						294933	4800715	
Form	9	90	Retur	n of Organization E	Exempt From Inco	me Tax	OMB No 1545-004	.7
		<u></u>		_	-		2018	
				c), 527, or 4947(a)(1) of the In nter social security numbers			Open to Public	
		of the Treasury nue Service	_	www.irs.gov/Form990 for ins	-	•	Inspection	•
			ar year, or tax year begi		, 2018, and e		. 20	_
		applicable		ily Promise of Augus			D Employer identification	no
□ A	ddress	change	Doing business as				58-2279801	
□ N	ame cl	hange	Number and street (or P O b	ox if mail is not delivered to street addre	ss)	Room/suite	E Telephone number	
_ In	itial ret	tum	2177 Central A	venue			(706) 364-4402	
☐ F:	nal ret	um/terminated	City or town, state or province	e, country, and ZIP or foreign postal cod	е		G Gross receipts	
ון י	mende	d return	Augusta, GA 30	904			\$ 285,070	
∐ A	pplicati	ion pending	F Name and address of princip	al officer		H(a) Is this a group return fi	or subordinates? Yes	No
						H(b) Are all subordinate	es included? Yes	Νo
			501(c)(3) 501(c) () ◀ (insert no)	or 527	If "No." attach	a list (see instructions)	
	ebsite		ilypromiseofaugu		1 00	H(c) Group exemption		
Par		Summar		sociation Other	L Year of formation 1	.997 M State of lega	al domicile GA	
i ai	1			sion or most significant activitie	o mbo mission of	Espálas Promása	- F 3	
	'	-	=	to help low-income i				
ဥ		CO MODII	TZE COMMUNITCIES	co help low-income i	amilies achieve an	d sustain indep	pendence.	
Ē					· · · · · · · · · · · · · · · · · · ·			
Ver	2	Check this be	ox ▶ ☐ if the organization	n discontinued its operations of	r disposed of more than 25%	of its net assets		_
ő	3			erning body (Part VI, line 1a)		1	1	14
Activities & Governance	4		_	rs of the governing body (Part				14
ńtie	5			n calendar year 2018 (Part V,		_		
Ę	6		of volunteers (estimate if				2,6	33
⋖	7a			Part VIII, column (C), line 12				<u></u>
	Ь			- f F 000 T l 00	· · · · · · · · · · · · · · · · · · ·			
				1	11210	Prior Year	Current Year	_
	8	Contributions	and grants (Part VIII, line	e 1h)	!! (?!?][263,58	2 281,4	17
Jue	9	Program ser	vice revenue (Part VIII, lin	ie 2g)	[
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		4,49	2 (26,1	83
æ	11	Other revenu	e (Part VIII, column (A), li	nes 5, 6d, 8c, 9c, 10c, and 11e)			
	12			(must equal Part VIII, column (A), line 12)	268,07	4 255,2	34
	13			IX, column (A), lines 1-3)		4,30	8 8,1	55
	14	•	to or for members (Part I					C
S.	15			e benefits (Part IX, column (A)	, lines 5-10)	134,90	0 146,0	13
SS			fundraising fees (Part IX,	, , ,				0
Expenses	1		sing expenses (Part IX, co		CEIVE 18,833			
ш	17		es (Part IX, column (A), l	1 K		123,83		
	18		•	t equal Part IX, column (A), line		263,04		
	19	Revenue les	s expenses Subtract line	18 from line 12 (1) . X(()	V. 1 0. 20 9	5,03		76
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)		<u> </u>	Beginning of Current Year	End of Year	
Asse Bal	21		` . <u>_</u>	OG	DEN; UT	407,46		
Zet.	22		fund balances Subtrac		***************************************	19,30: 388,16		
Par			re Block	. mo E i nom mio 20		300,10	5 344,3	0 9
				um, including accompanying schedules a	and statements, and to the best of my l	knowledge and belief, it is		
true, c	orrect,	and complete Dec	laration of preparer (other than of	um, including accompanying schedules in ficer) is besigned all information of which the schedules is the schedules and the schedules in formation of which the schedules is the schedules in formation of which the schedules is the schedules in formation of which the schedules is the schedules in formation of which the schedules is the schedules in formation of which the schedules is the schedules in formation of which the schedules is the schedules in formation of which the schedules is the schedules in formation of which the schedules is the schedules in formation of which the schedules is the schedules in formation of which the schedules is the schedules in formation of which the schedules is the schedules in t	n preparer has any knowledge			
A		F1	AUKU / [1]	TXadle_			11-15-2019	
Sign	1	8tgnature	of officer			Date		_
Here	:	DAVI	BLACK, BOARD PI	RESIDENT				
		Type or p	nnt name and title	_				
T		Print/Type pre	parer's name	Preparer's signature	Date	Check I if	PTIN	_

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

Form	n 990 (2018) Family Promise of Augusta Inc.	58-2279801	. Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	🗌
1	Briefly describe the organization's mission		
	The mission of Family Promise of Augusta is to mobilize communities to help	low-income	
	families achieve and sustain independence.		
		_	
2	Did the organization undertake any significant program services during the year which were not listed on the	П.,	
	prior Form 990 or 990-EZ?	∐ Yes	X No
•	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	□ vos	₩.
	If "Yes," describe these changes on Schedule O	les	<u>M</u> 140
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by	
•	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c		
	the total expenses, and revenue, if any, for each program service reported	•	
4a	(Code) (Expenses \$237,999 including grants of \$) (Revenue	\$)
	See SERVICES page for a description of this program service.		
			
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$	
	/ (Code) (Expended +) (Note has	<u> </u>	′
4-	(Code) (Expenses \$ including grants of \$) (Revenue	•	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	Φ	
			
			. <u> </u>
4d			
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ▶ 237,999		
EEA		Foi	m 990 (2018)

