A For the 2016 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

16

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

and ending AUG 31, 2017

Information about Form 990 and its instructions is at www.irs.gov/form990. Tax year beginning SEP 1, 2016 and ending AUG 31,

Inspection

B (a	heck if	C Name of organization		D Employer identifi	cation number
	∏Addre	SS FAMILY DDOMICE OF TAC VECAC			
	_]chang □Name			99 N	352350
H	_]chang ∏Initial	9	/aita		
	return Final return	320 201144 044 245554	1/Suite	E Telephone numbe 702-	r 638–8806
	termin ated			G Gross receipts \$	465,616.
	Amen			H(a) Is this a group re	
	Applic tion	•		for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	······ — —
	27-67	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527		list. (see instructions)
		te: NWW.FPLV.ORG		H(c) Group exemptio	,
					State of legal domicile: NV
	art I	Summary	- rour o	Tromation, ====	otato or logar dominolo, = 1 :
	1	Briefly describe the organization's mission or most significant activities: FAMILY	PRO	MISE IS COM	MITTED TO
Governance		HELPING HOMELESS FAMILIES IN THE LAS VEGAS	VALI	LEY TO ACHI	EVE LASTING
erne	2	Check this box if the organization discontinued its operations or disposed of	f more	than 25% of its net as	
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)			9
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9
es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			6
ΣĖ	6	Total number of volunteers (estimate if necessary)		6	0
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
ě	8	Contributions and grants (Part VIII, line 1h)		799,990.	455,388.
ē		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,160.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		806,150.	455,388.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		239,307.	198,662.
ë		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
꼾	1	Total fundraising expenses (Part IX, column (D), line 25)		100 710	250 222
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		408,710.	259,222. 457,884.
	l .	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		648,017. 158,133.	-
<u>_ s</u>	19	Revenue less expenses. Subtract line 18 from line 12		-	-2,496.
Net Assets or Fund Balances		T (D	Beg	inning of Current Year	End of Year
SSE	20	Total assets (Part X, line 16)	.	239,124.	228,846.
let A	21	Total liabilities (Part X, line 26)	.	18,835. 220,289.	11,053. 217,793.
	ırt II	Net assets or fund balances. Subtract line 21 from line 20		220,209.	211,193.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and s	ctatama	nte and to the heet of m	v knowledge and helief it is
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre		•	y knowledge and belief, it is
ii uo,	, 001100	t, and complete. Declaration of proparer (early than emetr) is based on an information of which pro	οραιοι ι	las any knowleage.	
Sig	n	Signature of officer		Date	
Her		RANDY MITCHELL, PRESIDENT			
1101	·	Type or print name and title			
		Print/Type preparer's name Preparer's signature	Da	ate Check	PTIN
Paid	i	DAIN E. ELLSWORTH, CPA	1:	L/01/17 if self-employ	P00213663
Pre	oarer	Firm's name ELLSWORTH & STOUT, CPAS		Firm's EIN	26-1629859
	Only	Firm's address 7881 W. CHARLESTON BLVD, SUITE 155			
		LAS VEGAS, NV 89117		Phone no. (7	02) 871-2727
May	the II	RS discuss this return with the preparer shown above? (see instructions)		· · · · · · · · · · · · · · · · · · ·	X Yes No

Page 2

Pai	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: PARTNERING WITH FAITH HOUSES AND COMMUNITY ORGANIZATIONS, WE ASSIST	
	FAMILIES IN THE LAS VEGAS VALLEY TO TRANSITION FROM HOMELESSNESS TO	
	STABILITY AND INDEPENDECE THROUGH COMPASSIONATE GUIDANCE, SHELTER AND	
	EDUCATION.	
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
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X If "Yes," describe these changes on Schedule O.	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
40	revenue, if any, for each program service reported. (Code:) (Expenses \$ 405,521 • including grants of \$) (Revenue \$)	
4a	(Code:) (Expenses \$ 405,521 • including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$	ㅠ ′
	TERM SHELTER AND FOOD TO HOMELESS FAMILIES AT VARIOUS CONGREGATIONS	
	THROUGHOUT LAS VEGAS.	
	THROUGHOUT HAD VEGAD:	
	SUPPORT CONGREGATIONS - THE ORGANIZATION PROVIDES A NETWORK OF	
	VOLUNTEERS FROM VARIOUS CONGREGATIONS THROUGHOUT LAS VEGAS TO ASSIT	
	HOMELESS FAMILIES.	
	HOMEHESS LAWILIES.	
	SUPPORTIVE SERVICES: FAMILY RESOURCE CENTER AKA "DAY CENTER" - THE	
	ORGANIZATION PROVIDES HOMELESS FAMILIES WITH JOB AND CREDIT COUNSELING	
	WELFARE AND LEGAL ADVOCACY, AND INDIVIDUAL THERAPY.	
	WEBFARE AND DEGAL ADVOCACT, AND INDIVIDUAL INERALL.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
ΗIJ	(Code:) (Expenses \$	— ′
4c	(0.1	
40	(Code:) (Expenses \$	— ′
اء 1	Other program conject (Describe in Schedule O.)	
4d	Other program services (Describe in Schedule O.)	
4e	(Expenses \$\frac{\text{including grants of \$}}{100000000000000000000000000000000000	

