010 |

(8)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶

| Scheanie D (La | m 990) 2017 | | | Page |
|--|---|--|---------------------------------------|--|
| Part VII | Investments - Other Securities. | | | • |
| | Complete if the organization answered "Yes" on Fo | | | |
| • | (a) Description of security or category (including name of security) | (b) Book value | | hod of valuation -of-year market value |
| (1) Financial | derivatives . | - | | ٠, |
| (2) Closely-h | neld equity interests | | | |
| (3) Other | | • • | | |
| ^(A) Pooled | Investment account at Community Foundation for CSRA | 40,512 | FMV | |
| (B) | · | , 1 | : | , |
| (C) | · | • | | |
| (D) 1 | . (| | | • • |
| (E) | | | | |
| (F) | | - | | |
| (G) | · | | | <u></u> _ |
| (H) | 15 000 D 17 1/01 401 b | | The MITTHE LANGE AND AND ARREST | and the state of t |
| Company of the Compan | b) must equal Form 990, Part X, col (B) line 12) ▶ | | | |
| Raid VIII | Investments – Program Related. Complete if the organization answered "Yes" on Fo | rm 000 Dort IV lin | o 11a Caa Farm | OOO Dort V June 12 |
| | (a) Description of investment | | | thod of valuation |
| | (a) Description of investment | (b) Book value | | nod of valuation -of-year market value |
| (1) | | | , | |
| (2) | | | | , ,, ,, |
| (3) | | | | |
| (4) | | <u> </u> | | |
| (5) | · · · · · · · · · · · · · · · · · · · | | • | |
| (6) | | <u>'</u> | · · · · · · · · · · · · · · · · · · · | |
| (7) | | | , | |
| (8) | | · · · · · · · · · · · · · · · · · · · | - | . |
| Total (Column (| b) must equal Form 990, Part X, col. (B) line 13) ▶ | | CONTRACTOR STATES | The state of the s |
| Parte X | Other Assets. | <u> </u> | | |
| | Complete if the organization answered "Yes" on Fo | orm 990 Part IV Jun | a 11d Saa Form | , 000 Part V line 15 |
| | (a) Description | 7111 550, 1 411 17, 111 | c ita decitorii | (b) Book value |
| (1) | | | | |
| (2) | | · | | |
| (3) | | | | |
| (4) | | · | | |
| (5) | , | | | |
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| (9) , | | | | |
| The state of the s | mn (b) must equal Form 990, Part X, col (B) line 15) | | <u> </u> | |
| Part X | Other Liabilities: Complete if the organization answered "Yes" on Fo | orm 990, Part IV, lin | e 11e or 11f See | e Form 990, Part X, |
| 1. | line 25 , (a) Description of liability (b) Book value | THE POST OF THE PARTY OF THE PA | Kiroka seri di Palabera | na ing kanggang ang 1965 |
| (1) Federal in | | | | |
| | icome taxes * | | | |
| (2) | · | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| 1-1 | | | | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

| | Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 99 | | • | Return. | |
|-----------|--|-----------------|---------------|--------------|---------|
| 1 | Total revenue, gains, and other support per audited financial statemen | | 124. | 4 | 240.444 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | 11.5 | • | 1 | 310,116 |
| a | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | 42.042 | d | |
| c | Recoveries of prior year grants | 2c | 42,042 | | |
| d | Other (Describe in Part XIII) | 2d | | | |
| e | Add lines 2a through 2d . | 2.0 | | | 42,042 |
| 3 | Subtract line 2e from line 1 | | | 3 | 268,074 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | 1 1 | | | 200,07 |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, I | line 12) | | 5 | 268,074 |
| Part | XII. Reconciliation of Expenses per Audited Financial State | tements Wit | h Expenses pe | r Return. | |
| | Complete if the organization answered "Yes" on Form 99 | 0, Part IV, Iir | ne 12a | | |
| 1 | Total expenses and losses per audited financial statements | | - | 1 | 305,084 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| а | Donated services and use of facilities | 2a | 42,042 | | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | | |
| d | Other (Describe in Part XIII) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 42,042 |
| 3 | Subtract line 2e from line 1 | | | 3 | 263,042 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII) | 4b | | | |
| | Add lines 4a and 4b | lun = 40 \ | | 4c | |
| 5 Part | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. XIII Supplemental Information. | , iine 18) | | 5 | 263,042 |
| 2, Parl | e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this p | | | | , - , - |
| needed | Line 4 Intended Uses of Endowment Fund - Income of the Fund is to be used. The Principal is not be encroached upon except in the event of a disaster promise of Augusta, Inc. | ed for the oper | | romise of Au | |
| needed | Line 4 Intended Uses of Endowment Fund - Income of the Fund is to be used. The Principal is not be encroached upon except in the event of a disaster | ed for the oper | | romise of Au | |
| needed | Line 4 Intended Uses of Endowment Fund - Income of the Fund is to be used. The Principal is not be encroached upon except in the event of a disaster | ed for the oper | | romise of Au | |
| needed | Line 4 Intended Uses of Endowment Fund - Income of the Fund is to be used. The Principal is not be encroached upon except in the event of a disaster | ed for the oper | | romise of Au | |
| needed | Line 4 Intended Uses of Endowment Fund - Income of the Fund is to be used. The Principal is not be encroached upon except in the event of a disaster | ed for the oper | | romise of Au | |
| needed | Line 4 Intended Uses of Endowment Fund - Income of the Fund is to be used. The Principal is not be encroached upon except in the event of a disaster | ed for the oper | | romise of Au | |
| needed | Line 4 Intended Uses of Endowment Fund - Income of the Fund is to be used. The Principal is not be encroached upon except in the event of a disaster | ed for the oper | | romise of Au | |