(8) Family Promise of Augusta Inc.
Checklist of Required Schedules Part IV

1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule B. Schedule G. Cardibutors (see instructions?) 2 is the organization required to complete Schedule B. Schedule G. Cardibutors (see instructions?) 3 is the organization required in direct or indeed politicial campaign activities to behalf of or in opposition to cardidates for public office? If "Yes," complete Schedule C. Part II. 5 Section 501(c)(3) organizations. Dot the organization regige in lobbying activities, or have a section 501(h). 4 Section 501(c)(3) organizations are sold the properties Schedule C. Part II. 5 Is the organization reaction 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membrarshy dues, assessments, or animal ramounts as defined in Receives Privas," complete Schedule C. Part III. 5 Is the organization market and your above and the schedule C. Part III. 6 Did the organization market and your above and the schedule or mestigened in amounts in such fluids or accounts? II "Yes," complete Schedule D. Part II. 7 Did the organization receive an or fined a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If Yes," complete Schedule D. Part II. 8 Did the organization market or fined a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If Yes," complete Schedule D. Part III. 9 Did the organization report an amount in Part X, line 21, for escow or custodial accountilishiely, serve as a custodian fee amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt integribution services? If Yes, "complete Schedule D. Part VII. 9 Did the organization report an amount for fine flow organization and diseases in temporary restricted endowments, and the organization services." If Yes, "complete Schedule D. Part VII. 10 Did the organization services organization or				Yes	No
complete Schedule A	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2 Is the organization required to complete Schedule of Contributors (see instructions)? 2 X Dit the organization register in retect or indres of pullacid calcanging in activates on behalf of on opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section 501((4)) sorganizations. Dat the organization register in obbying activities, or have a section 501((4)) soft (c)(5), or 501(c)(5), or 501(c)(6) arganization that receive the public office of the organization is section 501((4)), 501(c)(5), or 501(c)(6) arganization that receive membership deas, assessment), or smillar amounts as defined in Revenue Procedure 86-19? If "Yes," complete Schedule C, Part III. 5 X X Dit the organization is section 501(c)(4), 501(c)(5), or 501(c)(6) arganization that receive the visit of the organization of the organization of the definition of revenue in Procedure 86-19? If "Yes," complete Schedule C, Part III. 5 Dit the organization receive of notal conservation essensent, including essentratis to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. 7 Dit the organization receive of notal conservation essensent, including essentratis to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. 7 Dit be organization received in ordal areas, or historic structures? If "Yes," complete Schedule D, Part III. 8 X Dit be organization received in Collicious of visions of arth historical treasures, or other semilar assests III "Yes," complete Schedule D, Part V. 9 Dit be organization received in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve			1	х	
3 Del the organization enginge in devect or inforcid political campaigns authorises on behalf of or in opposition to candidates for public office? If "exi: complete Schedule (C, Part I)" 4 Section 501(c)(3) organizations. Del the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax, year? If "exi: complete Schedule (C, Part II)" 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 86-19? If "Psi," complete Schedule (C, Part III)" 5 Del the organization maintain and option advised turn for a ray similar funds or accounts for within chorons have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule (P, Part II)" 7 Did the organization receive or hold a conservation essement, including essements to preserve open space. The environment, historic land erase, or historic structures? If "Yes," complete Schedule (P, Part II)" 8 Did the organization maintain collections of works of art, historical freat sessions of the environment, historic land erase, or historic structures? If "Yes," complete Schedule (P, Part II)" 9 Did the organization maintain and in Part X, ine 21, for escrow or custodiad account liability, serve as a custodiant for amounts not tisted in Part X, in provide critici cursilisms (ordinarisms and account floatility), serve as a custodiant for amounts not tisted in Part X, in provide critici cursilisms (ordinarisms and account floatility), serve as a custodiant for amounts not tisted in Part X, in provide accounts of the following questions and sessitis in temporarity restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule (P, Part V). 10 Did the organization services? If "Yes," complete Schedule (P, Part V). 11 If the organization is amount for investments - other securities in Part X, line 12 If "Yes," complete Sch	2	·			
candidates for public office? If "Yes," complete Schedule C, Parl I Section of Pick(3) organizations. Do the organization engage in obbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Parl II I Section of Pick (4) organization in the section of the section	3				
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activates, or have a section 501(h) election in the first during the size year? If Year, compiles Schedule (P. Part II) 5 Is the organization assection 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membershy dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If Yes, "complete Schedule C. Part III. 5 Is the organization mandra any dison of diversed funds or any similar funds or accounts for which disonose have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Yes, "complete Schedule D. Part II. 7 Did the organization cecivie or hold a conservation easisment, including easiments to preserve open space, the environment, historic land areas, or historic such curse? If Yes," complete Schedule D. Part II. 7 Did the organization report an amount for land, in that schedule account flability, serve as a custodian for amounts not inside in Part X, promoder credit cunsing, debt management, credit repair, or debt negotiation services? If Yes," complete Schedule D. Part II. 8 Did the organization dischedule in Part X, promoder credit cunsing, debt management, credit repair, or debt negotiation services? If Yes," complete Schedule D. Part IV. 10 Did the organization directly or through a related organization, and object through a related organization and organization dischedule D. Part V. 11 If the organization directly or through a related organization and organization services. If yes, "complete Schedule D. Part V. 12 VII, VIII, IX or X as applicable. 3 Did the organization answer or any of the following questions is "Yes," then complete Schedule D. Part V. 12 VII, VIII, IX or X as applicable. 3 Did the organization answer or any of the following shallow and equipment in Part X, line 12 It is is 5% or more of its total assets reported in Part X, line 16 If Yes, "complete Schedule D. Part X. 14 Did the organization and provide an amount for inve		· · · · · · · · · · · · · · · · · · ·	3		Х
election in effect during the lax year" if "Yes," complete Schedule C, Part III Is the organization a section Sol (C)(4), 501(6)(5), or 501(6)(5) or 501(6)(5) assessments, or similar amounts as defined in Revenue Procedure 99-197 if "Yes," complete Schedule C, Part III. 5	4				
5 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or smiller amounts as defined in Revenue Procedure 9:519 /f **Pes**, complete Schedule C, Part III. 5			4		Х
assessments, or similar amounts as defined in Revenue Procedure 89-197 ("Yes," complete Schedule C, Part III. 5	5				
b 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 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or histonic stuctures? If "Yes," complete Schedule D, Part II 7 B Did the organization maintain collections of works of art, histonical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 B Did the organization report an amount in Part X, line 21, for escrow or custodal account liability, serve as a custodiant of amounts or listed in Part X, or produce cred counsiling, debt management, credit repair, or debt negotation services? If "Yes," complete Schedule D, Part IV 9 Did the organization directly or through a related organization, hold assets in temporantly restricted endownents, permanent endownents, or quasi-endownents? If "Yes," complete Schedule D, Part V 10 If the organization report an amount for land, buildings, and equipment in Part X, line 10" If "Yes," complete Schedule D, Part V 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10" If "Yes," complete Schedule D, Part V 11 Did the organization report an amount for or here securities in Part X, line 12 that 5 % or more of its total assets reported in Part X, line 16" If "Yes," complete Schedule D, Part V 11 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 V 11 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 X 11 Did the organization report an amount for other assets in Part X, line 25" If "Yes," complete Schedule D, Part X 11 Did the	-		5		Х
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8 Dut the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 19 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 X X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X III the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V 1. 10 X VII, VIII, IX, or X as applicable and owner of the following questions is "Yes," then complete Schedule D, Part V 1. 11 X VII, VIII, IX, or X as applicable and of the organization report an amount for investments - other secunties in Part X, line 10? If "Yes," complete Schedule D, Part VII 11 X VIII the organization report an amount for investments - other secunties 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 VIII 11 X VIII 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 VIII 11 X VIII VIII VIII VIII VIII VIII	•	· · · · · · · · · · · · · · · · · · ·	7		x
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cusbdant for amounts not Isadi in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? if "Yes," complete Schedule D, Part IV 10 Did the organization, decity or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quass-endowments? If "Yes," complete Schedule D, Part V . 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V I. 11 If the organization report an amount for investments - other secunties in Part X, line 10? If "Yes," complete Schedule D, Part V II. 12 Did the organization report an amount for investments - other secunties in Part X, line 10? If "Yes," complete Schedule D, Part V II. 12 Did the organization report an amount for investments - other secunties in Part X, line 10? If "Yes," complete Schedule D, Part V II. 13 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of list total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V III. 14 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of list total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V II. 2 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X III. 2 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X III. 3 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X III. 3 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X III. 3 Did the organization included in main as liatements for the tax year? II "Yes," complete Schedule D, Part X III. 3 Did the organization included in liabilities in Part X, line 15 that X III. 3 Did the organization have agg	٥		۴		<u>~</u>
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assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			15		<u>X</u>
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)	16				
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 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. 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III. 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20 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 X		assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Χ_
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	17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		ŀ	
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			17		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
If "Yes," complete Schedule G, Part III			18	Х	
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			_
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			19	}	<u>X</u>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 a		20a		X
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	b		20b		
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	· · · · · · · · · · · · · · · · · · ·			
	_		21		X
	EEA		Form 9	90 (20	

	990 (2018) Family Promise of Augusta Inc. 58-22798	101	P	age 4
Pai	rt IV Checklist of Required Schedules (continued)		,	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			ĺ
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			ĺ
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
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	.	i	
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1		ĺ
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	l _		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
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			l
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	٠.		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	,		l
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			ł
	Schedule L, Part IV	28b	1	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		1	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			٠.
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			.,
	complete Schedule N, Part II	32	ļ	X
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	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			37
	or IV, and Part V, line 1	34	-	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			177
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	 	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			37
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			7.
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		17	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
Par				
	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	1	:	
b	Enter the number of Form W-2G included in line 1a Enter -0- if not applicable	₫.	1 '	1

 ${\bf c} \quad \hbox{Did the organization comply with backup withholding rules for reportable payments to vendors and} \\$

reportable gaming (gambling) winnings to prize winners?