Form 990 (2016) FAMILY PROMISE OF LAS VEGAS 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)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		х
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	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
ŭ	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٦,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	441.		Х
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_ -
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

Form 990 (2016) FAMILY PROMISE OF Part IV Checklist of Required Schedules (continued)

			Yes	NO
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			3,7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	77	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			7,7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			.,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Х
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			Х
05-	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		^
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		х
27	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
38		38	х	
	Note. All Form 990 filers are required to complete Schedule O	30	_ ^^	

Form 990 (2016) FAMILY PROMISE OF LAS VEGAS Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Scriedule O contains a response of note to any line in this part v				
				Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a /			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b U			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re			v	
_	(gambling) winnings to prize winners?	I	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 6			
	filed for the calendar year ending with or within the year covered by this return		0.	Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return.		2b	Λ	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions		0-		х
			3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	-	40		х
b	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		
D	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	accurate (FDAD)			
5 0			5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5c		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the second statement of the seco		30		
ua	any contributions that were not tax deductible as charitable contributions?	-	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contribut		0a		
b	were not tax deductible?	· ·	6b		
7	Organizations that may receive deductible contributions under section 170(c).		OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		75		
Ŭ	to file Form 8282?	•	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	I	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
		,	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O	14b		

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
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?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		77	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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			v
	taxable entity during the year?	16a		X
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	401		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
17			1-	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	ie	
	for public inspection. Indicate how you made these available. Check all that apply.			
46	Own website X Another's website Upon request X Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	tinan	cıal	
00	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: THE ORGANIZATION - 702-638-8806			
	320 SOUTH 9TH STREET LAS VEGAS NV 89101			

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

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

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

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

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

Check this box if neither the organization (A)	(B)	Ĭ		((C)			(D)	(E)	(F)
Name and Title	Average		not c		more	than		Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	Individual trustee or director	g.			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	Institutional trustee		e e	ubeus		(W-2/1099-MISC)		organization and related
	below	Jualtr	tional		nploy	st con	_			organizations
	line)	Individ	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) RANDY MITCHELL	2.00									
PRESIDENT		X		Х				0.	0.	0.
(2) LISA JONES	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) CHRIS THORNTON	2.00									
TREASURER		Х		Х				0.	0.	0.
(4) RASHMI KUMAR	2.00									
SECRETARY		Х		Х				0.	0.	0.
(5) BILL BEATTIE	2.00	ļ							•	
BOARD MEMBER	0.00	Х						0.	0.	0.
(6) DOTTIE KORKOSZ	2.00	١,,							0	•
BOARD MEMBER	2.00	Х						0.	0.	0.
(7) MARISSA METEVELIS	2.00	X						0.	0.	0
BOARD MEMBER	2.00	<u> </u>						0.	0.	0.
(8) CLAUDIA WIDHALM	2.00	X						0.	0.	0.
BOARD MEMBER (9) PAUL WILLIAMS	2.00	^						0.	0.	0.
BOARD MEMBER	2.00	X						0.	0.	0.
(10) BONNIE POLLEY	2.00	122						0.	•	0.
ADVISORY	2.00	x						0.	0.	0.
(11) EUNICE BEATTIE	2.00	∺								
ADVISORY		x						0.	0.	0.
(12) RABBI AKSELRAD	2.00									
ADVISORY		x						0.	0.	0.
(13) TERRY LINDEMANN	40.00									
EXECUTIVE DIRECTOR		Ī		Х				65,992.	0.	0.
		L		L						
		1								
		1								
										Form 990 (2016

