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CLIENT'S COPY



November 9, 2020

Family Promise of Bergen County  
100 DAYTON STREET  
RIDGEWOOD, NJ 07450

Family Promise of Bergen County:

Enclosed is the organization's 2019 Exempt Organization return. The state Exempt Organization Annual Report is also enclosed. These should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 16, 2020.

NEW JERSEY FORM CRI-300R:

Form CRI-300R has a balance due of \$250.

The New Jersey Form CRI-300R should be filed via the web on or before December 31, 2020 at:  
<https://njconsumeraffairs.state.nj.us/sign-in/>

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Very Truly Yours,

Joseph N. Russell

# TAX RETURN FILING INSTRUCTIONS

FORM 990

**FOR THE YEAR ENDING**

December 31, 2019

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**Prepared For:**

KATE DUGGAN  
100 DAYTON STREET  
RIDGEWOOD, NJ 07450

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**Prepared By:**

PKF O'Connor Davies, LLP  
300 Tice Boulevard, Suite 315  
Woodcliff Lake, NJ 07677

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**Amount Due or Refund:**

Not applicable

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**Make Check Payable To:**

Not applicable

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**Mail Tax Return and Check (if applicable) To:**

Not applicable

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**Return Must be Mailed On or Before:**

Not applicable

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**Special Instructions:**

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 16, 2020.

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning \_\_\_\_\_, 2019, and ending \_\_\_\_\_, 20\_\_\_\_

# 2019

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

Employer identification number

**FAMILY PROMISE OF BERGEN COUNTY**

**22-2853599**

Name and title of officer

**PAUL SHACKFORD  
PRESIDENT**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>1,507,014.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

### Officer's PIN: check one box only

I authorize **PKF O'CONNOR DAVIES, LLP** to enter my PIN **53599**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**26242313338**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **JOSEPH N. RUSSELL** Date ▶ **11/09/20**

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990 (Rev. January 2020) Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

2019 Open to Public Inspection

Part I Summary: A For the 2019 calendar year, or tax year beginning and ending; B Check if applicable; C Name of organization: FAMILY PROMISE OF BERGEN COUNTY; D Employer identification number: 22-2853599; E Telephone number: 201-833-8009; G Gross receipts \$: 1,639,037; H(a) Is this a group return for subordinates? Yes No; H(b) Are all subordinates included? Yes No; H(c) Group exemption number; I Tax-exempt status: 501(c)(3); J Website: WWW.BERGENFAMILYPROMISE.ORG; K Form of organization: Corporation; L Year of formation: 1986; M State of legal domicile: NJ

Table with 3 main sections: Activities & Governance (rows 1-7), Revenue (rows 8-12), Expenses (rows 13-19), and Net Assets or Fund Balances (rows 20-22). Includes columns for Prior Year and Current Year.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature fields: Sign Here (Signature of officer: PAUL SHACKFORD, PRESIDENT; Date); Paid (Print/Type preparer's name: JOSEPH N. RUSSELL; Preparer's signature: JOSEPH N. RUSSELL; Date: 11/09/20; Check if self-employed; PTIN: P00168046); Preparer Use Only (Firm's name: PKF O'CONNOR DAVIES, LLP; Firm's address: 300 TICE BOULEVARD, SUITE 315 WOODCLIFF LAKE, NJ 07677; Firm's EIN: 27-1728945; Phone no.: 201-712-9800)

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: PROVIDE SHELTER AND SUPPORT TO WORKING HOMELESS FAMILIES, AND A FOOD PROGRAM FOR THE HUNGRY OF THE COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 278,902. including grants of \$ ) (Revenue \$ ) THE FAMILY PROMISE NETWORK TEMPORARILY SHELTERS WORKING FAMILIES WITH CHILDREN WHO BECOME HOMELESS. OUR APPROACH BEGINS BY FOCUSING ON THE IMMEDIATE NEEDS OF SHELTER, FOOD, SAFETY AND CARE FOR THE CHILDREN. THEN, THE FAMILY, TOGETHER WITH OUR PROFESSIONAL CASE MANAGERS, IDENTIFIES THE FACTORS CONTRIBUTING TO THEIR HOMELESSNESS AND DEVELOPS AN INDIVIDUALIZED DETAILED PLAN ON HOW BEST TO ADDRESS THEM AND MOVE TO SELF-SUFFICIENCY. FOCUS IS PLACED ON ENHANCING THEIR JOB SKILLS TO RAISE THE FAMILY'S INCOME. ALL FAMILIES TAKE PART IN FINANCIAL LITERACY CLASSES AND A MANDATORY SAVINGS PLAN. ALMOST ALL HOMELESS PERSONS HAVE EXPERIENCED SOME FORM OF TRAUMA DURING THEIR LIFETIMES. OUR HOLISTIC APPROACH INCLUDES LIFE SKILLS AND EMPOWERMENT LEARNING OPPORTUNITIES TO HELP FAMILIES TO HEAL AND GAIN STRENGTH AND

4b (Code: ) (Expenses \$ 240,780. including grants of \$ ) (Revenue \$ ) THE FAMILY PROMISE NEW LEAF PROGRAM OFFERS TEMPORARY HOUSING, GENERALLY FOR UP TO TWO YEARS, TO HOMELESS FAMILIES, MOST OF WHO WERE IN THE FAMILY PROMISE NETWORK. TO BE CONSIDERED FOR THE PROGRAM, PARENTS MUST BE MOTIVATED TO IMPROVE THEIR LIVES AND THAT OF THEIR CHILDREN AND DEMONSTRATE THEIR COMMITMENT TO MAKING THIS A REALITY. ON AN INDIVIDUALIZED BASIS, THIS PROGRAM INCLUDES JOB TRAINING, CONTINUING EDUCATION, WORKPLACE READINESS INSTRUCTION, FINANCIAL LITERACY TRAINING, PARENTING SUPPORT, AS WELL AS HELP REMOVING ADDITIONAL BARRIERS TO SUCCESS. THE GOAL OF THIS PROGRAM IS NOT MERELY TO RETURN FAMILIES TO HOUSING BUT TO ENSURE THAT THEY ARE SELF-SUFFICIENT UPON COMPLETION. OUR RECIDIVISM RATE IS VIRTUALLY ZERO. IN 2019, 2,818 BED NIGHTS WERE PROVIDED IN THE NEW LEAF PROGRAM

4c (Code: ) (Expenses \$ 219,248. including grants of \$ ) (Revenue \$ ) IN THE 29 YEARS SINCE 1991, THE FAMILY PROMISE WALK-IN-DINNER PROGRAM HAS PROVIDED OVER 1.2 MILLION MEALS TO SOME OF BERGEN COUNTY'S MOST VULNERABLE CITIZENS. EVERY NIGHT OF THE YEAR, FAMILY PROMISE VOLUNTEERS PROVIDE, PREPARE AND SERVE UP TO 150 DINNERS TO INDIVIDUALS IN NEED. THE ESTIMATED COST OF THE MEALS THAT HAVE BEEN PROVIDED DURING THAT TIME EXCEEDS \$5 MILLION. IN 2019, 33,165 MEALS WERE SERVED. THIS NUMBER INCLUDES THE 80 RESIDENTS OF THE BERGEN COUNTY HOUSING, HEALTH AND HUMAN SERVICES CENTER WHERE THE MEALS ARE SERVED EACH NIGHT.

4d Other program services (Describe on Schedule O.) (Expenses \$ 105,141. including grants of \$ ) (Revenue \$ 281.)

4e Total program service expenses 844,071.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	



Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NJ
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
MARIE SHANLEY - 201-833-8009
100 DAYTON STREET, RIDGEWOOD, NJ 07450

**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. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NANCY WOODS PRESIDENT EMERITA THRU 6/25/19	1.00	X		X				0.	0.	0.
(2) PAUL SHACKFORD PRESIDENT	15.00	X		X				0.	0.	0.
(3) NADINE Z. GENET VICE PRESIDENT	5.00	X		X				0.	0.	0.
(4) JERROLD FLEISHER SECRETARY	3.00	X		X				0.	0.	0.
(5) RACHEL VOTTO TREASURER	5.00	X		X				0.	0.	0.
(6) DANIEL R. BOYER FUND DEVELOPMENT COMMITTEE	5.00	X						0.	0.	0.
(7) ELLEN M. RAFFERTY TRUSTEE THRU 9/19	3.00	X						0.	0.	0.
(8) FRANK SKUTHAN TRUSTEE	3.00	X						0.	0.	0.
(9) SARAH R. KIRBY TRUSTEE	3.00	X						0.	0.	0.
(10) STEPHANIE MILLER TRUSTEE	3.00	X						0.	0.	0.
(11) KATE DUGGAN EXECUTIVE DIRECTOR	40.00			X				94,833.	0.	3,348.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b>							94,833.	0.	3,348.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							94,833.	0.	3,348.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	160,158.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	59,983.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,153,488.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 269,873.				
	<b>h Total.</b> Add lines 1a-1f		▶ 1,373,629.				
Program Service Revenue	<b>2 a</b> <b>CAMP LOTS-OF-FUN</b>	<b>Business Code</b>					
		624100	281.	281.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f		▶ 281.					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		14,442.			14,442.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)		▶				
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	24,883.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	3,009.				
	<b>c</b> Gain or (loss)	<b>7c</b>	21,874.				
<b>d</b> Net gain or (loss)		▶ 21,874.			21,874.		
<b>8 a</b> Gross income from fundraising events (not including \$ 160,158. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		125,410.				
<b>b</b> Less: direct expenses	<b>8b</b>	77,868.					
<b>c</b> Net income or (loss) from fundraising events		▶ 47,542.			47,542.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>		97,600.				
<b>b</b> Less: direct expenses	<b>9b</b>	51,146.					
<b>c</b> Net income or (loss) from gaming activities		▶ 46,454.			46,454.		
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory		▶					
Miscellaneous Revenue	<b>11 a</b> <b>OTHER INCOME</b>	<b>Business Code</b>					
		900099	2,792.			2,792.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d		▶ 2,792.					
<b>12 Total revenue.</b> See instructions		▶ 1,507,014.	281.	0.	133,104.		