Form 990 (2018) 18) Family Promise of Augusta Inc. Statements Regarding Other IRS Filings and Tax Compliance (continued) 58-2279801 Page 5 Part V Yes No

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return	urmsita		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		4	أو بعد
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	if "Yes," enter the name of the foreign country		. :	4 1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	100	مناء المنا	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	_6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1 -	٠.,	~ "; ;;;;
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		- vican.	3
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	:: ;:		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	خناننا	7	استنست
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	1,	ا روم را . الماشم	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
10	Section 501(c)(7) organizations. Enter	::	:	
а	Initiation fees and capital contributions included on Part VIII, line 12	"	· , , ·	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter	· · * : . :		13.17
а	Gross income from members or shareholders	1	13.5	4.00
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)		in .	×
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	∤: . ∣	;;	34
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	18.	ordina.	
а	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 Schedule O		1. 1	
b	Enter the amount of reserves the organization is required to maintain by the states in which	, d 1		
	the organization is licensed to issue qualified health plans		, ;	. 3
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15	ļ	X
	If "Yes," see instructions and file Form 4720, Schedule N	tentil s	**********	ACMILIAN.
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O	· 38° + 1	1137	. : 5

Page 6

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI

	tion A. Governing Body and Management		-		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14	-3.		
	If there are material differences in voting rights among members of the governing body, or					1.13 1.13 1.13 1.13 1.13 1.13 1.13 1.13
	if the governing body delegated broad authority to an executive committee or similar					1
	committee, explain in Schedule O			-1(14 1)) -1(14 1)	4.7.	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14	, , , , , , , , , , , , , , , , , , ,	41.	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_				
_	any other officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct					
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	d?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
, u	one or more members of the governing body?			7a		Х
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
U	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				. , .=	
0	the year by the following					
_	The governing body?			8a	X	3° 4.3 m. i
a	Each committee with authority to act on behalf of the governing body?		• • •	8b	X	<u> </u>
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				- 21	
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х
200	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue					
<u> </u>	tion B. Foncies (This Section B requests information about policies not required by the informal November	3000)			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?			10a		X
_	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			<u> </u>		
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
l 1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before film	a the form?		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	,g a.o .o			200 3	′:
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	2 . 71
l2a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?		12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	. 10 0 0111110113				-
С	describe in Schedule O how this was done			12c	Х	
12	Did the organization have a written whistleblower policy?			13	X	
13	Did the organization have a written document retention and destruction policy?			14	X	
14	Did the process for determining compensation of the following persons include a review and approval by			33.5	1 i '	V1 447 TX
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			34	### ###	1,174
	The organization's CEO, Executive Director, or top management official			15a	X	2000 000000
a	Other officers or key employees of the organization			15b	X	<u> </u>
b	, , ,			130	- 11	,
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				,,	[ii.,]
16a	with a taxable entity during the year?			16a	, auren San	X
L	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			ioa		: 22
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			[33, 1]	1, 34,4 32,44	1.5
				16b	**********	***
200	organization's exempt status with respect to such arrangements?	<u> </u>		100	l	
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filled Georgia Section 6404 progress on expension to make its Forms 1033 (1034 or 1034 Auf applicable) 990, and 990-T (Section 501(a)				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (section sor(c)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	3 1				
	Own website Another's website Upon request Other (explain in Schedule of					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	rest policy, and	,			
	financial statements available to the public during the tax year	ardo b				
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	oius 🕨				
	$T_{-k} = T_{-m} + T$					

_	~~~	100	
orm	990	(201	18)

Family Promise of Augusta Inc.

58-2279801

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See 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

M Check this box in fictines the organization flor any relati	1	T	70113			Cuire	11101	noci, director, or tr	1	
	İ				(C)					
(A)	(B)	Position (do not check more than one				(D)	(E)	(F)		
Name and Title	Average					s both a		Reportable	Reportable	Estimated
	hours per	offic	er and	d a dı	rector	/trustee))	compensation	compensation from	amount of
	week (list any hours for							from the	related organizations	other compensation
	related	or d	โภรูป	Office	Key	emp	ᄗ	organization	(W-2/1099-MISC)	from the
	organizations below dotted	Individual trustee or director	nstitutional trustee	χi	Key employee	Highest compensated employee	ner	(W-2/1099-MISC)		organization and related
	line)	1 4	nal ti		loye	e com				organizations
		stee	uste		e	bens				
			Ö			ated				
(1) Ryan Mitchell	1.00									
Trustee		X							0	0
(2) Tony Barr	_ [_ 1.00_									
Trustee		Х						C	0	0
(3) Stacy Crevelle	1.00									
Trustee		X							0	0
(4) Jonathan Vick	1.00									
Trustee		X						(0	0
(5) Karenia Clark	1.00									
Trustee		X						C	0	0
(6) Arlean Williams	_									
Trustee		Х							0	0
(7) Hank Beitzel	_	1								
Trustee		Х							0	0
(8) Donna Lorraine Barlett	1.00_	Ì								l
Trustee		Х						(. 0	0
(9) Maureen Piluso	1.00_									
Trustee		X	L_					C	0	0_
(10)Rev. Terri Landers	1.00									
Trustee		X							0	0
(11)David Black	8.00_									
President				X					0	0
(12)Gene McGinty	4.00									
Vice President			<u> </u>	X					0	0
(13)Rob Wynn	2.00								1	
Treasurer				X			Ш		0	0
(14)Sandra Fisher Swanson	1.00									
Secretary				X			L.		0_	0

Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hig	hes	t Con	nper	sated Employee	s (continued)	_		
	(A) Name and title	(B) Position (do not check more than one box, unless person is both an officer and a director/trustee)					both an		(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of		
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	employee employee	-ormer	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	on	other spensation from the ganization nd related panizations	
	toya Hardman ecutive Director	40.00				х			42,012	2 0			0
(17)													
<u>(18)</u> _													
<u>(19)</u>												•	
(20)													
<u>(21)</u>													
<u>(22)</u>											<u> </u>		
<u>(23)</u>												•	-
(24)									-				
(25)						-							
1b	Sub-total							>					
C	Total from continuation sheets to Part VII, Sectio							>					
<u>d</u>	Total (add lines 1b and 1c)								42,012	· 			0
2	reportable compensation from the organization	1 10 11056 1151	eu abu	vej	WIIO	ieu	eiveu	ШОП	e ii aii \$100,000 0i	0			
												Yes	No
3	Did the organization list any former officer, directo		-		-		_		•		under to		
	employee on line 1a? If "Yes," complete Schedule									• • • • • • •	3		X
4	For any individual listed on line 1a, is the sum of reporganization and related organizations greater than										1		· · · · · · · · · · · · · · · · · · ·
	Individual				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						4	i mere	X
5	Did any person listed on line 1a receive or accrue co			ny ui	nrela	ated	orgar	nızat	on or individual			j	
	for services rendered to the organization? If "Yes,"	complete So	hedule	e J fo	or su	ich į	oerso.	n	<u> </u>		5		X
Section	on B. Independent Contractors						_						
1	Complete this table for your five highest compensate compensation from the organization Report comper												
	year												
	(A)								(B)			(C)	
	Name and business address			_					Description of	services	Com	pensation	
	· · · · · · · · · · · · · · · · · · ·								-				
2	Total number of independent contractors (including			ose	listed	d ab	ove) v	who	. <u>l.</u>	1.5	- <u> </u>		. (, .