632007 11-11-16 Form **990** (2016)

Part VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	rees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average hours per		not c		more	than		Reportable	Reportable	n	Estim	
	week					is bot or/trus		compensation from	compensatio		amou oth	
	(list any	ector						the	organization	S	comper	
	hours for related	or dire	98			ated		organization	(W-2/1099-MIS	SC)	from	
	organizations	rustee	l trust		99	mpens		(W-2/1099-MISC)			organi: and re	
	below	Individual trustee or director	Institutional trustee	 -	Key employee	Highest compensated employee	e.				organiz	
	line)	Indiv	Instit	Officer	Key e	High	Form					
		} '										
		\Box										
		一										
		<u> </u>										
		\Box										
		\Box										
		\vdash										
		<u> </u>										
1b Sub-total								65,992.		0.		0.
c Total from continuation sheets to Part								0.		0.		0.
d Total (add lines 1b and 1c)								65,992.		0.		0.
Total number of individuals (including but compensation from the organization	not limited to ti	iose	IISTE	ea a	VOQ	e) w	no r	eceived more than \$100	J,UUU of reportable	е		C
compensation from the organization											Ye	s No
3 Did the organization list any former office	, ,		,	•	•	,	,		. ,			v
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the								har compansation from			3	X
and related organizations greater than \$1	-		-						the organization		4	х
5 Did any person listed on line 1a receive of									idual for services			
rendered to the organization? If "Yes," co	mplete Schedu	le J f	or s	uch	pers	son					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest the organization. Report compensation for	=	-								pens	ation fron	1
(A)		37/		_				(B)		_	(C)	4:
Name and busines	ss address	NC	INC	<u> </u>				Description of s	services		ompensa	tion
2 Total number of independent contractors	(including but r	not lii	mite	d to	tho	se li	stec	d above) who received n	nore than			
\$100,000 of compensation from the orga	nization >					U					- 00	0 (0.5 : : :

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (**D)** Revenue excluded (C) Related or Unrelated Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b 29,708. c Fundraising events d Related organizations 1d 97,540. e Government grants (contributions) f All other contributions, gifts, grants, and 328,140 similar amounts not included above 135,790. g Noncash contributions included in lines 1a-1f: \$ 455,388. h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ 29,708. of contributions reported on line 1c). See 10,228 Part IV, line 18 a Other 10,228. b Less: direct expenses b 0. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses **b** c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold _____ b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d

455,388.

0.

Total revenue. See instructions.

Form 990 (2016) FAMILY PROMISE OF LAS VEGAS 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	

	Check if Schedule O contains a respons	se or note to any line in	this Part IX	. , ,	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and general expenses	Fundraising
			expenses	general expenses	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,				
3		65,992.	55,697.	9,998.	297.
^	trustees, and key employees	05,552.	33,037.	5,550.	271•
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	120 670	111 074	00 000	
7	Other salaries and wages	132,670.	111,974.	20,099.	597.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b					
	Legal				
	S F			+	
d	Lobbying				
е	· · · · · · · · · · · · · · · · · · ·				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,			10 -10	
	column (A) amount, list line 11g expenses on Sch O.)	12,710.		12,710.	
12	Advertising and promotion				
13	Office expenses	8,512.	6,623.	1,889.	
14	Information technology				
15	Royalties				
16	Occupancy	10,055.	8,548.	1,507.	
17	Travel	771.	,	771.	
18	Payments of travel or entertainment expenses	1			
10	for any federal, state, or local public officials				
40	· · · · · · · · · · · · · · · · · · ·				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	7 0 6 4	6 604	1 100	
22	Depreciation, depletion, and amortization	7,864.	6,684.	1,180.	
23	Insurance	12,857.	10,927.	1,930.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM SERVICES	200,212.	200,212.		
b	SUPPLIES	3,231.	2,514.	717.	
С	LICENSES & FEES	3,010.	2,342.	668.	
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	457,884.	405,521.	51,469.	894.
26	Joint costs. Complete this line only if the organization	,		,,-	
20	reported in column (B) joint costs from a combined				
	. , , ,				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				- 000
62201	0 11-11-16				Form 990 (2016)