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	99,016.	73,103.	5,820.	20,093.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	348,459.	266,267.	9,003.	73,189.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	10,960.		10,960.	
9 Other employee benefits .....				
10 Payroll taxes .....	44,545.	33,362.	2,891.	8,292.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....				
c Accounting .....	18,844.	14,248.		4,596.
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	9,167.	3,390.	5,777.	
12 Advertising and promotion .....	6,047.			6,047.
13 Office expenses .....	32,111.	18,074.	9,584.	4,453.
14 Information technology .....	1,520.		626.	894.
15 Royalties .....				
16 Occupancy .....	81,238.	74,401.	4,558.	2,279.
17 Travel .....	22,539.	22,316.	223.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	4,468.	1,109.	3,359.	
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	1,304.	641.	663.	
23 Insurance .....	12,442.	6,161.	5,697.	584.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PROG. MEALS &amp; MATERIALS</b>	269,873.	269,873.		
b <b>CLIENT WORKSHOPS &amp; HOSP</b>	28,021.	24,661.	3,360.	
c <b>REPAIRS AND MAINTENANCE</b>	21,129.	20,499.	420.	210.
d <b>CHILDCARE</b>	14,307.	14,307.		
e All other expenses _____	2,627.	1,659.	821.	147.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>1,028,617.</b>	<b>844,071.</b>	<b>63,762.</b>	<b>120,784.</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	284,206.	<b>1</b>	523,868.
	<b>2</b> Savings and temporary cash investments .....	506,572.	<b>2</b>	675,839.
	<b>3</b> Pledges and grants receivable, net .....	25,000.	<b>3</b>	27,299.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	45,967.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	3,617.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	10,447.	<b>9</b>	6,146.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 100,079.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 90,854.		
	<b>11</b> Investments - publicly traded securities .....	92,523.	<b>11</b>	114,668.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	4,538.	<b>15</b>	4,538.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	930,102.	<b>16</b>	1,407,550.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	20,878.	<b>17</b>	23,406.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	1,250.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	9,324.	<b>21</b>	7,097.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	31,452.	<b>26</b>	30,503.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	740,821.	<b>27</b>	975,592.
	<b>28</b> Net assets with donor restrictions .....	157,829.	<b>28</b>	401,455.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	898,650.	<b>32</b>	1,377,047.
<b>33</b> Total liabilities and net assets/fund balances .....	930,102.	<b>33</b>	1,407,550.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,507,014.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,028,617.
3	Revenue less expenses. Subtract line 2 from line 1	3	478,397.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	898,650.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,377,047.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 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? .....
- 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 on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2019)



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

Department of the Treasury  
Internal Revenue Service

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization **FAMILY PROMISE OF BERGEN COUNTY** Employer identification number **22-2853599**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	839,257.	555,638.	954,373.	913,461.	1373629.	4636358.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	839,257.	555,638.	954,373.	913,461.	1373629.	4636358.
<b>5</b> 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) .....						165,179.
<b>6 Public support.</b> Subtract line 5 from line 4.						4471179.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	839,257.	555,638.	954,373.	913,461.	1373629.	4636358.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	12.			5,617.	14,442.	20,071.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	201,858.	288,603.	59,873.	133,974.	93,996.	778,304.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	22,014.	205.	68.	46,357.	2,792.	71,436.
<b>11 Total support.</b> Add lines 7 through 10						5506169.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	127,073.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	81.20 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	78.55 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	► <input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	► <input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	► <input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	► <input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	► <input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 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) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2019</b>	<b>(iii) Distributable Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2015 AMOUNT: \$ 22,014.

2016 AMOUNT: \$ 205.

2017 AMOUNT: \$ 68.

2018 AMOUNT: \$ 46,357.

2019 AMOUNT: \$ 2,792.



**Schedule A**

**Identification of Excess Contributions  
Included on Part II, Line 5**

**2019**

**\*\* Do Not File \*\***

**\*\*\* Not Open to Public Inspection \*\*\***

Contributor's Name	Total Contributions	Excess Contributions
ROSIGNOLO, STEVE & BEVERLY	213,906.	103,783.
BECTON DICKINSON	164,092.	53,969.
ORITANI BANK CHARITABLE FOUNDATION	117,550.	7,427.
Total Excess Contributions to Schedule A, Part II, Line 5 .....	<b>165,179.</b>	

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

**FAMILY PROMISE OF BERGEN COUNTY**

Employer identification number

**22-2853599**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>FAMILY PROMISE OF BERGEN COUNTY</b>	Employer identification number <b>22-2853599</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BECTON DICKINSON ONE BECTON DRIVE FRANKLIN LAKES, NJ 07417	\$ 41,327.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	COUNTY OF BERGEN ONE BERGEN COUNTY PLAZA HACKENSACK, NJ 07601	\$ 39,983.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ESTATE OF THADDEUS G LEE C/O ROBT. & MARIA SEES, 47 MILLER ST WALLINGTON, NJ 07057	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	EVANGELICAL LUTHERAN CHURCH C/O CULLEN & DYKMAN, 433 HACKENSACK AVENUE #12B HACKENSACK, NJ 07601	\$ 68,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ORITANI BANK CHARITABLE FOUNDATION 370 PASCACK ROAD TOWNSHIP OF WASHINGTON, NJ 07676	\$ 35,890.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ROSIGNOLO, STEVE & BEVERLY 134 BELLA VISTA TERR UNIT D NORTH VENICE, FL 34275	\$ 213,906.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>FAMILY PROMISE OF BERGEN COUNTY</b>	Employer identification number  <b>22-2853599</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  <b>FAMILY PROMISE OF BERGEN COUNTY</b>	Employer identification number  <b>22-2853599</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**  
**Open to Public Inspection**

**Name of the organization** FAMILY PROMISE OF BERGEN COUNTY **Employer identification number** 22-2853599

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** 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 (during year) .....		
3 Aggregate value of grants from (during 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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> 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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part 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 (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a 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 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 violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, 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 furtherance of 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, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	93,478.	99,712.	99,423.	99,423.	
b Contributions					
c Net investment earnings, gains, and losses	21,190.	-6,234.	289.		
d Grants or scholarships					
e Other expenditures for facilities and programs	4,037.				
f Administrative expenses					
g End of year balance	110,631.	93,478.	99,712.	99,423.	

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  89.87 %
  - c Term endowment  10.13 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		15,922.	9,232.	6,690.
d Equipment		25,247.	22,712.	2,535.
e Other		58,910.	58,910.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				9,225.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	1,638,828.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>	2,800.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	129,014.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		131,814.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	1,507,014.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	1,507,014.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	1,160,431.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	2,800.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	129,014.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		131,814.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	1,028,617.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	1,028,617.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART IV, LINE 2B:**

CLIENT ESCROW ACCOUNTS ARE FUNDS THAT ARE HELD FOR CLIENTS THAT RESIDE IN FAMILY PROMISE'S NEW LEAF APARTMENTS AND FP NETWORK. WHEN THEY ENTER THE PROGRAM, A FEE IS DETERMINED. THE FEE IS DEPOSITED INTO AN ESCROW ACCOUNT UNDER THE CLIENT'S NAME, ON A MONTHLY BASIS. IT ACTS AS A SAVINGS ACCOUNT FOR THEIR BENEFIT. THE FUNDS ARE DISTRIBUTED TO THE CLIENT WHEN THEY MOVE OUT OF THE PROGRAM.

**PART V, LINE 4:**

A DONOR-RESTRICTED ENDOWMENT IS MAINTAINED WHOSE PURPOSE IS TO PROVIDE INCOME AND SUPPORT FOR THE ORGANIZATION.