Check if Schedule O contains a response or note to any line in this Part VIII										
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
	1a	Federated campaigns	1a		Kar da Tara	- " (" ()	1, 15 5, 21, 219, 21	* * * * * * * * * * * * * * * * * * *		
Grants mounts	b	Membership dues	1b		"i" Spect" to the					
2 g		Fundraising events	1c	04 200	to mary the first factor		经高温 群岛机			
ا≱يٰه	C	_	\vdash	84,399	Paragrag Air					
Gift	d	Related organizations	1d		HI WELLOW		to the second			
Sin	e	Government grants (contributions)	1e	3,945						
tributio Other \$	f	All other contributions, gifts, grants,								
di di		and similar amounts not included above	1f	193,073						
age	g	Noncash contributions included in lines 1a	a-1f \$					المراجع		
	<u>h</u>	Total. Add lines 1a-1f	<u></u>	. ▶	281,417					
				Business Code			<u>作为进入的监督机</u>	Marie Marie		
970	2a									
e e	b							_		
Service Revenue	С									
. 2	d		ſ							
Ĕ	е									
Program	f	All other program service revenue	<u> </u>	_						
ئة		Total. Add lines 2a-2f				1, 1, 11, 17				
						1	2 1 2 1 2 4 1,715 at	1 1 44 1 1 42 1 1 1 1		
٠.		Investment income (including dividends, intand other similar amounts)		` •	19	19				
}		Income from investment of tax-exempt bon								
,		Royalties								
	٠,	· ·		···	and the second of	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	20 PS. 15 3 12 14 14 15	11 4 31, 1 32,40 11		
}	e-	(i) Rea	=	(ii) Personal		jar in h	1. • 7. ·			
-		Gross rents								
		Less rental expenses			of the state of the state of the state of	m tit	Topode poor invitates to	With the same of the walker and the		
		Rental income or (loss)	لــــــــــــــــــــــــــــــــــــــ		M. A. C. W. W. W.	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	737 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,		
		Net rental income or (loss)			المراجع والمراجع	* * * * * *		A TOTAL TOTAL		
		Gross amount from sales of (i) Securit	lies	(ii) Other						
,		assets other than inventory		3,634			P - 1.3 (**) (23)			
	b	Less cost or other basis								
ļ		and sales expenses		29,836	"" "1 "" 1 10" "1" "1" "1" "1" "1" "1" "					
		Gain or (loss)		(26,202		1811: 6	N. 18, 11, 15, 15, 15, 15, 15	Contract Contract		
		Net gain or (loss)	·	<u> ▶</u>	(26,202) (26,202)			
휠	8a	Gross income from fundraising								
- O I		events (not including \$84,3	99							
ا يق		of contributions reported on line 1c)	- [
Other Rev		See Part IV, line 18								
8	b	Less direct expenses	. b					<u> </u>		
ľ	С	Net income or (loss) from fundraising even	ts.							
	9a	Gross income from gaming activities								
		See Part IV, line 19	. а							
	b	Less direct expenses	. b					光期,连上发		
	С	Net income or (loss) from gaming activities								
	10a	Gross sales of inventory, less	' [r						
		returns and allowances	. а							
	b	Less cost of goods sold	. ь		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Professional Professional	The state of the s			
	C	Net income or (loss) from sales of inventor	<u>у</u> .	.						
{		Miscellaneous Revenue		Business Code						
ſ	11a			-						
	b									
	С									
-	d	All other revenue								
	e	Total. Add lines 11a-11d				The second	经利益帐户 医艾维氏	" 1/2 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
l	12	Total revenue. See instructions			255,234			0		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) (C) (D) Do not include amounts reported on lines 6b, 7b, Program service Management and Fundraising 8b. 9b. and 10b of Part VIII. expenses general expenses expenses 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 8,155 8,155 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 11,157 119,781 108,624 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 16,187 14,841 1,346 q Other employee benefits 10,045 9,218 827 10 Fees for services (non-employees) 11 а b Legal . . 4,000 2,750 6,750 C 200 15. 17 1 Professional fundraising services See Part IV, line 17 . 600 f 600 Other (If line 11g amount exceeds 10% of line 25, column 10,050 (A) amount, list line 11g expenses on Schedule O) 13,555 3,505 12 13 Office expenses 2,311 1,122 1,020 169 Information technology 14 15 59,818 47,500 12,318 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 398 398 19 Conferences, conventions, and meetings 20 3,000 3,000 21 13,637 3,030 22 Depreciation, depletion, and amortization 16,667 3,376 23 21,722 18,346 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) Transportation/Vehicle exp 4,721 4,721 7,702 7,702 b Golf Marathon Fundraiser 300 300 C Online Donor Program Fees d 556 612 4,330 5,498 All other expenses 237,999 40,378 18,833 25 Total functional expenses. Add lines 1 through 24e . 297,210 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)

58-2279801

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 35,661 28,901 1 88,808 2 2 99,680 3 7,160 3 500 1,000 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 7 Notes and loans receivable, net 8 7,847 9,782 9 Prepaid expenses and deferred charges and Charles a 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 507,326 328,761 221,010 10c 178,565 11 11 12 40,512 12 38,712 13 13 14 14 5,469 15 3,311 15 407,467 16 359,451 16 17 13,497 15,167 17 18 18 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, iabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 4,135 23 1,565 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X 25 26 15,062 19,302 26 Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 324,761 298,708 27 27 28 22,892 28 6,969 40,512 38,712 29 complete lines 30 through 34. 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 388,165 33 344,389 33 34 407,467 359,451

Form	990 (2018) Family Promise of Augusta Inc. 58-22798	01	P	age 12
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		<u>. 🛛 _</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	:	255,	234_
2	Total expenses (must equal Part IX, column (A), line 25)		297,	210
3	Revenue less expenses Subtract line 2 from line 1		(41,	<u>976)</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		388,	165
5	Net unrealized gains (losses) on investments		(1,	800)
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		344,	389
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>	<u>.D</u>
			Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🔲 Accrual 🔲 Other		<i>i</i> ,	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		į	
	reviewed on a separate basis, consolidated basis, or both			٠,
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	1		
	separate basis, consolidated basis, or both	٠.		
	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 oversight	1::		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O	<u> </u>	ļ.,,,	,
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	. 3a	1	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	. 3b		
EEA		Form	990 ((2018)

SCHEDULE A

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.

Employer identification number

OMB No 1545-0047

2018 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

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

Inspection '...

Fan	ily	Promise of Augusta Inc.					58-22798	01	
$\overline{}$	irt I	Reason for Public Charity	Status (All or	ganizations must co	omplete	this part.) See instruction	s	
The	orgar	nization is not a private foundation beca							
1		A church, convention of churches, or	association of chu	rches described in sect	ion 170(b)	(1)(A)(i).	$\sim \sim 1$		
2		A school described in section 170(b)	(1)(A)(ii). (Attach	Schedule E (Form 990 c	r 990-EZ))	()		
3		A hospital or a cooperative hospital s	ervice organizatior	described in section 1	70(b)(1)(A	A)(iii).			
4		A medical research organization oper	rated in conjunction	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the		
	_	hospital's name, city, and state							
5	Ш	An organization operated for the bene		niversity owned or opera	ated by a g	jovernment	al unit described in		
	_	section 170(b)(1)(A)(iv). (Complete	Part II)						
6	빌	A federal, state, or local government	_						
7	X	An organization that normally receives			ernmental/	unit or fror	n the general public		
		described in section 170(b)(1)(A)(vi)							
8	님	A community trust described in section							
9	Ц	An agricultural research organization						ege	
		or university or a non-land-grant colle	ge of agriculture (s	ee instructions) Enter th	e name, ci	ty, and stat	e of the college of		
40	П	An organization that normally receives	(1) more than 33	1/2% of its support from	contributi	one memb	erchin fees and gros		
10	П	receipts from activities related to its e						3	
		support from gross investment income							
		acquired by the organization after Jul					0111 04011100000		
11	П	An organization organized and opera							
12	П	An organization organized and operat					carry out the purpos	es	
	_	of one or more publicly supported organic							
		Check the box in lines 12a through 12							
	а	Type I. A supporting organization							
		the supported organization(s) the							
		supporting organization You mu	st complete Part	IV, Sections A and B.					
	b	Type II. A supporting organizatio	n supervised or co	ntrolled in connection w	ith its supp	orted orga	ınızatıon(s), by havın	g	
		control or management of the sup	porting organization	n vested in the same pe	rsons that	control or n	nanage the supported	d	
		organization(s) You must comp	lete Part IV, Secti	ions A and C.					
	С	Type III functionally integrated	. A supporting orga	anization operated in coi	nnection w	ith, and fui	nctionally integrated	with,	
		its supported organization(s) (see	=	-					
	d	Type III non-functionally integr							
		that is not functionally integrated	• -				it and an attentivenes	S	
		requirement (see instructions) Y	·				T 11 T 111		
	е	Check this box if the organization				затурет,	rype II, Type III		
		functionally integrated, or Type III			anization			Г	
	f	Enter the number of supported organic Provide the following information about						· · · · · L	
	<u>g</u> ,) Name of supported organization	(ii) EIN	(iii) Type of organization	(IV) Is the o	irganization	(v) Amount of monetary	(vi) Amoun	
	· ·	Walle of Supported Organization	(11) 2114	(described on lines 1-10		r governing	support (see	other suppor	
				above (see instructions))	docum	nent?	instructions)	instruction	ns)
					Yes	No			
(A)									
/D\									
(B)									
(C)									
(C)						ļ			
(D)						1			
,,,				-		1			
(E)		:							
				· · · · · · · · · · · · · · · · · · ·	 				_
Tota	al		1 T. T. F.	· · · · · · · · · · · · · · · · · · ·	L	`. c`			