| chedule D (Fo | | Page 5 |
|---------------|--|---|
| Part XIII | Supplemental Information (continued) | |
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Go to www irs gov/Form990 for the latest instructions Name of the organization Employer identification number Family Promise of Augusta Inc. 58-2279801 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Part I: Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply 1 ☐ Mail solicitations e Solicitation of non-government grants а ☐ Internet and email solicitations □ Solicitation of government grants Phone solicitations Special fundraising events 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (or retained by) (i) Name and address of individual (or retained by) fundraiser listed in col (i) (iv) Gross receipts (ii) Activity custody or control of or entity (fundraiser) from activity contributions? organization Yes Νo 1 3 8 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

| Pa | art II | Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that | ng event contributions | | | |
|------------------------|--------------------|---|---|--|--------------------------|--|
| | | | (a) Event #1 Golf Marathon (event type) | (b) Event #2 Cardboard Box City (event type) | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
| Revenue | 1 | Gross receipts | 92,862 | 5,633 | | 98,495 |
| æ | 2 | Less Contributions | 92,682 | 5,633 | | 98,495 |
| | 3 | Gross income (line 1 minus line 2) | 0 | 0 | | 0 |
| | 4 | Cash prizes | 200 | | | 200 |
| | 5 | Noncash prizes | 309 | | | 309 |
| sesus | 6 | Rent/facility costs | 3000 | 365 | | 3,365 |
| Direct Expenses | 7 | Food and beverages | | | | |
| Direc | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 5,743 | 452 | | 6,195 |
| Pa | 10 11 rt III | Direct expense summary Ac Net income summary Subtra Gaming. Complete if the than \$15,000 on Form 9 | act line 10 from line 3, c e organization answer | olumn (d) | 00, Part IV, line 19, or | 10,069 -10,069 reported more |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
| Be — | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| Expenses | 3 | Noncash prizes | | , | | |
| Direct E | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | □ Ves % | ☐ Yes % | ☐ Yes % | |
| | 6 | Volunteer labor | ☐ Yes% | ☐ Yes% | ☐ Yes % | |
| | 7 | Direct expense summary Ad | ld lines 2 through 5 in co | olumn (d) | • | |
| | 8 | Net gaming income summar | y Subtract line 7 from li | ne 1, column (d) | > | |
| 9 | a is | nter the state(s) in which the or the organization licensed to co 'No," explain | - | s in each of these states | | ☐ Yes ☐ No |
| 10 | | ere any of the organization's g 'Yes," explain | aming licenses revoked | · | • | |

| Schedu | ule G (Form 990 or 990-EZ) 2017 | | | Page 3 |
|----------|--|------|-------|--------|
| 11 12 | Does the organization conduct gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? | | | □ No |
| 13 | Indicate the percentage of gaming activity conducted in | י עו | res L | _) INO |
| а | The organization's facility . 13a | | | % |
| b 14 | An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records | | | % |
| | Name ▶ | | | |
| | Address ▶ | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | □ \ | res [| □ No |
| b | amount of gaming revenue retained by the third party ► \$ | | | |
| С | If "Yes," enter name and address of the third party . | | | |
| | Name ▶ | | | |
| | Address ▶ | | | |
| 16 | Gaming manager information | | | |
| | Name ▶ | | | |
| | Gaming manager compensation ▶ \$ | | | |
| | Description of services provided ▶ | | | |
| | ☐ Director/officer ☐ Employee ☐ Independent contractor | | | |
| 17 a | Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | | ∕es 「 | □No |
| h | | | | |
| Part | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional infor See instructions | | | t |
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