**Part XIII** Supplemental Information (continued)

PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR-PROFIT INSTITUTION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISIONS FOR INCOME TAXES HAVE BEEN PROVIDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION FOLLOWS U.S. GAAP GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THIS TOPIC PROVIDES GUIDANCE ON THE RECOGNITION, MEASUREMENT, CLASSIFICATION AND DISCLOSURES RELATED TO UNCERTAIN TAX POSITIONS, ALONG WITH ANY INTEREST AND PENALTIES. THE ORGANIZATION CONTINUALLY EVALUATES THE POSSIBLE EXISTENCE OF UNCERTAIN TAX POSITIONS. THE FEDERAL AND STATE TAX RETURNS OF THE ORGANIZATION ARE SUBJECT TO EXAMINATION, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES NETTED AGAINST REVENUE IN PART VIII	129,014.
--	----------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES NETTED AGAINST REVENUE IN PART VIII	129,014.
--	----------

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2019**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**FAMILY PROMISE OF BERGEN COUNTY**

Employer identification number

**22-2853599**

**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 raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		ANNUAL GALA (event type)	GOLF OUTING (event type)	2 (total number)		
Revenue	1	Gross receipts	152,103.	65,123.	68,342.	285,568.
	2	Less: Contributions	91,738.	28,867.	39,553.	160,158.
	3	Gross income (line 1 minus line 2)	60,365.	36,256.	28,789.	125,410.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	17,960.	20,170.	753.	38,883.
	7	Food and beverages		830.		830.
	8	Entertainment	310.			310.
	9	Other direct expenses	17,923.	4,193.	15,729.	37,845.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				77,868.
11	Net income summary. Subtract line 10 from line 3, column (d)				47,542.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			97,600.
Direct Expenses	2	Cash prizes			48,800.	48,800.
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses			2,346.	2,346.
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No		
7	Direct expense summary. Add lines 2 through 5 in column (d)				51,146.	
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				46,454.	

9 Enter the state(s) in which the organization conducts gaming activities: NJ  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	100.00 %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ MARIE SHANLEY

Address ▶ 100 DAYTON STREET - RIDGEWOOD, NJ 07450

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ RENEE HARPER

Gaming manager compensation ▶ \$ 0.

Description of services provided ▶ RECORDS EACH RAFFLE TICKET SOLD.

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 48,800.

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE G, PART III, LINE 17B**

NEW JERSEY - \$46,454

**Part IV** Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **FAMILY PROMISE OF BERGEN COUNTY** Employer identification number **22-2853599**

Part I	Types of Property			
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art			
2	Art - Historical treasures			
3	Art - Fractional interests			
4	Books and publications			
5	Clothing and household goods			
6	Cars and other vehicles			
7	Boats and planes			
8	Intellectual property			
9	Securities - Publicly traded			
10	Securities - Closely held stock			
11	Securities - Partnership, LLC, or trust interests			
12	Securities - Miscellaneous			
13	Qualified conservation contribution - Historic structures			
14	Qualified conservation contribution - Other			
15	Real estate - Residential			
16	Real estate - Commercial			
17	Real estate - Other			
18	Collectibles			
19	Food inventory	X	39,055	218,021. FMV-CONT: PER GROUP
20	Drugs and medical supplies			
21	Taxidermy			
22	Historical artifacts			
23	Scientific specimens			
24	Archeological artifacts			
25	Other ▶ ( DONATED MATER )	X	120	51,852. FMV-CONT: PER GROUP
26	Other ▶ ( )			
27	Other ▶ ( )			
28	Other ▶ ( )			

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II.		X
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II.		X
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS MADE.

Multiple horizontal lines for supplemental information.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

FAMILY PROMISE OF BERGEN COUNTY

Employer identification number

22-2853599

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SELF-CONFIDENCE. TOPICS SUCH AS WORKPLACE READINESS, HEALTH AND

WELLNESS, POSITIVE PARENTING, COMMUNICATIONS SKILLS AND NUTRITION ARE

COVERED. CHILDREN'S PROGRAMMING AND YOUTH LITERACY ARE INVESTMENTS IN

THE SOCIAL, EMOTIONAL AND COGNITIVE DEVELOPMENT OF THE CHILDREN IN THE

PROGRAM. UTILIZING VOLUNTEERS IN THIS PROGRAM IS COST-EFFECTIVE AND

DIRECTLY CONNECTS FAMILIES LIVING IN THE COMMUNITY WITH THOSE WHO HAVE

BECOME HOMELESS. THIS CREATES A BETTER UNDERSTANDING OF THE

VULNERABILITY OF SOME LOCAL FAMILIES AND THE CAUSES OF HOMELESSNESS.

IN 2019, 1790 BED NIGHTS AND 5,370 MEALS WERE PROVIDED IN THE FAMILY

PROMISE NETWORK.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CAMP LOTS OF FUN - THIRTY CHILDREN ARE TREATED TO SUMMER DAY CAMP FOR

TWO FUN-FILLED WEEKS. FIVE- TO 12-YEAR-OLDS WHO ARE PART OF FAMILY

PROMISE BC PROGRAMS ARE ELIGIBLE. IF SPACE PERMITS, CHILDREN FROM OTHER

AGENCIES' SHELTERING PROGRAMS ARE ALSO ACCOMMODATED. MEMBERS OF THE

FAMILY PROMISE YOUTH COUNCIL FOR THE HOMELESS AND OTHER HIGH SCHOOL

STUDENTS, MANY OF WHOM ARE INITIALLY UNFAMILIAR WITH THE CHALLENGES

FACING THE POOR, SERVE AS VOLUNTEER COUNSELORS. THIS ALLOWS THE

PROGRAM TO OPERATE ON A 1:1 CAMPER/COUNSELOR RATIO.

EXPENSES \$ 105,141. INCLUDING GRANTS OF \$ 0. REVENUE \$ 281.

Name of the organization FAMILY PROMISE OF BERGEN COUNTY	Employer identification number 22-2853599
---	--

ADVOCACY - BOARD MEMBERS, STAFF AND QUALIFIED VOLUNTEERS ADDRESS THE COMMUNITY CONGREGATIONS, CLERGY, BUSINESSES, MEMBERS OF COMMUNITY SERVICE ORGANIZATIONS AND STUDENTS IN ORDER TO EDUCATE THEM WITH REGARDS TO THE ISSUES AND CHALLENGES WHICH HOMELESS FAMILIES FACE. THE GOAL IS TO ENABLE THE PUBLIC TO ASSESS POLICIES AND THE IMPACT THEY MIGHT HAVE ON ISSUES FACING WORKING POOR FAMILIES.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE ON BEHALF OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

A CONFLICT OF INTEREST AFFECTING FAMILY PROMISE OF BERGEN COUNTY (FPBC) MAY BE DEFINED AS INDIVIDUAL ACTIVITY OR INTEREST WHICH IS INCONSISTENT WITH OR OPPOSED TO THE LEGITIMATE BEST INTEREST OF FPBC. IT IS THE POLICY OF FPBC THAT ALL MEMBERS OF THE STAFF AND BOARD OF TRUSTEES ATTEMPT TO AVOID PERSONAL TRANSACTIONS OR SITUATIONS IN WHICH THEIR PERSONAL INTEREST WILL, OR APPEAR TO, CONFLICT WITH THOSE OF FPBC. WHERE SUCH CONFLICT CANNOT BE AVOIDED, FULL DISCLOSURE OF ANY SUCH CONFLICT OF INTEREST, IN WRITING, IS REQUIRED TO BE SUBMITTED TO THE EXECUTIVE DIRECTOR AND THE PRESIDENT OF THE BOARD OF TRUSTEES.

THE BOARD PRESIDENT MAY DETERMINE WHAT CONSTITUTES "IN CONFLICT" ACTIVITIES. ANY VOTING MEMBER OF THE BOARD MUST RECUSE THEMSELVES FROM VOTING ON ANY PROPOSED TRANSACTION IN WHICH THEY MAY BE DEEMED TO HAVE AN "IN CONFLICT" INTEREST. THE DELIBERATIONS AND DECISIONS REGARDING ANY CONFLICT OF INTEREST ARE DOCUMENTED IN THE MINUTES OF THE BOARD MEETINGS

FORM 990, PART VI, SECTION B, LINE 15:

MANAGEMENT AND EMPLOYEE COMPENSATION IS REVIEWED ANNUALLY BY THE BOARD.

Name of the organization <b>FAMILY PROMISE OF BERGEN COUNTY</b>	Employer identification number <b>22-2853599</b>
--	---

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL INFORMATION AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE AUDIT PROCESS HAS NOT CHANGED FROM PRIOR YEARS. THE ORGANIZATION HAS ESTABLISHED AN AUDIT / FINANCE COMMITTEE WHICH IS RESPONSIBLE FOR OVERSIGHT OF THE AUDIT.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  <b>FAMILY PROMISE OF BERGEN COUNTY</b>	Taxpayer identification number (TIN)  <b>22-2853599</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>100 DAYTON STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>RIDGEWOOD, NJ 07450</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**MARIE SHANLEY**

- The books are in the care of ▶ **100 DAYTON STREET - RIDGEWOOD, NJ 07450**  
Telephone No. ▶ **201-833-8009** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2019** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

# TAX RETURN FILING INSTRUCTIONS

NEW JERSEY FORM CRI-300R

**FOR THE YEAR ENDING**

December 31, 2019

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**Prepared For:**

KATE DUGGAN  
100 DAYTON STREET  
RIDGEWOOD, NJ 07450

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**Prepared By:**

PKF O'Connor Davies, LLP  
300 Tice Boulevard, Suite 315  
Woodcliff Lake, NJ 07677

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**Amount of Tax:**

Balance due of \$250

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**Make Check Payable To:**

Not applicable

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**Mail Tax Return To:**

The New Jersey Form Form CRI-300R should be filed via the web at:  
<https://njconsumeraffairs.state.nj.us/sign-in/>

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**Return Must Be Mailed On Or Before:**

December 31, 2020

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**Special Instructions:**

**RETURN MUST BE FILED ONLINE.**  
**This form cannot be paper filed - this**  
**copy is for informational purposes only.**

**Form CRI-300R**  
**Long-Form Renewal Registration/Verification Statement**  
(Revised April 2008)

**All questions must be answered.**

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1. This statement contains the facts and financial information for the fiscal year ending: 12/31/2019  
month day year

2. Federal ID Number (EIN) 22-2853599 2a. N.J. Charities Registration Number: CH- 0373300

3. Full legal name of the registering organization: FAMILY PROMISE OF BERGEN COUNTY  
In care of: (if necessary, otherwise leave this line blank) KATE DUGGAN

4. Mailing Address: 100 DAYTON STREET, RIDGEWOOD, NJ 07450  Change of Address  
Street Address City State ZIP Code

NOTE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.