Family Promise of Augusta Inc. Page 2 Schedule A (Form 990 or 990-EZ) 2018 58-2279801 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts, grants, contributions, and membership fees received (Do not 256,626 225,753 263,380 263,582 281,417 include any "unusual grants") 1,290,758 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3..... 256,626 263,380 263,582 281,417 1,290,758 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 212,274 Public support. Subtract line 5 from line 4 1,078,484 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Amounts from line 4 256,626 225,753 263,380 263,582 281,417 1,290,758 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from 2,737 393 1,353 4,492 (1,781)sımılar sources . . 7,194 Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)....... 11 1,297,952 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 83.09 % 15 86.00 % 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this 冈 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check, \Box 17a 10%-facts-and-circumstances test - 2018. 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 \Box

b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

П

instructions

18

Schedule A (Form 990 or 990-EZ) 2018 Family Promise of Augusta Inc.

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

	(Complete only if you chest If the organization fails to que						Part II.
Se	ction A. Public Support	\\	e teota natea bi	siow, piedeo e	ompioto i dit i	/	
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				1		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total Add lines 1 through 5			/	<u> </u>	<u> </u>	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			X			
C	Add lines 7a and 7b			/			
8	Public support. (Subtract line 7c from line 6)						
	ction B. Total Support				 		
_	endar year (or fiscal year beginning in)	(a) 2014_	(b) 201/5	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6		/	<u> </u>	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 acquired after June 30, 1975						
C	Add lines 10a and 10b				 		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	/					
	First five years. If the Form 990 is for the or organization, check this box and stop here.	<u> </u>	<u> </u>				<u></u> ▶ []
<u>Se</u>	ction C. Computation of Public Su			<u></u>			
15	Public support percentage for 2018 (line/8, co						
16	Public support percentage from 2017 Schedu			. <u> </u>	<u> </u>	16	
	ction D. Computation of Investmer				-	T-7	
17 10	Investment income percentage for 2018 (line Investment income percentage from 2017 Sc						
18	• • • • • • • • • • • • • • • • • • • •						
	33 1/3% support tests - 2018. If the organiz 17 is not more than 33 1/3%, check this box	and stop here . T	he organization qu	alifies as a publicl	y supported orgar	nization	▶ 🛘
	33 1/3% support tests - 2017. If the organiz line 18 is not more than 33 1/3%, check this	box and stop he i	e. The organization	n qualifies as a pu	blicly supported o	rganızation	_
20	Private foundation. If the organization did n	ot check a box or	n line 14, 19a, o <u>r 19</u>	on check this box	and see instruction	ons	<u></u> ▶ .∐

Part IV Supporting

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. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain

Family Promise of Augusta Inc.

- 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**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI*.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

uit v.)					
		Yes	No		
	1	42 , 3 1 , 3 2 , 3 2 , 3 2 , 3 4 , 4 , 4 , 4 , 4 , 4 , 4 , 4 , 4 , 4 ,	3.4		
			erg vor App		
	2 3a	1* ### }**	2 km		
	3b	and the same	, , , , , , , , , , , , , , , , , , ,		
	3c	eliess nie			
	4a		1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A		
	4b				
	4c		a salating		
			A Company of Act		
	5a 5b	. i de s	1		
	5c	and administration	7		
	7		1		
	8	mu fum?	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
•	9a	11 (3) 12 (4) 24 (4)			
	9b	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	9c				
	10a				
1 5-	10b	, 115, 3° ₄	Z) 2018		

Family	Promise	of	Augusta	Inc.
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Pai	art IV Supporting Organizat	tions (continued)			
				Yes	No
		gift or contribution from any of the following persons?			1 3
а	 A person who directly or indirectly 	controls, either alone or together with persons described in (b) and (c)	1 / 1 1 1 1 1 1 1 1		
	below, the governing body of a su	upported organization?	11a		<u> </u>
b	A family member of a person des	cribed in (a) above?	11b		
		on described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ction B. Type I Supporting Org				
	71 11			Yes	No
1	Did the directors, trustees, or mer	mbership of one or more supported organizations have the power to		~	
•		a majority of the organization's directors or trustees at all times during the	[Fig.]	, . · ·	
	* · · ·	t VI how the supported organization(s) effectively operated, supervised, or	Mr. 141		".
	-	vities. If the organization had more than one supported organization,	$[\cdot]$		
		ant and/or remove directors or trustees were allocated among the supported		: .:I	*
		s or restrictions, if any, applied to such powers during the tax year.	1		4. 474
	organizations and what conditions	s of restrictions, if any, applied to such powers during the tax year.	'	7,3	
-	Did the argenization energic for th	he hanefit of any supported arganization other than the supported			. 、
2		he benefit of any supported organization other than the supported			1 1
		pervised, or controlled the supporting organization? If "Yes," explain in Part			
		rned out the purposes of the supported organization(s) that operated,	Mining or		u 5,3 \$
	supervised, or controlled the supp		2		
Sec	ction C. Type II Supporting Or	ganizations			
			21.62	Yes	
1		on's directors or trustees during the tax year also a majority of the directors		, 38;;;;	. ×
		ation's supported organization(s)? If "No," describe in Part VI how control		- : [·	- 1
		organization was vested in the same persons that controlled or managed		وتربيه المراد	
	the supported organization(s)		1		
Sec	ction D. All Type III Supporting	g Organizations			
				Yes	No
1	Did the organization provide to ea	ach of its supported organizations, by the last day of the fifth month of the	11.73	,	3.5
	organization's tax year, (i) a writte	en notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 t	that was most recently filed as of the date of notification, and (iii) copies of the		 اعشت سام	11, 12, 1
	organization's governing docume	nts in effect on the date of notification, to the extent not previously provided?	1		
_	\A\	Constitution of the state of th	\$50)		rin r
2		ficers, directors, or trustees either (i) appointed or elected by the supported		: ¹⁷	11.3
		he governing body of a supported organization? If "No," explain in Part VI how	المالية	and a retain.	أغلطت
	the organization maintained a cio	se and continuous working relationship with the supported organization(s).	2	- , -1,	A 10. 8
3	By reason of the relationship des	cribed in (2), did the organization's supported organizations have a	1, 1, 1, 1	e · · ·	
		on's investment policies and in directing the use of the organization's	1.1	ı: ·	1. 4
		ng the tax year? If "Yes," describe in Part VI the role the organization's		عقشد هند	7 1 14 14 14 14 14 14 14 14 14 14 14 14 1
	supported organizations played ii		3	21.28 22.2E.	A. F. M. A.
Sec		ntegrated Supporting Organizations			
1		d that the organization used to satisfy the Integral Part Test during the year (see in	struci	ions).).
a		Activities Test Complete line 2 below		•	
b		t of each of its supported organizations Complete line 3 below.			
C		governmental entity Describe in Part VI how you supported a government entity (see ın	struc	tions)
2	–			Yes	No
- а		zation's activities during the tax year directly further the exempt purposes of	፤		7.12
a		which the organization was responsive? If "Yes," then in Part VI identify	7		
	those supported organizations	and explain how these activities directly furthered their exempt purposes,			
		sive to those supported organizations, and how the organization determined	.	1	
			2a	انستمعدا	المنسدا
_	that these activities constituted so		Za		2,
D		constitute activities that, but for the organization's involvement, one or more	1	3.5	
		rganization(s) would have been engaged in? If "Yes," explain in Part VI the			1 11 1
		sition that its supported organization(s) would have engaged in these		مدن عند ه	Sandy in
	activities but for the organization'		2b		. '
3	Parent of Supported Organization		450		:,:,;
а		wer to regularly appoint or elect a majority of the officers, directors, or	100 gr. 11	7- 173 nume make	
		organizations? Provide details in Part VI.	3a		ļ,,
b		ubstantial degree of direction over the policies, programs, and activities of each	an S T Januar Land S S S S S S S S S S S S S S S S S S S	10日本の	Strain.
	of its supported organizations? If	"Yes," describe in Part VI the role played by the organization in this regard	3b _		<u> </u>
EEA		Schedule A (For	m 990 o	r 990- E7	Z) 2018