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OMB No 1545-0047

Open to Public Inspection

| Name of the organization | Employer identification num |
|--|-----------------------------|
| Family Promise of Augusta Inc | 58-2279801 |
| Part I General Information on Grants and Assistance | |
| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and | assistance, and |
| the selection criteria used to award the grants or assistance? | |

°N □ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance ✓ Yes 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. (g) Description of noncash assistance (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) (b) EIN 1 (a) Name and address of organization or government (12) Part II (1) a (2) 9 (10 ල 4 <u></u> <u>N</u> 5 <u>@</u>

Schedule I (Form 990) (2017)

Cat No 50055P

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

Part

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed

| | | manage of a smale | | | | |
|--------------|--|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| 1 FFSD grant | near C | 45 | 000 4 | • | | |
| 2 various | Sn | undetermined | | udetermined fmv | | see below |
| က | | | | | | |
| 4 | | | | - | | |
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| 9 | | | | | | |
| 7 | | | | | | • |
| Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information | the information re | quired in Part I, line | e 2; Part III, column | (b), and any other addit | ional information |

(2) Family Promise assists clients by providing food, car repairs, medical supplies, school supplies for children, clothing for job interviews or special clothing or tools need for jobs. Donated materials, services, equipment and supplies, if material, are reflected as contributions in the accompanying statements at their estimated value at date of notification. Family and therefore is not included in the 990 and accompanying schedules. To the extent that the organization receives extensive donations, that normally the Organization would have to Promise receives numerous small donations of household items, supplies, clothing and other miscellaneous donations. The individual value of these items has not been determined purchase items such as clothing for guests, work and school supplies, and post program housing needs, program services appear lower in proportion to general and administrative expenses had such items been valued and recorded in the financial statements (1) The EFSP grant is for meals provided in our program in 2017, we provided 6,456 meals to the 45 individuals serviced in our program.