5. The principal street address of the registering organization \_\_\_\_\_  
 Same as Mailing Address Street Address City State ZIP Code

6. Does the organization have any offices in New Jersey in addition to the one listed above?  Yes  No  
If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.

6a. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed.

KATE DUGGAN,  
Contact person Street address City State ZIP Code

201-833-8009  
Telephone number (include area code) Fax number (include area code)

7. Organization's contact information:  
201-833-8009 Telephone number (include area code) Fax number (include area code)

KDUGGAN@BERGENFAMILYPROMISE.ORG WWW.BERGENFAMILYPROMISE.ORG  
E-mail address Web site

8. Type of organization (check one):

Nonprofit corporation  Foundation  Individual  Association  Society  
 Partnership  Trust  Other (Specify) \_\_\_\_\_

9. Where and when was the organization legally established? Date: 01/01/1986 State: NJ

As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported.

10. Does the organization solicit funds under any name or names other than as indicated on line 3 of this form?  Yes  No  
If "Yes," indicate all of the other names used: \_\_\_\_\_

11. Does the organization intend to solicit contributions from the general public?  Yes  No

12. Is the organization authorized by any other state or jurisdiction to solicit contributions?  Yes  No  
If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.  
\_\_\_\_\_  
\_\_\_\_\_

13. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey?  Yes  No  
If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.

14. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration.  
**SEE FORM 990 ATTACHED**  
\_\_\_\_\_  
\_\_\_\_\_

14a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration.  
**ALREADY EXISTS-SEE FORM 990 ATTACHED, PART III**  
\_\_\_\_\_

15. Does the organization use an independent paid fund-raiser or fund-raising counsel?  Yes  No  
If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name.

15a. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds?  Yes  No  
If "Yes," please describe the situation.  
\_\_\_\_\_  
\_\_\_\_\_

16. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year-end being reported?  Yes  No  
If "Yes," please explain: \_\_\_\_\_  
\_\_\_\_\_

17. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)?  Yes  No  
a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed.  Yes  No  
b. Has a tax exemption been granted under another I.R.S. code?  Yes  No  
If "Yes," advise which one: \_\_\_\_\_  
c. Has an I.R.S. tax exemption been refused, changed or revoked?  Yes  No  
If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper.

18. Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction or has the organization ever entered into any voluntary agreement of discontinuance with any governmental entity?  Yes  No  
 If "Yes," attach to this registration a copy of the denial, suspension, revocation or voluntary agreement of discontinuance. If the document does not explain the reasons for the denial, suspension or revocation, attach to this registration an explanation on a separate sheet of paper.
19. Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (including, but not limited to, a settlement of an administrative investigation or proceeding, with or without an admission of liability) with any jurisdiction, state or federal agency or officer?  Yes  No  
 If "Yes," please attach to this registration the relevant document.
20. Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions, or are such proceedings pending in this or any other jurisdiction?  Yes  No  
 If "Yes," attach to this registration photocopies of any and all written documentation (such as a court order, administrative order, judgment, formal notice, written assurance or other document) which show the final disposition of the matter.
21. Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employees ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant's fitness to perform activities regulated by this Act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction.  Yes  No
22. Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been adjudged liable in any administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question a judgment of liability in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual engaged in an unlawful practice in relation to the solicitation of contributions or the administration of charitable assets.  Yes  No  
 If "Yes," identify the individual(s) below and attach to this registration a copy of any order, judgment or other documents indicating the final disposition of the matter.

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23. Provide the following information for each officer, director, trustee and the five most-highly compensated executive staff employees:

Name	Business address	Telephone number (include area code)	Title	Salary
<b>SEE STATEMENT 1</b>				



# CRI-300R Long-Form Registration Renewal Financial Statement

**Note:** If the financial value of a line item = 0, place a zero in the space provided.

*Please report all figures as GROSS, not NET.*

<i>Full legal name and street address of the organization</i>				
Full legal name: <b>FAMILY PROMISE OF BERGEN COUNTY</b>				
Fiscal year-end being reported: <u>12/31/2019</u> <small>month day year</small>		Federal ID Number (EIN) <u>22-2853599</u>		
Mailing address: <u>100 DAYTON STREET, RIDGEWOOD, NJ 07450</u>				
<small>Mailing Address</small>	<small>P.O. Box Number or Suite</small>	<small>City</small>	<small>State</small>	<small>ZIP Code</small>
Street address of the registering organization: _____				
<small>Street Address</small>	<small>City</small>	<small>State</small>	<small>ZIP Code</small>	
New Jersey Charities Registration number: CH <u>0373300</u>		<small>-00 Telephone number:</small> <u>201-833-8009</u>	<i>(include area code)</i>	

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$500,000. **Note:** If the organization received gross revenue of less than \$500,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

## A. Receipts

Line A1a. Direct Public Support received from the following sources:

(1)	Direct mail .....	1,153,488.
(2)	Telephone solicitation .....	0.
(3)	Commercial co-venture .....	0.
(4)	Gross receipts from fund-raising events .....	223,010.
(5)	Canisters, counter cards, door to door etc .....	0.
(6)	Corporations and other businesses .....	0.
(7)	Foundations and trusts .....	0.
(8)	Donated land, buildings, property, equipment and materials .....	0.
(9)	Legacies and bequests .....	0.
(10)	Membership dues solely resulting from solicitations .....	0.
(11)	Other support (specify) .....	0.

Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11)) ..... 1,376,498.

Line A1c. Indirect Public Support received from the following sources:

(1)	Federated fund-raising organization .....	0.
(2)	From an affiliated organization .....	0.
(3)	From another fund-raising organization .....	160,158.

Line A1d. Total Indirect Public Support (add lines A1c(1) thru A1c(3)) ..... 160,158.

**Line A1e. Total Gross Contributions** (add lines A1b and A1d) ..... 1,536,656.

Line A2.	Government grants including purchase of service contracts (specify agency)		
a.	<b>GOVERNMENT GRANTS - CONTRIBUTIONS</b>		59,983.
b.	_____		0.
c.	_____		0.
d.	_____		0.
Line A2e.	Total Government Grants (add lines 2a thru 2d)		59,983.
Line A3.	Other Support		
a.	Bona fide membership		0.
b.	Program service revenue	SEE STATEMENT 3	281.
c.	Professional services rendered by volunteers		0.
d.	Miscellaneous income (specify)	SEE STATEMENT 2	-89,906.
Line A3e.	Total Other Support (add the total of lines A3a thru A3d)		-89,625.
Line A4.	<b>Total Gross Revenue</b> (add lines A1e, A2e and A3e)		1,507,014.

**B. Expenses**

Line B1.	Program expenses		844,071.
Line B2.	Management and general expenses		63,762.
Line B3.	Fund-raising expenses		120,784.
Line B4.	Payments to state/national affiliates (if applicable)		0.
Line B5.	<b>Total Expenses</b> (add the totals of line B1 thru B4)		1,028,617.

**C. Excess or Deficit**

For the fiscal year-end (subtract line B5 from line A4)		478,397.
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**D. Fund Balance**

Line D1.	Net assets or fund balances at beginning of year		898,650.
Line D2.	Other changes in net assets or fund balances (attach explanation)		0.
Line D3.	Net assets or fund balances at end of year (Combine line C, D1 and D2)		1,377,047.

**Please Note:** The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our Web site: <http://www.njconsumeraffairs.gov/ocp/charities.htm>.

**Long-Form Renewal Registration Statement  
Form CRI-300RC  
Confidential Information**

Organization's Name: FAMILY PROMISE OF BERGEN COUNTY

N.J. Charities Registration Number: CH- 0373300 -00

Federal ID Number (EIN) 22-2853599

Fiscal Year-End being reported: 12/31/2019  
month day year

24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:

- a. each other?  Yes  No
- b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization?  Yes  No
- c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization?  Yes  No
- d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships.

25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization?  Yes  No

If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.

---

We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.

---

We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature \_\_\_\_\_ Name PAUL SHACKFORD Title PRESIDENT Date \_\_\_\_\_

Signature \_\_\_\_\_ Name RACHEL VOTTO Title TREASURER Date \_\_\_\_\_

*This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.*

---

**Note: Form CRI-300RC must be filed with Form CRI-300R.**

FORM CRI-300R

LIST OF OFFICERS, DIRECTORS, TRUSTEES  
AND FIVE MOST HIGHLY PAID EMPLOYEES

STATEMENT 1

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
KATE DUGGAN	EXECUTIVE DIRECTOR	201-833-8009
<u>ADDRESS</u>		
100 DAYTON STREET RIDGEWOOD, NJ 07450		
<u>SALARY</u>		
95,668.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
NANCY WOODS	PRESIDENT EMERITA THRU 6/25/19	201-833-8009
<u>ADDRESS</u>		
100 DAYTON STREET RIDGEWOOD, NJ 07450		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
PAUL SHACKFORD	PRESIDENT	201-833-8009
<u>ADDRESS</u>		
100 DAYTON STREET RIDGEWOOD, NJ 07450		
<u>SALARY</u>		
0.		