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organize	atıo	ns must complete Section	s 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		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	1		The water than the
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	100		
factors (explain in detail in Part VI)	200		manife," after his fig the fi
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	`	3
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	1 -		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	The Control of the Control	_
2 Enter 85% of line 1	2	[198] [[] [[] [[] [] [] [] [] [] [] [] [] []	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	明 图 11 11 11 11 11 11 11 11 11 11 11 11 1	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	+	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally			organization (see
instructions)		S	J

58-2279801 Pa

Par	t V Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continued)			
Sec	ection D - Distributions					
1	Amounts paid to supported organizations to accomplish exem	pt purposes				
2	Amounts paid to perform activity that directly furthers exempt					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizat	ions			
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.	r				
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the	organization is respons	sive			
	(provide details in Part VI) See instructions					
9_	Distributable amount for 2018 from Section C, line 6			•		
10	Line 8 amount divided by Line 9 amount					
s	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018		
	Distributable amount for 2018 from Section C, line 6	and the same with the	A SANGER OF THE PROPERTY OF THE			
2	Underdistributions, if any, for years prior to 2018					
	(reasonable cause required - explain in Part VI) See					
	instructions.	المراجع				
	Excess distributions carryover, if any, to 2018	<u> </u>	在可能的數學的特別	the later of the l		
a	From 2013	Francisco Contraction of	The state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
b	From 2014	Part of the same of	The first of the first of the			
С	From 2015					
d	From 2016	grade late to feel and state late late	King of the state of the state of			
е	From 2017		The second control of the second	The state of the state of		
	Total of lines 3a through e		a Amel Hill Man I			
g	Applied to underdistributions of prior years			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
	Applied to 2018 distributable amount	医动脉管 禁犯 医环境		SK.		
i_	Carryover from 2013 not applied (see instructions)		The charge of the second			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f.		7. 14.2 X 20 X	The state of the s		
4	Distributions for 2018 from	的过去式和过去式和		lighten i na kilonia kanal Barke barket in lati barket in a		
	Section D, line 7 ⁻ \$	ور او الله المساول الما الما الما الما الما الما الما ا	<u> </u>			
	Applied to underdistributions of prior years	and the sail of the		English Committee		
	Applied to 2018 distributable amount	The state of the state of the state of	· 经营业费业 持二次 建聚化物	× 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	Remainder. Subtract lines 4a and 4b from 4.		·····································	The state of the s		
5	Remaining underdistributions for years prior to 2018, if					
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI. See instructions.			The state of the state of the state of		
6	Remaining underdistributions for 2018 Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2019 Add lines 3j					
	and 4c					
8	Breakdown of line 7	3", 10 1 12", 7,21 1 1,1,31	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Excess from 2014	75 " + " + " + " 1 T " 1 T " 1 T	Triff to the Suite - St.			
	Excess from 2015	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The transfer of the state of			
	Excess from 2016		- hills - Jack - 1 + 4 12	The same of the same		
d	Excess from 2017	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	ा . ग्रीसुंदराम् स्वाक्ते . ग्रीहरूने स्व	of the Think of the Contract of		
_	Evenes from 2018	را المعتبي والمناور المعالم ا	المراجع المنطق المعالم المنطق المنطق المنطق المنطق المنطق المنطق المنطقة المنط	han territorial and retributed		

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

2018

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	of the organization	Employer Identification number
<u>Far</u>	mily Promise of Augusta Inc.	58-2279801
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	s.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (dunng year)	
3	Aggregate value of grants from (duning year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	🗌 Yes 📗 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
-	Preservation of land for public use (e.g., recreation or education)	mportant land area
	Protection of natural habitat Preservation of a certified hist	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	ervation
_		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
_	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	ation during the
•	tax year •	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
J	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation e	
Ū	b	,
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ments dunno the vear
•	▶ \$,
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B))(ı)
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements	ent and
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that do	
	organization's accounting for conservation easements	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and ball	
-	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	
	public service, provide the following amounts relating to these items	
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pi	
-	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
•	Revenue included on Form 990, Part VIII, line 1	> \$
a b		
U	- CONTROL HONGUEGUEU COULL COULC COULL COULC COULL COULC COULL COUL COU	

Schedu	ule D (Form 990) 2018 Family Promise	of Augusta In	с.			58-227		Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, c	or Othe	er Similar Ass	sets (co	ntinued)
3	Using the organization's acquisition, accession, a	and other records, che	eck any of the follow	ing that are a	significa	ant use of its		
	collection items (check all that apply)							
а	Public exhibition	d 🗌 Loan	or exchange progra	ams				
b	Scholarly research	e 🗌 Othe	r		_			
C	Preservation for future generations							
4	Provide a description of the organization's collect	tions and explain hov	v they further the org	janization's e	xempt p	urpose in Part		
	XIII							
5	Dunng the year, did the organization solicit or red	ceive donations of art	, historical treasures	, or other sım	nilar		_	_
	assets to be sold to raise funds rather than to be	maintained as part o	of the organization's	collection?		<u></u>	<u> 🔲 '</u>	Yes 🗌 No
Par	rt IV Escrow and Custodial Arrang							
	Complete if the organization an	swered "Yes" on	Form 990, Part	: IV, line 9,	or rep	orted an amou	unt on F	orm
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custodian o						_	_
	included on Form 990, Part X? Yes U No							
b	b If "Yes," explain the arrangement in Part XIII and complete the following table							
					<u> </u>	An	nount	
С	Beginning balance				10			
d	Additions during the year				10	1		
е	Distributions during the year				<u>1e</u>)		
f	Ending balance							
2a	Did the organization include an amount on Form	990, Part X, line 21, f	or escrow or custod	ial account li	ability?		🗌	Yes 🔲 No
b	If "Yes," explain the arrangement in Part XIII Ch	eck here if the explar	nation has been prov	nded on Part	XIII	<u> </u>		🔲
Pai	rt V Endowment Funds.							
	Complete if the organization an	swered "Yes" on	Form 990, Part	: IV, line 1	0.			
		(a) Current year	(b) Pnor year	(c) Two year	s back	(d) Three years back	(e) For	ur years back
1a	Beginning of year balance	40,512	36,033	34	,690	34,97	7	32,754
b	Contributions		·					
С	Net investment earnings, gains, and							
	losses	(1,800)	4,479	1	,875	371	В	2,732
d	Grants or scholarships							
е	Other expenditures for facilities and			1			1	
	programs							
f	Administrative expenses				532	_66	5	509
g	End of year balance	38,712	40,512	36	,033	34,69	0	34,977
2	Provide the estimated percentage of the current	•	e 1g, column (a)) he	ld as				
а	Board designated or quasi-endowment	100.00 %						
b	Permanent endowment ▶ %							
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c should							
3a	Are there endowment funds not in the possession	on of the organization	that are held and ad	dministered fo	or the			
	organization by							Yes No
	(*)	<i>.</i>					. 3a(i)	
	``						. 3a(ii) X_
b	If "Yes" on line 3a(ii), are the related organization	ons listed as required	on Schedule R?				. 3b	
4	Describe in Part XIII the intended uses of the or	ganization's endowm	ent funds					
Pa	rt VI Land, Buildings, and Equipm							
	Complete if the organization an	swered "Yes" or	Form 990, Part	t IV, line 1	<u> 1a. Se</u>	<u>e Form 990, P</u>	art X, lır	ne 10.
	Description of property	(a) Cost or other	r basis (b) Cost o	r other basis	(c)	Accumulated	(d) Bo	ook value
		(investme	nt) (other)	.	lepreciation		
1a	Land				Jane 14	5.77 S 5 5 5		
ь	Buildings			348,200		185,622		162,578
С	Leasehold improvements		_	58,676		44,844		13,832
d	Equipment			30,346		30,697		(351)
е	Other			70,104		67,598		2,506
Tota	II. Add lines 1a through 1e (Column (d) must eq	ual Form 990, Part X	(, column (B), line 10	Oc)		▶	-	178,565