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| Family | Promise of Augusta | Inc_ | | | | | | | | 58-2 | 2798 | 01 | | |
|-------------|-------------------------------------|------------------------------------|--|-----------------|--|-------------------------------|-----------------|--------------------------------------|------------------|----------------|-------------|----------|------------------|---------|
| Part | Excess Bene Complete if the | fit Transaction ne organization | ns (section 501 answered "Ye | (c)(3) s" on | , section Form 99 | 501(c)(4), a 0, Part IV, I | nd 50 ine 25 | 1(c)(29) organiz sa or 25b, or Fo | ations rm 990 | only) 0-EZ, | Part ' | V, lıne | 40b | |
| 1 | (a) Name of disqualified | person | (b) Relationship be | etween | disqualified | person and | | (c) Description | n of tran | neaction | ` | | (d) Cor | rected? |
| • | (a) Name of disquamed | person | _ | organiz | zation | | L | (c) Descriptio | ni Oi liai | | • | _ | Yes | No |
| (1) | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | |
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| (5) | | | | | | | | | | | | | | |
| (6) | | | | | | | ļ | | | | | | | |
| 2 | Enter the amount under section 4958 | | by the organ | nizatio | on manaç | gers or dis | qualif | ied persons du | iring tl | he ye | ar ▶ ⊈ | · | | |
| 3 | Enter the amount of | of tax, if any, on | line 2. above. | reimb | oursed by | the organ | ızatıcı | n | | | ▶ \$ | <u>'</u> | | |
| Ŭ | gillor tillo dillodilli o | | | | , | ino organ | | • | | ' | • | ´ | - | |
| Part | T Loans to and | /or From Inter | ested Person | S. | | | | _ | | | | | | |
| | Complete if th | ne organization | answered "Ye | s" on | Form 99 | 0-EZ, Part | V, line | 38a or Form 9 | 90, Pa | rt IV, | line 2 | 6, or 1 | f the | |
| | organization r | eported an am | ount on Form | 990, F | Part X, lini | e 5, 6, or 2: | 2 | | | | | | | |
| (a) No | ame of interested person | (b) Relationship | (c) Purpose of | (4) 1 | oan to or | (e) Origin | nal | (f) Balance due | (a) In c | default? | (b) An | oroved | (1) \\(\lambda\) | ritten |
| (a) IV | anc or interested person | with organization | loan | fr | om the | principal an | | (I) Dalance due | (9) "" | aciauli. | by bo | oard or | | ment? |
| | | | | orga | anization? |] | | | | | comn | nittee? | | |
| | | | ļ | То | From | | | | Yes | No | Yes | No | Yes | No |
| (1) | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | |
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| (6) | | | | <u>L</u> | | | | | | | | | | |
| (7) | | | | <u></u> | | | | | | | | | | |
| (8) | | <u> </u> | | | | | | | | | | | | |
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| (10) | | | | <u></u> | | | | | | <u> </u> | | | | |
| Total | | | | | <u>. </u> | | • | \$ | | | | đ | 3 | . 1 |
| Part | | sistance Bene ne organization | | | | 0, Part IV, I | ıne 27 | , | | | | | | |
| (a) | Name of interested perso | | ship between inter | | (c) Amount | of assistance | (| d) Type of assistant | ce | (e) | Purpo | se of a | ssistan | ce |
| (1) | | | | | | | | | | | | | | |
| (2) | | | | _ | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | - | |
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| (6) | | | | | 1 | | | | | | | | - | |
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| (8) | | | | | | | | | | | | | | |
| (9) | | | ······································ | | | | | | | | | | | |
| (10) | | | - | | | | | | | | | | | |
| | nerwork Reduction A | ct Notice see t | he Instructions | for Fo | rm 990 o | 990-FZ | Ca | at No 50056A | Sche | dule L | (Form | 990 or | 990-E | Z) 2017 |

| (a) Name of interested person | | (b) Relationship between interested person and the organization | (r) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---|---------------------------|--------------------------------|---|-------|
| | | | - 11 | | Yes | No |
| (1) Gary | Billingsley MD | Chairman 2017 | 856 | Unconditional promise to give | | 1 |
| (2) Ryan | | Trustee | 856 | Unconditional promise to give | | 1 |
| | Cappes MD | Trustee | 856 | Unconditional promise to give | | ✓ |
| (4) | | | | | | |
| (5) | | | | | | |
| <u>(6)</u> (7) | | | 1 | | - | |
| (8) | | | | | | |
| (9) | | | ···· | | _ | |
| 10) | | | | | _ | |
| Part V | Supplemental Information Provide additional information | on for responses to questions | on Schedule L (see | instructions) | | |
| amily Pro | mise | | | | | |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

| Family Promise of Augusta Inc. | 58-2279801 |
|---|--|
| 990 Part VI-B Line 11b Review of 990 by Governing Body | |
| Family Promise of Augusta has a written policy whereby the completed 990 is reviewed before filing b | y the Board of Trustees and is made |
| available for review by any trustee not in attendance. The trustees sign a document that they have had | d a chance to review and discuss the |
| 990 The trustees are also informed the 990 is available for review at any time in the Family Promise o | ffice The minutes of the meeting |
| include the review of the 990. | |
| 990 Part VI-C Line 19 Disclosure to the Public | |
| Family Promise of Augusta makes its governing documents, conflict of interest statement and financi | al statements available to the public at |
| its office upon request | |
| 990 Part VI-B Line 15 Determining Compensation for Trustees, Officers and Key Employees | |
| Trustees and officers are not compensated. The Finance Committeee sets the salary range for the Exe | ecutive Director during the budgeting |
| process based upon financial resources and prevailing salaries of similar positions. The Personnel Co | ommittee reviews the performance of |
| the Executive Director and the Board of Trustees approves the recommended raise | |
| 990 Part VI B Line 12c Conflicts of Interest | <u>></u> |
| Family Promise of Augusta has a written conflict of interest policy and annually all officers, trustees a | nd key employees complete disclosure |
| forms. They also agree to let us know during the year if they enter into any relationship posing a conf | lict. |
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| Schedule O (Form 990 or 990-EZ) (2017) | Page 2 |
|--|--------------------------------|
| Name of the organization | Employer identification number |
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