FAMILY PROMISE OF BERGEN COUNTY

22-2853599

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

NADINE Z. GENET

VICE PRESIDENT

201-833-8009

ADDRESS

100 DAYTON STREET  
RIDGEWOOD, NJ 07450

SALARY

0.

---

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

JERROLD FLEISHER

SECRETARY

201-833-8009

ADDRESS

100 DAYTON STREET  
RIDGEWOOD, NJ 07450

SALARY

0.

---

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

RACHEL VOTTO

TREASURER

201-833-8009

ADDRESS

100 DAYTON STREET  
RIDGEWOOD, NJ 07450

SALARY

0.

---

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

DANIEL R. BOYER

FUND DEVELOPMENT  
COMMITTEE

201-833-8009

ADDRESS

100 DAYTON STREET  
RIDGEWOOD, NJ 07450

SALARY

0.

FAMILY PROMISE OF BERGEN COUNTY

22-2853599

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

ELLEN M. RAFFERTY

TRUSTEE THRU 9/19

201-833-8009

ADDRESS

100 DAYTON STREET  
RIDGEWOOD, NJ 07450

SALARY

0.

---

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

FRANK SKUTHAN

TRUSTEE

201-833-8009

ADDRESS

100 DAYTON STREET  
RIDGEWOOD, NJ 07450

SALARY

0.

---

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

SARAH R. KIRBY

TRUSTEE

ADDRESS

100 DAYTON STREET  
RIDGEWOOD, NJ 07450

SALARY

0.

---

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

STEPHANIE MILLER

TRUSTEE

ADDRESS

100 DAYTON STREET  
RIDGEWOOD, NJ 07450

SALARY

0.

---

FORM CRI-300

MISCELLANEOUS INCOME

STATEMENT 2

DESCRIPTION	AMOUNT
INVESTMENT INCOME	14,442.
GAIN/LOSS ON SALE OF ASSET(S) OTHER THAN INVENTORY	21,874.
DIRECT EXPENSES FOR GAMING ACTIVITIES	-51,146.
DIRECT EXPENSES FOR FUNDRAISING EVENTS	-77,868.
OTHER INCOME	2,792.
TOTAL INCLUDED ON FORM CRI-300, PAGE 5, LINE A3D	-89,906.

FORM CRI-300

PROGRAM SERVICE REVENUE

STATEMENT 3

DESCRIPTION	AMOUNT
CAMP LOTS-OF-FUN	281.
TOTAL INCLUDED ON FORM CRI-300, PAGE 5, LINE A3B	281.

## Certification

Form CRI-150I, CRI-300R, CRI-200

This Registration Form **must** be authorized by two (2) officers of the organization, one being the Chief Financial Officer or Treasurer.

---

First Authorization:

*I understand that this registration is being issued at the discretion of the New Jersey Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. I also understand that I may be required to provide additional information if requested.*

*I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.*

Signature \_\_\_\_\_ Name PAUL SHACKFORD Title PRESIDENT Date \_\_\_\_\_

---

---

Second Authorization:

*I understand that this registration is being issued at the discretion of the New Jersey Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. I also understand that I may be required to provide additional information if requested.*

*I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.*

Signature \_\_\_\_\_ Name RACHEL VOTTO Title \_\_\_\_\_ Date \_\_\_\_\_

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# **Family Promise of Bergen County**

Financial Statements

December 31, 2019 and 2018

## **Independent Auditors' Report**

### **The Board of Trustees Family Promise of Bergen County**

We have audited the accompanying financial statements of Family Promise of Bergen County (a not-for-profit organization), which comprise the statements of financial position as of December 31, 2019 and 2018, the related statements of activities and changes in net assets, functional expenses and cash flows for the years then ended and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditors' Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**To the Board of Trustees**  
**Family Promise of Bergen County**  
Page 2

**Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Family Promise of Bergen County as of December 31, 2019 and 2018, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

*PKF O'Connor Davies, LLP*

October 28, 2020

## Family Promise of Bergen County

### Statements of Financial Position

	December 31,	
	2019	2018
<b>ASSETS</b>		
Cash and cash equivalents	\$ 923,930	\$ 736,147
Restricted cash	268,680	44,352
Cash - client escrow funds	7,097	9,324
Investments, at fair value	114,668	93,478
Unconditional promises to give, net	45,967	-
Grant and other receivables	27,299	28,617
Prepaid expenses	6,146	10,447
Property and equipment, net	9,225	3,199
Security deposits	4,538	4,538
	<u>\$ 1,407,550</u>	<u>\$ 930,102</u>
<b>LIABILITIES AND NET ASSETS</b>		
Accounts payable	\$ 5,453	\$ 5,785
Client escrow funds	7,097	9,324
Accrued expenses	17,953	15,093
Deferred revenue	-	1,250
Total Liabilities	<u>30,503</u>	<u>31,452</u>
Net Assets		
Without donor restrictions	975,592	740,821
With donor restrictions	401,455	157,829
Total Net Assets	<u>1,377,047</u>	<u>898,650</u>
	<u>\$ 1,407,550</u>	<u>\$ 930,102</u>

**Family Promise of Bergen County**

Statement of Activities and Changes in Net Assets  
Year Ended December 31, 2019

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
<b>REVENUE</b>			
Government			
Bergen County	\$ 35,983	\$ 24,000	\$ 59,983
Public Support			
Fundraising	285,568	-	285,568
Foundations	168,500	-	168,500
Contributions	590,115	222,881	812,996
Miscellaneous income	2,792	-	2,792
In-kind donations	272,673	-	272,673
Net Assets Released from Restrictions	<u>24,445</u>	<u>(24,445)</u>	<u>-</u>
Total Revenue	<u>1,380,076</u>	<u>222,436</u>	<u>1,602,512</u>
<b>EXPENSES</b>			
Program services			
Family Promise Network	278,902	-	278,902
New Leaf	240,780	-	240,780
Camp Lots-of-Fun	73,253	-	73,253
Homeless Prevention	14,804	-	14,804
Advocacy	19,884	-	19,884
Walk-in Dinner	219,248	-	219,248
General and administrative	63,762	-	63,762
Fundraising	<u>249,798</u>	<u>-</u>	<u>249,798</u>
Total Expenses	<u>1,160,431</u>	<u>-</u>	<u>1,160,431</u>
Change in Net Assets before Investment Return	219,645	222,436	442,081
Investment return, net	<u>15,126</u>	<u>21,190</u>	<u>36,316</u>
Change in Net Assets	234,771	243,626	478,397
<b>NET ASSETS</b>			
Beginning	<u>740,821</u>	<u>157,829</u>	<u>898,650</u>
Ending	<u>\$ 975,592</u>	<u>\$ 401,455</u>	<u>\$ 1,377,047</u>

## Family Promise of Bergen County

### Statement of Activities and Changes in Net Assets Year Ended December 31, 2018

	Without Donor Restrictions	With Donor Restrictions	Total
<b>REVENUE</b>			
Government			
Federal and Bergen County	\$ -	\$ 20,000	\$ 20,000
Public Support			
Fundraising	302,281	-	302,281
Foundations	190,009	-	190,009
Contributions	425,069	23,200	448,269
Miscellaneous income	30,631	-	30,631
In-kind donations	228,473	-	228,473
Net Assets Released from Restrictions	<u>58,729</u>	<u>(58,729)</u>	<u>-</u>
Total Revenue	<u>1,235,192</u>	<u>(15,529)</u>	<u>1,219,663</u>
<b>EXPENSES</b>			
Program services			
Family Promise Network	259,710	-	259,710
New Leaf	203,994	-	203,994
Camp Lots-of-Fun	68,495	-	68,495
Homeless Prevention	20,560	-	20,560
Advocacy	18,661	-	18,661
Walk-in Dinner	213,498	-	213,498
General and administrative	56,989	-	56,989
Fundraising	<u>237,645</u>	<u>-</u>	<u>237,645</u>
Total Expenses	<u>1,079,552</u>	<u>-</u>	<u>1,079,552</u>
Change in Net Assets before Investment Return	155,640	(15,529)	140,111
Investment return, net	<u>4,421</u>	<u>(6,234)</u>	<u>(1,813)</u>
Change in Net Assets	160,061	(21,763)	138,298
<b>NET ASSETS</b>			
Beginning	<u>580,760</u>	<u>179,592</u>	<u>760,352</u>
Ending	<u>\$ 740,821</u>	<u>\$ 157,829</u>	<u>\$ 898,650</u>