Part VII	Investments - Other Securities.	d "Vee" on Form 000. De	rt IV June 11h See Form 000	Port V June 12
	Complete if the organization answere	d "Yes" on Form 990, Pa	n IV, line TTb. See Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market v	
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
	d investment acct at CF CSRA	38,712	FMV	
(B)				
(C)			-	
(D)				
(E)				_
(F)				-
(G)				
(H)				
	must equal Form 990, Part X, col. (B) line 12.)	38.712	· · · · · · · · · · · · · · · · · · ·	hang graph of Type and
Part VIII	Investments - Program Related.	33,.15		
in care onto	Complete if the organization answere	d "Yes" on Form 990, Pa	rt IV, line 11c See Form 990,	Part X, line 13.
4	(a) Description of investment	(b) Book value	(c) Method of valuation	
		(-,	Cost or end-of-year market v	
(1)			•	
(2)			·	
(3)				
(4)				
(5)				
(6)				•
(7)				
(8)				,
(9)				
) must equal Form 990, Part X, col (B) line 13)		A post to profession of the state of	
Part IX	Other Assets.			,
	Complete if the organization answere	ed "Yes" on Form 990, Pa	rt IV, line 11d. See Form 990,	Part X, line 15.
		Description		(b) Book value
(1) Uncon	ditional promise to give			3,311
(2)				
(3)				· · · · · · · · · · · · · · · · · · ·
(4)	· · · · · · · · · · · · · · · · · · ·		,	
(5)				
(6)				
(7)				
		-		
(8)	<u>-</u>		·,	
(9) Tatal (Calum	nn (b) must equal Form 990, Part X, col (B) line 1	<i>E</i>)		3,311
Part X	Other Liabilities.	<u> </u>		3,31.
Part	Complete if the organization answere	nd "Ves" on Form 990 Pa	rt IV line 11e or 11f See Form	m 000 Part Y
	line 25.	· · · · · · · · · · · · · · · · · · ·	ittiv, iiile tile or till. See roll	11 330, 1 at X,
1.	(a) Description of liability	(b) Book value		grage bet a life grape of a smeet to be a made to be a ma
(1) Federal	income taxes			
(2)				
(3)	,			
(4)				
(5)				grand the engineers product the second that the
(6)	· · · · · · · · · · · · · · · · · · ·			
(7)				
(8)				
(9)		-	The state of the s	
	Trust court Form 990, Part V and /P) have 95 h			
) must equal Form 990, Part X, col. (B) line 25) uncertain tax positions. In Part XIII, provide the te	ext of the footnote to the organiza	ation's financial statements that reports	s 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.

Sched	ule D (Form 990) 2018 Family Promise of Augusta Inc.			8-2279801	Page 4
Pa	rt XI: Reconciliation of Revenue per Audited Financial Stateme	ents V	Vith Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, P	Part IV	, line 12a		
1	Total revenue, gains, and other support per audited financial statements		· · · · · · · · · · · · · ·	1	329,256
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			· .	<u> </u>
а	Net unrealized gains (losses) on investments	2a		[134]	
b	Donated services and use of facilities	2b	49,620	[7] (1) [7] (1)	
c	Recoveries of prior year grants	2c	43,020	''	
d	Other (Describe in Part XIII)	2d	24,402		
	Add lines 2a through 2d	-		30	74 000
e	-			2e	74,022
3	Subtract line 2e from line 1	i		3	255,234
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1.1		. <u>.</u>	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4.	
b	Other (Describe in Part XIII)	4b		12000	
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	255,234
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater			er Return.	
	Complete if the organization answered "Yes" on Form 990, I	Part I\	/, line 12a.		
1	Total expenses and losses per audited financial statements			1	373,032
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			7.7	
а	Donated services and use of facilities	2a	49,620	;	
b	Prior year adjustments	2b		1	
c	Other losses	2c	26,202	1 🖟	
d	Other (Describe in Part XIII)	2d	20,202	†	
_	Add lines 2a through 2d			2e	75 000
e	•				75,822
3	Subtract line 2e from line 1	1 1		3	297,210
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 . 1		1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		[342]	
b	Other (Describe in Part XIII)	4b		attanian	
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	· ·	<u> </u>	5	297,210
	rt XIII Supplemental Information.		·	· _	
Prov	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines	es 1b a	nd 2b, Part V, line 4, Pa	rt X, line	
2, Pa	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any	addıtıoı	nal information		
01	. Other revenues not included on Form 990 (Part	XI, line 2	d)	
			 		
\$26	202 is the loss from sale of house (GAP transitional hous	e) ar	nd (\$1800) is th	e loss on	
•					
the	endowment fund.				
	CINGO WAILETTC TUTIO.				
					
					
			_		
		•	· · · · ·		
					
					

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.

2018

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization Employer identification number								
Family Promise of Augusta Inc. 58-2279801								
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.								
Form 990-EZ filers are not required to complete this part.								
1 Indicate whether the organization rais	ed funds through	any of the fo	llowing activ	ities Check all that ap	ply			
a Mail solicitations	_							
b Internet and email solicitations		f 🗌	Solicitation of	of government grants				
c Phone solicitations		g 🗌	Special fund	fraising events				
d In-person solicitations								
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 individ						draiser is to be	•	
	compensated at least \$5,000 by the organization							
(iii) Did fundraiser have (iii) Gross receipts (v) Amount paid to (vi) Amount paid to								
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody or	r control of	(iv) Gross receipts from activity		tained by) ser listed in	(or retained by)	
or ormy (mindration)		contrib	utions?			ol (i)	organization	
		Yes	No	_				
1								
2								
3				ĺ				
		_						
4			ļ	Ì				
5								
		<u> </u>						
6								
7			•					
			ļ					
8			!					
9								
			<u> </u>					
10						l l		
	<u> </u>	1						
Total								
3 List all states in which the organization	n is registered or li	censed to so	olicit contribu	tions or has been noti	fied it is e	xempt from		
registration or licensing								
								