Form 990 (2016)
Part X Balance Sheet

		Check if Schedule O contains a response or not	e to an	y line in this Part X			<u></u>
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			212,153.	1	203,632.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			7,747.	3	14,935.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	tion 501	1(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			3,297.	9	2,216.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	62,683.			
	b	Less: accumulated depreciation	10b	54,620.	15,927.	10c	8,063.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 3	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			239,124.	16	228,846.
	17	Accounts payable and accrued expenses			18,835.	17	11,053.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
<u>ia</u>		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	3 17-24)	. Complete Part X of			
		Schedule D			18,835.	25	11,053.
	26	Total liabilities. Add lines 17 through 25			10,033.	26	11,033.
		Organizations that follow SFAS 117 (ASC 958		K nere 🚩 🔼 and			
Ses	07	complete lines 27 through 29, and lines 33 and			220,289.	07	217,793.
lan	27	Unrestricted net assets			220,203.	27 28	211,133.
Ba	28 29	Temporarily restricted net assets Permanently restricted net assets				29	
Fund Balances	29	Organizations that do not follow SFAS 117 (A		P) shock hare		29	
Ē		and complete lines 30 through 34.	JU 930	oj, check liele 📂 📖			
ts c	30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	
Se	33	Total net assets or fund balances		F	220,289.	33	217,793.
	34	Total liabilities and net assets/fund balances			239,124.	34	228,846.

Form 990 (2016)

5,38 7,88 2,49 0,28	34. 96. 39.
7,88 2,49 0,28	34. 96. 39.
7,88 2,49 0,28	34. 96. 39.
2,49	0.
0,28	0.
	0.
7,79	93.
7,79	93.
Г	
Γ	
L	
Yes	No
	Х
Х	
х	
	Х

Form **990** (2016)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Total

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.

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

2016

Open to Public Inspection

Name of the organization

FAMILY PROMISE OF LAS VEGAS

Employer identification number 88-0352350

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 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. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	572,453.	708,399.	683,560.	799,990.	455,388.	3,219,790.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	550 450	700 000	600 560		455 000	
4	Total. Add lines 1 through 3	572,453.	708,399.	683,560.	799,990.	455,388.	3,219,790.
5	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)						
6	Public support. Subtract line 5 from line 4.						3,219,790.
	<u>' ' ' </u>	(-) 0040	(1-) 0040	/-\ 004.4	(-1) 0045	(-) 0040	(6) T-+-1
	ndar year (or fiscal year beginning in)	(a) 2012 572, 453.	(b) 2013 708, 399.	(c) 2014 683, 560.	(d) 2015 799,990.	(e) 2016 455, 388.	(f) Total 3,219,790.
	Amounts from line 4	372,433.	100,333.	003,300.	133,330.	433,300.	3,219,790.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
9	and income from similar sources Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)		4,415.	7,973.	6,160.		18,548.
11			,	, -	, ,		3,238,338.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for					n 501(c)(3)	
	organization, check this box and stor				-		
Sec	ction C. Computation of Publ						·
14	Public support percentage for 2016 (line 6, column (f) d	ivided by line 11, c	column (f))		14	99.43 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	99.43 %
16a	33 1/3% support test - 2016. If the	organization did no	ot check the box or	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2015. If the						is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the		•				
	organization meets the "facts-and-cire						>
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	and see instructions	s ▶∟

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.)

Se	ction A. Public Support	slow, please com	piete Fart II.)				
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	(-)	(=,====	(-,	(,	(-,	(-7
_	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	in						
1	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
_							
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
	· · · ·						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
ı	3 received from disqualified persons 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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1 "		4,00045	1 () 22/2	(0
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
0-	check this box and stop here						<u> </u>
	ction C. Computation of Publi					1 1	
	Public support percentage for 2016 (li					15	<u>%</u>
	Public support percentage from 2015					16	%
Se	ction D. Computation of Inves					1 1	
17	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	%
19	33 1/3% support tests - 2016. If the	-					17 is not
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2015. If the	· ·			•	•	
	line 18 is not more than 33 1/3%, che						. \square
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	>

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4 d		
4b		
4c		
5a		
- 54		
5b		
5c		
6		
7		
8		
9a		
9d		
9b		
9с		
10a		
10b		
n 990 or 9	990-EZ)	2016

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

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	TV Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Par	↑ V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is responsive	е	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Socti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
Jecu	ion E - Distribution Anocations (see instructions)		F16-2010	Amount for 2010
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
_	and 4c			
8	Breakdown of line 7:			
a h	Excess from 2013			
	Excess from 2013 Excess from 2014			
	Excess from 2015			
	Excess from 2016			
_	LAGGGG HUIII ZUTU			

Schedule A (Form 990 or 990-EZ) 2016

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.