**Family Promise of Bergen County**

Statement of Functional Expenses  
Year Ended December 31, 2019

	Program Services						Support Services			Total	
	Family Promise Network	New Leaf	Camp Lots-of-Fun	Homeless Prevention	Advocacy	Walk-in Dinner	Total Program Services	General and Administrative	Fundraising		Total Support Services
<i>Actual costs</i>											
Personnel expense	\$ 179,560	\$ 99,371	\$ 34,483	\$ 12,760	\$ 17,785	\$ 23,454	\$ 367,413	\$ 28,090	\$ 100,990	\$ 129,080	\$ 496,493
Rent - office	14,976	5,209	2,279	326	651	2,279	25,720	4,558	2,279	6,837	32,557
Telephone	584	584	146	29	146	146	1,635	701	584	1,285	2,920
Postage	513	428	877	17	86	68	1,989	171	342	513	2,502
Insurance	3,744	2,595	2,286	130	130	2,595	11,480	6,281	1,168	7,449	18,929
Repairs and maintenance	1,820	18,169	210	30	60	210	20,499	420	210	630	21,129
Professional fees and services	10,048	3,447	1,372	45	504	2,745	18,161	6,403	5,490	11,893	30,054
Dues and subscriptions	2,250	-	-	-	-	-	2,250	2,121	1,549	3,670	5,920
Events	-	-	-	-	-	-	-	3,366	129,014	132,380	132,380
Supplies	4,743	968	2,851	133	133	1,088	9,916	1,428	1,040	2,468	12,384
Rent - apartments	-	48,682	-	-	-	-	48,682	-	-	-	48,682
Client assistance - transportation	8,807	8,406	4,050	1,054	-	-	22,317	-	-	-	22,317
Client assistance - childcare	-	14,307	-	-	-	-	14,307	-	-	-	14,307
Client assistance - workshops and other	3,492	8,841	-	245	216	2,752	15,546	-	-	-	15,546
Recreation activities	-	-	8,622	-	-	-	8,622	-	-	-	8,622
Depreciation and amortization	-	641	-	-	-	-	641	663	-	663	1,304
Miscellaneous	2,148	693	1,798	35	173	173	5,020	9,560	7,132	16,692	21,712
<i>In-kind donations</i>											
Donated food and materials	46,217	28,439	11,479	-	-	183,738	269,873	-	-	-	269,873
Donated facilities	-	-	2,800	-	-	-	2,800	-	-	-	2,800
<b>Total Expenses</b>	<b>\$ 278,902</b>	<b>\$ 240,780</b>	<b>\$ 73,253</b>	<b>\$ 14,804</b>	<b>\$ 19,884</b>	<b>\$ 219,248</b>	<b>\$ 846,871</b>	<b>\$ 63,762</b>	<b>\$ 249,798</b>	<b>\$ 313,560</b>	<b>\$ 1,160,431</b>

**Family Promise of Bergen County**

Statement of Functional Expenses  
Year Ended December 31, 2018

	Program Services						Support Services			Total	
	Family Promise Network	New Leaf	Camp Lots-of-Fun	Homeless Prevention	Advocacy	Walk-in Dinner	Total Program Services	General and Administrative	Fundraising		Total Support Services
<i>Actual costs</i>											
Personnel expense	\$ 173,224	\$ 108,627	\$ 33,947	\$ 13,986	\$ 16,830	\$ 22,269	\$ 368,883	\$ 27,378	\$ 95,418	\$ 122,796	\$ 491,679
Rent - office	14,148	4,921	2,153	308	615	2,153	24,298	4,305	2,153	6,458	30,756
Telephone	646	646	161	32	161	161	1,807	775	646	1,421	3,228
Postage	1,126	938	910	38	188	150	3,350	375	751	1,126	4,476
Insurance	4,972	3,638	3,068	182	182	3,638	15,680	3,293	1,637	4,930	20,610
Repairs and maintenance	2,115	3,010	210	30	60	210	5,635	574	210	784	6,419
Professional fees and services	8,511	4,749	1,377	155	396	2,753	17,941	6,182	5,506	11,688	29,629
Dues and subscriptions	2,234	-	-	-	-	-	2,234	1,753	1,975	3,728	5,962
Events	-	-	-	-	-	-	-	4,115	121,110	125,225	125,225
Supplies	4,695	961	3,184	152	148	2,539	11,679	2,340	1,262	3,602	15,281
Rent - apartments	-	52,225	-	-	-	-	52,225	-	-	-	52,225
Client assistance - transportation	5,693	2,907	2,000	73	-	-	10,673	-	-	-	10,673
Client assistance - childcare	-	8,981	-	-	-	-	8,981	-	-	-	8,981
Client assistance - workshops and other	7,248	4,304	-	5,588	-	2,371	19,511	-	-	-	19,511
Recreation activities	-	-	11,755	-	-	-	11,755	-	-	-	11,755
Depreciation and amortization	-	-	-	-	-	-	-	116	-	116	116
Miscellaneous	498	322	960	16	81	81	1,958	5,683	6,912	12,595	14,553
<i>In-kind donations</i>											
Donated food and materials	34,600	7,765	6,370	-	-	177,173	225,908	100	65	165	226,073
Donated facilities	-	-	2,400	-	-	-	2,400	-	-	-	2,400
<b>Total Expenses</b>	<b>\$ 259,710</b>	<b>\$ 203,994</b>	<b>\$ 68,495</b>	<b>\$ 20,560</b>	<b>\$ 18,661</b>	<b>\$ 213,498</b>	<b>\$ 784,918</b>	<b>\$ 56,989</b>	<b>\$ 237,645</b>	<b>\$ 294,634</b>	<b>\$ 1,079,552</b>



**Family Promise of Bergen County**

Statements of Cash Flows

	Year Ended December 31,	
	2019	2018
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Change in net assets	\$ 478,397	\$ 138,298
Adjustments to reconcile change in net assets to cash flows from operating activities		
Depreciation and amortization	1,304	116
Realized losses (gains) on investments	261	(4,044)
Unrealized (gains) losses on investments	(12,347)	6,883
Change in operating assets and liabilities		
Unconditional promises to give	(45,967)	-
Grant and other receivables	1,318	(7,546)
Prepaid expenses	4,301	2,293
Endowment fund	(3,842)	6,234
Security deposits	-	(1,350)
Accounts payable	(332)	3,506
Accrued expenses	2,860	(3,172)
Deferred revenue	(1,250)	1,250
Net Cash from Operating Activities	424,703	142,468
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Proceeds from sale of investments	24,883	58,454
Donated investments	-	(44,473)
Purchase of investments	(30,145)	(15,784)
Purchase of property and equipment	(7,330)	(3,315)
Net Cash from Investing Activities	(12,592)	(5,118)
Net Change in Cash and Cash Equivalents and Restricted Cash	412,111	137,350
<b>CASH AND CASH EQUIVALENTS AND RESTRICTED CASH</b>		
Beginning	780,499	643,149
Ending	\$ 1,192,610	\$ 780,499

## Family Promise of Bergen County

Notes to Financial Statements  
December 31, 2019 and 2018

### 1. Description of the Organization

Family Promise of Bergen County, NJ (the "Organization") helps working families who have become homeless address the complex, interconnected set of issues that accompany poverty and homelessness. The Organization provides a holistic, integrated approach that begins with meeting the immediate need for safe shelter and food but reaches further to help working families become self-sufficient and to address the root causes of poverty.

The Organization is an independent affiliate of the national organization Family Promise, Inc. and became affiliated in 2010 in order to associate with a national organization that also provides shelter and other services to homeless families.

Prior to 2010, the Organization was known as the Interreligious Fellowship for the Homeless of Bergen County ("IRF") and had a 22-year history of providing services to homeless working families with children and adult men and women. In addition to its sheltering programs, the IRF began the Walk-in Dinner Program to ensure that anyone in Bergen County who needed a free meal had access to one each night.

#### ***Sheltering Programs***

The Organization is the only entity in Bergen County dedicated to providing shelter and support to working families with children who have become homeless, and who are not receiving Temporary Aid to Needy Families. Since 1986, the Organization has sheltered thousands of adults and children, adapting to their changing needs by creating programs to help them reach their goal of self-sufficiency.

*Family Promise Network* - Working families with dependent children who have become homeless are sheltered overnight at local congregations, with volunteers providing encouragement and meals in a safe, welcoming environment. With the help of family case managers, families explore the issues that contributed to their homelessness and create a plan to address them. Once a family is safely sheltered, immense pressure is lifted. The Organization provides on-going support and guidance to families committed to improving their lives. All families are required to participate in a mandatory savings plan and take advantage of other programs designed to help them overcome obstacles to self-sufficiency, a key element of this program.

The Organization is seeking to acquire or lease property where families in the Network Program would be able to stay instead of traveling each night to a congregation. Funds have been raised to assist the Organization in acquiring this "Static Site" which will also provide programmatic space as well as office for the staff of the Organization. The Organization is seeking to raise funds and utilize a portion of their accumulated cash funds to achieve this goal.

## Family Promise of Bergen County

Notes to Financial Statements  
December 31, 2019 and 2018

### 1. Description of the Organization (*continued*)

*New Leaf Housing Program* - Client families who show particular motivation and promise and need additional time to work on their service plan are given the opportunity to live in one of the apartments that the Organization manages, supervises and subsidizes. Close contact with family case managers is maintained as families assume a more independent living situation.

*Home to Stay: Post-Shelter Program* - Families leaving the Family Promise Network or New Leaf program are extremely vulnerable to unforeseen circumstances that may negatively impact their newly regained independence. The Post-Shelter Program is designed to help families through this trying period by continuing to provide contact with family case managers for guidance and emotional support, access to the Organization's skilled volunteers, and limited, targeted financial assistance for a period of one year. This program is voluntary with services provided on an as-needed basis.

*Homeless Prevention Program* - It is much more cost-effective to keep a family in their current apartment than to rehouse them after they are evicted. Funding is available for rent, rental arrears, utility bills and services designed to allow families to remain in stable housing.