						-		
		-						
								
		-						
								
							· · · · · · · · · · · · · · · · · · ·	
<u> </u>		<u> </u>	_					
								
						<u> </u>		

		gross receipts greater than	\$5,000			. List events with
		gross receipts greater triair	(a) Event#1 Golf Maratho	(b) Event #2	(c) Other events None	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	84,399			84,399
	2	Less Contributions	84,399			84,399
_	-	line 2)	<u>-</u>			
	4	Cash prizes	150			150
	5	Noncash prizes				
enses	6	Rent/facility costs	3,000			3,000
Direct Expenses	7	Food and beverages				
ă	8	Entertainment				
	9	Other direct expenses	4,552			4,552
	10	Direct expense summary Add lines	7,702			
	11	Net income summary Subtract line	_			(7,702)
Pa	art II	I Gaming. Complete if the c	organization answered "	Yes" on Form 990, Part	IV, line 19, or reported	more
		than \$15,000 on Form 990	-EZ, line 6a.		·	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Ŗ	1	Gross revenue				
ses	2	Cash prizes				
ect Expenses	3	Noncash prizes	<u></u>			
Direct	4	Rent/facility costs				
	1					
	5	Other direct expenses				
	6	Other direct expenses	Yes %	☐ Yes% ☐ No	☐ Yes% ☐ No	
			No	No	No No	
	6	Volunteer labor	No 2 through 5 in column (d)	No No	No	
9 a	6 7 8	Volunteer labor	No 2 through 5 in column (d) tract line 7 from line 1, column	mn (d)		Yes No
	6 7 8 En	Volunteer labor	No 2 through 5 in column (d) tract line 7 from line 1, column	mn (d)		Yes No
t	6 7 8 En	Volunteer labor	No 2 through 5 in column (d) tract line 7 from line 1, column tion conducts gaming activities in each of	mn (d)	□ No	
10a	6 7 8 En a Is it	Volunteer labor Direct expense summary Add lines Net gaming income summary Subster the state(s) in which the organization licensed to conduct give explain	No 2 through 5 in column (d) tract line 7 from line 1, column tion conducts gaming activities in each of	mn (d)	□ No	Yes No
10a	6 7 8 En a Is it	Volunteer labor Direct expense summary Add lines Net gaming income summary Substiter the state(s) in which the organization gaming licensed to conduct gaming ere any of the organization's gaming	No 2 through 5 in column (d) tract line 7 from line 1, column tion conducts gaming activities in each of	mn (d)	□ No	

SCHEDULE I (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.

Family Promise of Augusta Inc.

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

Part I General Information on C				<u> </u>	
1 Does the organization maintain records to	substantiate the amou	int of the grants or assist	tance, the grantees' elig	gibility for the grants or	assistance, and
the selection criteria used to award the gra	ants or assistance?				
2 Describe in Part IV the organization's prod					
Part II Grants and Other Assistance					
Part IV, line 21, for any recipi	ent that received mo	ore than \$5,000. Part	Il can be duplicated	if additional space	is needed
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, apprais, other)
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
 2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations 			table		

Schedule | (Form 990) (2018) Family Promise of Augusta Inc.

EEA

	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book
	recipients	cash grant	noncash assistance	FMV, appraisal, other)
1 EFSP grant	41		8,155	
2 Various		-		FMV
3				
4				
5				
6				
7			<u></u>	
Part IV Supplemental Information. Prov	ide the information red	quired in Part I, li	ne 2, Part III, columr	n (b); and any other ac
				1,
3. Additional Information f	or Schedule I			
1) The EFSP grant is for meals provi	ded in our progra	m. In 2018, v	e provided 8397	meals to the 41 i
rogram.				
		nasah Assistar	ce - Undetermine	ed. Family Promise
2) Number of Recipients - Undetermin	ed. Amount of No.	iicabii Abbibtai	ce - ondecermine	
2) Number of Recipients - Undetermin				
roviding food, car repairs, medical	supplies, school	supplies for (hildren, clothin	
coviding food, car repairs, medical	supplies, school	supplies for o	children, clothin	ng for job intervi

Schedule! (Form 990) (2018) Family Promise of Augusta Inc. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 99 Part III can be duplicated if additional space is needed (d) Amount of (a) Type of grant or assistance (b) Number of (e) Method of valuation (book, (c) Amount of recipients cash grant noncash assistance FMV, appraisal, other) Part IV: Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other add (2) continued. To the extent that the organization receives extensive donations, that normally the Or to purchase items such as clothing for guests, work and school supplies, and post program housing need appear lower in proportion to general and administrative expenses had such items been valued and recorstatements.

EEA

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Open To Public

rmation. : Inspection
Employer identification number

Name of the organization				-				Employer iden	tificatio	n numb	er		
												_	
											line 4	ι∩h	
Complete ii tii	e organization at					234	01 230, 01	1 01111 930-1	_2, 1	ait v,	IIIIC -	(d) Con	rected?
Family Promise of Augusta I Part I Excess Benefit Transac Complete if the organizat 1 (a) Name of disqualified person (1) (2) (3) 2 Enter the amount of tax incurred by the under section 4958	erson	organization (c) Description of transaction					ansaction			Yes	No		
(1)													
(2)													
(3)								-			-		
2 Enter the amount of tax		-				_						<u></u>	
										<u> </u>			
3 Enter the amount of tax,	if any, on line 2, ab	ove, reimbursed	by the o	rganizati	on				▶ ;				
				000 (=7 Dort \	/ line 2	95 or Form	000 Dort			if i		
							od OFFOIT	1990, Pait	۱۷, III:	I C 20,	OI II I	.rie	
(a) Name of interested person	plete if the organization answered "Yes" on Form 990, Part IV, line 38a or Form 990, Part IV, line 26, or if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization form 10 part 2, above, reimbursed by the organization place of loan 10 part 2, line 5, 6, or 22 In place of the organization provided an amount on Form 990, Part X, line 5, 6, or 22 In place of the organization provided an amount on Form 990, Part X, line 5, 6, or 22 In place of the organization provided an amount on Form 990, Part X, line 5, 6, or 22 In place of the organization provided an amount on Form 990, Part X, line 5, 6, or 22 In place of the organization provided an amount on Form 990, Part X, line 5, 6, or 22 In place of the organization provided an amount on Form 990, Part X, line 5, 6, or 22 In place of the organization provided an amount on Form 990, Part X, line 5, 6, or 22 In place of the organization provided an amount on Form 990, Part X, line 5, 6, or 22 In place of the organization provided an amount on Form 990, Part X, line 5, 6, or 22 In place of the organization provided an amount on Form 990, Part X, line 5, 6, or 22 In place of the organization provided an amount on Form 990, Part IV, line 27.	1	(i) Written agreement?										
								Yes	No		-	Yes	No
(1)						<u></u>							
(2)													
(3)													
(4)										_	-		
(5)													
					<u></u>	<u>.</u> ▶ \$	<u> </u>		·. ··		<u>.</u>		ું: વ ^ર
					Part IV	line 27							
(a) Name of interested person	(b) Relations	hip between intereste					ance	e (e) Purpose of		se of ass	assistance		
(1)		3		_									
(2)													
(3)													
(4)													
(5)						1							

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		(e) Sharing o organization's revenues?	
				Yes	N	
1) Ryan Mitchell	Trustee	857	Unconditinal promise to give)	
., ., .,	Restricted		Unconditional promise	T -	-	
2) West Augusta Pediatrics	Organization	1,713	to give		2	
3)						
-						
)				 		
)						
Supplemental Informatio	n. tion for responses to questions	on Schedule I. (see	instructions)			
1 TOVIGE additional informati	non for responses to questions	on concurre L (acc	moductionoj.			
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	_					
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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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection ::-

OMB No 1545-0047

Employer identification number Name of the organization 58-2279801 Family Promise of Augusta Inc. 01. Form 990 governing body review (Part VI, line 11) Family Prormise of Augusta has a written policy whereby the completed 990 is reviewed before filing by 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 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 office. The minutes of meeting include the review of the 990. 02. Conflict of interest policy compliance (Part VI, line 12c) Family Promise of Augusta has a written conflict of interest policy and annually all officers, trustees and key employees complete disclosure forms. They also agree to let us know during the year if they enterr into any relationship posing a conflict. 03. CEO, executive director, top management comp (Part VI, line 15a) Trustees and officers are not compensated. The Finance Committee sets the salary range for the Executive Director during the budgeting process based upon financial resources and prevailing salaries of similar positions. The Personnel Committee reviews the performance of the Executive Director and the Board of Trustees approves the recommended raise. 04. Other officer or key employee compensation (Part VI, line 15b Trustees and officers are not compensated. The Finance Committee sets the salary range for the Executive Director during the budgeting process based upon financial resources and prevailing salaries of similar positions. The Personnel Committee reviews the performance of the Executive Director and the Board of Trustees approves the recommended raise.

05. Governing documents, etc, available to public (Part VI, line 19)