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

2016

Name of the organization

Employer identification number

FAMILY PROMISE OF LAS VEGAS

88-0352350

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 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					
• •	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) any one contributo	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.					
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the itions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for 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						
but it must answer "No" on	Faution: 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), ut 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 ertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

FAMILY PROMISE OF LAS VEGAS

88-0352350

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	CREDIT ONE BANK PO BOX 98875 LAS VEGAS, NV 89193	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CLARK COUNTY PO BOX 551212 LAS VEGAS, NV 89155	\$37,409.	Person X Payroll
(a) No.	(b)	(c) Total contributions	(d)
3	Name, address, and ZIP + 4 DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT 600 HARRISON ST. 3RD FL SAN FRANCISCO, CA 94107	\$ 31,652.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4 CITY OF LAS VEGAS 400 STEWART AVE LAS VEGAS, NV 89101	Total contributions \$ 28,479.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	USAA BANK 9800 FREDICKSBURG RD SAN ANTONIO, TX 78288	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4 THE CROSSING 7950 W. WINDMILL LN LAS VEGAS, NV 89113	Total contributions \$ 14,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

FAMILY PROMISE OF LAS VEGAS

88-0352350

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional additional contributors.	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE CROSSING 7950 W. WINDMILL LN LAS VEGAS, NV 89113	- - \$\$10,395.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	CHRIST CHURCH EPISCOPAL 2000 S. MARYLAND PKWY LAS VEGAS, NV 89104	- - \$\$15,435.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	KIWANIS CAL-NEV-HA FOUNDATION 8360 RED OAK ST #201 RANCHO CUCAMONGA, CA 91730	- \$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	JOHN B. SMITHERS 4445 S. VALLEY VIEW BLVD. LAS VEGAS, NV 89103	- \$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	PERRY C. ROGERS TRUST 10100 W. CHARLESTON BLVD LAS VEGAS, NV 89113	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
623452 10-1:	FIRST HENDERSON UMC 609 E. HORIZON DR. HENDERSON, NV 89015	9,765.	Person Payroll Noncash X (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2016)

Employer identification number

FAMILY PROMISE OF LAS VEGAS

88-0352350

Part II	Noncash Property (See instructions). Use duplicate copies of Par	t 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
	MEALS AND LODGING	_	
7			
		<u> </u>	08/31/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	MEALS AND LODGING	_	
8			08/31/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1.0	DISHES	_	
10			
		<u> </u>	08/31/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	MEALS AND LODGING	_	
12			
		9,765.	08/31/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
623453 10-1	0.10	Schedule R (Form 9	990. 990-EZ. or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 4 Name of organization Employer identification number 88-0352350 FAMILY PROMISE OF LAS VEGAS Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III 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. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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.

OMB No. 1545-0047

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

FAMILY PROMISE OF LAS VEGAS

Employer identification number 88-0352350

Par	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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 advi	ised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		
Par			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired	•	
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax
	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cor	nservation easements during the year
-	Assessment of a supervision in a second to the second to t	allian and alabata and and and and an analysis	and a second and a second and a second
7	Amount of expenses incurred in monitoring, inspecting, hand	uling of violations, and enforcing conserv	ation easements during the year
0	Data and appearation assembly variety on line 2(d) sha	us satisfy the requirements of saction 17	O(b)(4)(D)(i)
8	Does each conservation easement reported on line 2(d) abo		
0	and section 170(h)(4)(B)(ii)?		
9	include, if applicable, the text of the footnote to the organization	•	
		tion's illancial statements that describes	s the organization's accounting for
Par	conservation easements. rt III Organizations Maintaining Collections o	of Art. Historical Treasures, or C	Other Similar Assets
- -	Complete if the organization answered "Yes" on Forn	•	7.000.0.
1a	If the organization elected, as permitted under SFAS 116 (A)		ement and halance sheet works of art
·u	historical treasures, or other similar assets held for public ex	•	
	the text of the footnote to its financial statements that descri		arioe or public service, provide, in real count,
b	If the organization elected, as permitted under SFAS 116 (Al		nt and balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	radiation, or research in farther area of pr	able correct, provide the relieving amounts
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under SFAS 1		3, p
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