#### **Support Programs**

*Steps to Success* - The Organization provides help with job training and educational advancement, giving parents the tools to compete for better paying jobs. Childcare and transportation subsidies remove common barriers to successful employment.

*Financial Fitness* - Financial literacy workshops equip families with the knowledge necessary for effective money management. Budgeting, repairing and building credit, savings, tax preparation and insurance are covered.

*Personal Empowerment* - Families grow in knowledge and confidence by attending regularly scheduled workshops on a variety of topics. Examples include workplace readiness, health and wellness, positive parenting, and youth and adult literacy.

*Camp Lots-of-Fun* - Thirty children, ages 5 through 12, who are part of the Organization's programs enjoy a two-week summer camp offering fun and attention in a restorative environment. If space permits, children from other agencies' sheltering programs are also accommodated. Paid staff includes a camp director, assistant camp director, and two head counselors. Members of the Family Promise Youth Council for the Homeless and other high school students, many of whom are initially unfamiliar with the challenges facing the poor, serve as volunteer counselors. This new-found awareness makes for a more positive experience for both camper and counselor, and allows the program to operate on a 1:1 camper/counselor ratio.

## Family Promise of Bergen County

Notes to Financial Statements  
December 31, 2019 and 2018

### 1. Description of the Organization (*continued*)

#### ***Other Programs***

*Youth Council for the Homeless* - Open to Bergen County high school students, this dynamic group meets monthly to organize ways to help those who are homeless. Sample activities include serving at the Walk-In Dinner Program and Camp Lots of Fun, planning activities for the children in the programs, and volunteering for and participating in fundraising events. In turn, this program builds awareness of homelessness in the community.

*Walk-In Dinner Program* - Every night of the year, volunteers from local congregations, businesses, organizations or schools purchase, prepare and serve dinner to up to 125 people in need of a free meal. Approximately 80 of those served are residents of the Bergen County Housing, Health, and Human Services Center in Hackensack, NJ where the meals are served. Others who come from neighboring communities may have a place to live but do not have sufficient income to afford dinner every night. Over the past 28 years, the program has served over 1.1 million meals valued at over \$5.5 million.

*Advocacy* - Board members, staff and qualified volunteers address the community, congregations, clergy, businesses, members of community service organizations and students in order to educate them with regards to the issues and challenges which homeless families face. The goal is to enable the public to assess policies and the impact they might have on issues facing working poor families.

### 2. Summary of Significant Accounting Policies

#### ***Basis of Presentation and Use of Estimates***

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"), which requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

#### ***Change in Accounting Principle***

Effective January 1, 2019, the Organization adopted new U.S. GAAP guidance which provides a single comprehensive model for entities to use in accounting for revenue arising from contracts with customers and supersedes most current revenue recognition guidance. The new revenue recognition guidance does not apply to how contributions and pledges are recognized, as they are specifically scoped out of the new guidance. Adoption of this new standard had an immaterial impact of the Organization's financial statements.

## Family Promise of Bergen County

Notes to Financial Statements  
December 31, 2019 and 2018

### 2. Summary of Significant Accounting Policies (*continued*)

#### ***Revenue Recognition***

Contributions received are recorded as with or without donor restrictions, depending on the existence or nature of any donor restrictions. All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as with donor restrictions that increases those net asset classes. If a restriction is fulfilled in the same time period in which the contribution is received, the Organization reports the contribution as without donor restrictions.

#### ***Financial Statement Presentation***

Net assets and revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, the net assets of the Organization and changes therein are classified and reported as follows:

- Without donor restrictions – net assets not subject to donor-imposed stipulations, and therefore are expendable for operating purposes.
- With donor restrictions – net assets subject to donor-imposed stipulations that would be met by actions of the Organization and/or by the passage of time or net assets to be maintained permanently by the Organization. Generally, the donors of these assets permit the Organization to use all or part of the income earned on related investments for general or donor-specified purposes.

#### ***Cash and Cash Equivalents***

Cash and cash equivalents are defined as unrestricted currency, demand deposits and highly liquid investments with maturities of three months or less at time of purchase.

#### ***Restricted Cash***

There are several programs that have restricted funds. The largest amount of restricted funds totaled \$200,975 which relates to the static site. The remaining funds are for the New Leaf program, Homelessness Prevention and a Job Training program.

#### ***Unconditional Promises to Give***

Unconditional promises to give that are expected to be collected within one year are recorded at their net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at present value of their estimated future cash flows. The discounts are computed using risk-adjusted interest rates applicable to the year in which the promises are received. Amortization of the discounts is included in contribution revenue.

## Family Promise of Bergen County

Notes to Financial Statements  
December 31, 2019 and 2018

### 2. Summary of Significant Accounting Policies *(continued)*

#### ***Unconditional Promises to Give (continued)***

Unconditional promises to give are also carried net of an estimate for doubtful promises based on an annual review of all outstanding promises. Promises are written off when deemed uncollectible. At December 31, 2019, management did not record an allowance for doubtful promises.

#### ***Grant and Other Receivables***

Grants are recognized as revenue when the Organization meets the conditions for its revenue recognition, namely that it incurs reimbursable program expenses. The Organization determines the allowance for doubtful accounts by identifying troubled accounts, considering the grantor's financial condition and current economic conditions. The Organization believes that all receivables at December 31, 2019 and 2018 will be fully collected. Accordingly, no allowance for doubtful accounts is required.

#### ***Investments***

Investments are carried at fair value. Interest and dividends are recorded when earned. Purchases and sales are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date. Investment return is reported in the statements of activities and changes in net assets as increases or decreases in net assets without donor restrictions unless their use is restricted by explicit donor stipulations or by law.

#### ***Property and Equipment***

Property and equipment are stated at cost. Expenditures for major additions and improvements are capitalized while minor repairs and maintenance are charged to expense as incurred. Depreciation is based on the estimated useful lives of depreciable assets and is provided using the straight-line method. Leasehold improvements are amortized over the lesser of lease with expected renewals and estimated useful life. When property is disposed of, the asset and the accumulated depreciation and amortization are removed from the accounts. Any resulting gain or loss is reflected in operations in the period incurred.

#### ***Fair Value of Financial Instruments***

The Organization follows U.S. GAAP guidance on Fair Value Measurements which defines fair value and establishes a fair value hierarchy organized into three levels based upon the input assumptions used in pricing assets. Level 1 input have the highest reliability and are related to assets with unadjusted quoted prices in active markets. Level 2 inputs relate to assets with other than quoted prices in active markets which may include quoted prices for similar assets or liabilities or other inputs which can be corroborated by observable market data. Level 3 inputs are unobservable inputs and are used to the extent that observable input do not exist. At December 31, 2019 and 2018, investments were valued using Level 1 inputs.

## **Family Promise of Bergen County**

Notes to Financial Statements  
December 31, 2019 and 2018

### **2. Summary of Significant Accounting Policies *(continued)***

#### ***Donated Food, Materials and Facilities***

Significant food, materials and facilities are donated to the Organization by various individuals and organizations. Donated food, materials and facilities have been recorded as program, fundraising and general and administrative expense at their fair market value.

Many individuals volunteer their time and perform a variety of tasks that assist the Organization with specific assistance programs, campaign solicitations, and various committee assignments. The Organization receives approximately 23,000 volunteer hours per year. However, these volunteer hours are not recognized in the financial statements because they did not meet the criteria for recognition under U.S. GAAP, which states that, in order to record the value of services, the services must either (a) create or enhance non-financial assets or (b) the service must require specialized skills.

#### ***Functional Allocation of Expense***

The costs of providing the program, supporting and fundraising services of the Organization have been summarized on a functional basis in the statements of activities and functional expenses. The majority of the expenses can generally be identified with program or supporting service to which they relate and are charged accordingly. Other expenses by function have been allocated among the program, supporting and fundraising service based on a time and cost study of where efforts are made. All other expenses are allocated based on the benefit received.

#### ***Tax-Exempt Status***

The Organization is a not-for-profit institution exempt from federal income taxes under Section 501(c)(3) of the U.S. Internal Revenue Code. Accordingly, no provisions for income taxes have been provided in the accompanying financial statements.

The Organization follows U.S. GAAP guidance on Accounting for Uncertainty in Income Taxes. This topic provides guidance on the recognition, measurement, classification and disclosures related to uncertain tax positions, along with any interest and penalties. The Organization continually evaluates the possible existence of uncertain tax positions.

The federal and state tax returns of the Organization are subject to examination, generally for three years after they were filed.

## Family Promise of Bergen County

Notes to Financial Statements  
December 31, 2019 and 2018

### 3. Concentration of Credit Risk

The Organization maintains cash balances in financial institutions. The balances are insured by the Federal Deposit Insurance Corporation. The Organization's bank balances may at times exceed insurable limits. Financial instruments that potentially subject the Organization to credit risk consist primarily of cash on deposit.

### 4. Liquidity and Availability

The Organization monitors the availability of resources to meet its operating needs and contractual commitments, while also striving to maximize investment of its available funds.

For purposes of analyzing resources available to meet general expenditures over a 12-month period, the Organization considers all expenditures related to its ongoing mission related activities, as well as services undertaken to support these activities, to be general expenditures.

As of December 31, 2019, the following financial assets could be made available within one year of the statement of financial position to meet general expenditures:

Cash and cash equivalents	\$ 923,930
Restricted cash	268,680
Unconditional promises to give (due in one year or less)	5,000
Grants and other receivables	27,299
Investments	114,668
Less donor restricted net assets	<u>(401,455)</u>
Financial assets available to meet general expenditures within the year	<u>\$ 938,122</u>

### 5. Unconditional Promises to Give

Unconditional promises to give, net consists of the following at December 31:

	<u>2019</u>
Unconditional promises to give	\$ 50,000
Less unamortized discount	<u>(4,033)</u>
	<u>\$ 45,967</u>

Promises to give will be received through \$5,000 annual installments until the trust estate created by the donors' bequests falls to an amount less than needed to make a full distribution which is expected to be between one to ten years. Pledges to be received after December 31, 2019 will be discounted to their net present value using a risk-adjusted rate of return of 1.92% for the anticipated collection period.



## Family Promise of Bergen County

Notes to Financial Statements  
December 31, 2019 and 2018

### 5. Unconditional Promises to Give *(continued)*

Promises to give are due to be collected in the following periods:

Less than one year	\$ 5,000
One to five years	25,000
Thereafter	<u>20,000</u>
	50,000
Less unamortized discount	<u>(4,033)</u>
Unconditional promises to give, net	<u>\$ 45,967</u>

### 6. Investments

Investments consist of the following at December 31:

<u>2019</u>	<u>Fair Value</u>	<u>Cost</u>	<u>Unrealized Gains</u>
Money market fund	\$ 4,797	\$ 4,797	\$ -
Exchange traded funds	24,203	23,544	659
Equity securities	80,687	69,770	10,917
Real estate investment trusts	<u>4,981</u>	<u>4,210</u>	<u>771</u>
	<u>\$ 114,668</u>	<u>\$ 102,321</u>	<u>\$ 12,347</u>
<u>2018</u>	<u>Fair Value</u>	<u>Cost</u>	<u>Unrealized Losses</u>
Money market fund	\$ 955	\$ 955	\$ -
Exchange traded funds	27,331	27,576	(245)
Equity securities	61,030	67,620	(6,590)
Real estate investment trusts	<u>4,162</u>	<u>4,210</u>	<u>(48)</u>
	<u>\$ 93,478</u>	<u>\$ 100,361</u>	<u>\$ (6,883)</u>

## Family Promise of Bergen County

Notes to Financial Statements  
December 31, 2019 and 2018

### 6. Investments *(continued)*

The following schedule summarizes the investment return and its classification in the statement of activities for the year ended December 31:

	2019		
	Without Donor Restrictions	With Donor Restrictions	Total
Investment income	\$ 15,126	\$ 9,104	\$ 24,230
Net realized losses	-	(261)	(261)
Net unrealized gains	-	12,347	12,347
	\$ 15,126	\$ 21,190	\$ 36,316

  

	2018		
	Without Donor Restrictions	With Donor Restrictions	Total
Investment income	\$ 377	\$ 649	\$ 1,026
Net realized gains	4,044	-	4,044
Net unrealized losses	-	(6,883)	(6,883)
	\$ 4,421	\$ (6,234)	\$ (1,813)

### 7. Property and Equipment

Major classifications of property and equipment and their respective useful lives are as follows at December 31:

	2019	2018	Estimated Useful Lives
Vehicles	\$ 58,910	\$ 58,910	5 years
Equipment	17,058	17,058	5 years
Furniture and fixtures	8,189	8,189	5 years
Leasehold improvements	15,922	8,592	5 years
Total cost	100,079	92,749	
Accumulated depreciation and amortization	(90,854)	(89,550)	
Property and Equipment, net	\$ 9,225	\$ 3,199	

Depreciation and amortization expense related to property and equipment for the years ended December 31, 2019 and 2018 totaled \$1,304 and \$116.

## Family Promise of Bergen County

Notes to Financial Statements  
December 31, 2019 and 2018

### 8. Net Assets

Net assets consist of the following at December 31:

	<u>2019</u>	<u>2018</u>
Without Donor Restrictions	\$ 975,592	\$ 740,821
With Donor Restrictions		
Time or purpose restricted		
Static Site	200,418	-
New Leaf	63,419	35,893
Homelessness prevention	20,607	-
Endowment, spendable	11,208	-
Family Promise Network	6,380	8,458
Walk-in Dinner	-	20,000
Perpetual in nature		
Endowment	<u>99,423</u>	<u>93,478</u>
Total With Donor Restrictions	<u>401,455</u>	<u>157,829</u>
 Total Net Assets	 <u>\$ 1,377,047</u>	 <u>\$ 898,650</u>

Net assets released from restrictions consists of funds used for the maintenance of the New Leaf housing, day-to-day operations of the Family Promise Network and cost for the Walk-in Dinner program.

### 9. Endowment

The Organization currently manages a donor restricted endowment which support the Adam Rosignolo Family Success Fund. Donor restricted (perpetual in nature) funds are managed based on the explicit directions of the donor.

The Board of Trustees of the Organization interpreted the New Jersey enacted version of the Uniform Prudent Management of Institutional Funds ("UPMIFA") as allowing the Organization the powers to manage and invest the institutional funds in good faith and with the care an ordinarily prudent person in a like position would exercise under similar circumstances.

Unless stated otherwise in the gift instrument, the asset in endowed funds shall be donor-restricted assets until appropriated for expenditure by the Board of Trustees. As a result of this interpretation, the Organization has not changed the way net assets with donor restrictions are classified.

## Family Promise of Bergen County

Notes to Financial Statements  
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### 9. Endowment *(continued)*

A donor restricted endowment fund is considered to be underwater if the fair value of the fund is less than either the original gift amount or the amount required to be maintained by the donor or by law. At times, the Organization may have endowment funds that are underwater. The Organization has a spending policy that permits spending from underwater funds depending on the degree which the fund is underwater, unless specifically prohibited by the donor or relevant laws and regulations. No deficiencies of this nature exist at December 31, 2019.

The Organization utilizes a spending rate of 4% of the average of the ending quarterly market value of the endowment for the previous 12 quarters to determine distributions from the endowment.

The following is a reconciliation of the activity in the endowment fund:

	Adam Rosignolo Family Success Fund		
	With Donor Restrictions		
	Purpose restricted	Perpetual in nature	Total
Endowment Net Assets at January 1, 2018	\$ -	\$ 99,712	\$ 99,712
Investment return, net	-	(6,234)	(6,234)
Endowment Net Assets at December 31, 2018	-	93,478	93,478
Investment return, net	15,245	5,945	21,190
Subtotal	15,245	99,423	114,668
Appropriation of endowment assets for expenditures	(4,037)	-	(4,037)
Endowment Net Assets at December 31, 2019	\$ 11,208	\$ 99,423	\$ 110,631

### 10. Commitments and Contingencies

The Organization leases its administrative facilities in Ridgewood, NJ with monthly payments of \$2,863. Rent paid for this facility totaled \$32,557 and \$30,756 for the years ended December 31, 2019 and 2018.

The Organization leases apartments in Bergen County, NJ for use as housing for homeless families in its New Leaf program. Rent paid for these annual leases totaled \$48,682 and \$52,225 for the years ended December 31, 2019 and 2018, recorded as part of the New Leaf program expenses.

The Organization has non-cancellable operating leases for office equipment which expire at various dates. Rent paid for these leases totaled \$5,040 and \$5,040 for the years ended December 31, 2019 and 2018.

**Family Promise of Bergen County**

Notes to Financial Statements  
December 31, 2019 and 2018

**10. Commitments and Contingencies (continued)**

Future minimum lease payments under operating leases for administrative facilities, program housing and office equipment that have remaining terms in excess of one year as of December 31, 2019 are:

<u>Year Ending</u>	<u>Amount</u>
2020	<u>\$ 30,528</u>

**11. Employee Retirement Plan**

The Organization maintains a tax-deferred plan qualified under Section 401(k) of the Internal Revenue Code for its employees. The Organization made contributions of \$14,308 and \$13,398 for the years ended December 31, 2019 and 2018. Employees may make contributions to the plan up to the maximum amount allowed by the Internal Revenue Code.

**12. Major Contributor**

For the year ended December 31, 2019, one gift totaling \$200,000 comprised approximately 20% of total contributions and is restricted for the Static Site.

**13. Subsequent Events**

Management has evaluated subsequent events for disclosure and/or recognition in the financial statements through October 28, 2020, the date that the financial statements were available to be issued.

The Organization's operations have been affected by the recent and ongoing outbreak of the coronavirus disease 2019 ("COVID-19"), which was declared a pandemic by the World Health Organization in March 2020. Many countries around the world, including the United States, have significant governmental measures being implemented to control the spread of COVID-19, including temporary closures of businesses, severe restrictions on travel and the movement of people and other material limitations on the conduct of business.

The Organization has taken several steps to strengthen its financial position and to maintain financial liquidity and flexibility. The Organization applied for and has received a \$97,322 Paycheck Protection Program loan (the "PPP Loan") from the Small Business Administration through a financial institution. The PPP Loan matures in April 2022, has an interest rate of 1.0% per annum, and the majority of the principal amount outstanding is forgivable if the Organization retains its current number of personnel and maintains the same working hours and pay rate for such personnel. No payments on the PPP Loan are due until November 2020, at which point the Organization expects a significant portion of the PPP Loan to have already been forgiven.

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