Pai	t III Organizations Maintaining C	ollections of A	rt, His	torical Tı	reasures, o	or Othe	r Similar A	ssets(continu	ed)
3	Using the organization's acquisition, accession	on, and other record	ds, checl	k any of the	following tha	t are a sig	nificant use c	of its coll	ection	items
	(check all that apply):									
а	Public exhibition	d		Loan or exc	change progra	ams				
b	Scholarly research	е			0.0					
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	nev further	the organizati	on's exem	npt purpose ir	Part XI	II.	
5	During the year, did the organization solicit or									
Ū	to be sold to raise funds rather than to be ma								'es	☐ No
Pai	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Par			Ü			,	,	,	
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contributio	ns or other as	sets not i	ncluded			
	on Form 990, Part X?							. 🔲 Y	'es	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
	· · ·	•						Ar	nount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo							T	'es	☐ No
	If "Yes," explain the arrangement in Part XIII.							•		
$\overline{}$	t V Endowment Funds. Complete if									
	·	(a) Current year		rior year	(c) Two year		d) Three years b	oack (e) Four v	ears back
1a	Beginning of year balance	(L) CLITTING	()	,	(0)	(,	,,,	<u>,</u>	
b	Contributions				1					
c	Net investment earnings, gains, and losses				1					
	Grants or scholarships Other expenditures for facilities				+					
е	Other expenditures for facilities									
	and programs				+					
	Administrative expenses				+			_		
g	End of year balance		//: 4							
2	Provide the estimated percentage of the curr	ent year end baland	-	g, column (a)) held as:					
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentage and a should be contaged and a should be contaged and a should be contage									
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	and administe	ered for the	e organizatior	1	_	
	by:							_	Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations							3	Ba(ii)	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on S	chedule R?	?			L	3b	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered									
	Description of property	(a) Cost or o basis (investr			t or other (other)		cumulated reciation	(d)	Book	value
1a	Land									
	Buildings									
	Leasehold improvements				2,509.		9,422.			,087.
d	Equipment			<u> </u>	0,174.		45,198.		4	,976.
_ е	Other									
	. Add lines 1a through 1e. (Column (d) must ed		X, colur	nn (B), line	10c.)		>		8	,063.

Part VII	Inv	estn	nents	- Other	Securities
	_				

		11b. See Form 990, Part X		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio	n: Cost or end-o	t-year market value
1) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"		11c. See Form 990, Part X,	line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuatio	n: Cost or end-o	r-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
"Vac" "Vac" and the organization answered "Vac"	on Form 990 Part IV line	11d See Form 990 Part Y	line 15	
Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X	line 15.	(b) Book value
(a)		11d. See Form 990, Part X	line 15.	(b) Book value
(a)		11d. See Form 990, Part X	line 15.	(b) Book value
(a) (1) (2)		11d. See Form 990, Part X	line 15.	(b) Book value
(a) (1) (2) (3)		11d. See Form 990, Part X	line 15.	(b) Book value
(a) (1) (2) (3) (4)		11d. See Form 990, Part X	line 15.	(b) Book value
(a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X	line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X	line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X	line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X	line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	11d. See Form 990, Part X	line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	11d. See Form 990, Part X	line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes"	Description e 15.)	11e or 11f. See Form 990,		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	Description e 15.)			(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes"	Description e 15.)	11e or 11f. See Form 990,		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability	Description e 15.)	11e or 11f. See Form 990,		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	Description e 15.)	11e or 11f. See Form 990,		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)	Description e 15.)	11e or 11f. See Form 990,		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)	Description e 15.)	11e or 11f. See Form 990,		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description e 15.)	11e or 11f. See Form 990,		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description e 15.)	11e or 11f. See Form 990,		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description e 15.)	11e or 11f. See Form 990,		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Description e 15.)	11e or 11f. See Form 990,		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	e 15.) on Form 990, Part IV, line	11e or 11f. See Form 990,		(b) Book value

Pai	rt XI Reconciliation of Revenue per Audited Financial s	Statements With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV	V, line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	491,388
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	36,000.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	36,000
3	Subtract line 2e from line 1			3	455,388
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	455,388
Pa	rt XII Reconciliation of Expenses per Audited Financial		Expenses per F	Returr	۱.
	Complete if the organization answered "Yes" on Form 990, Part IV				100 001
1	Total expenses and losses per audited financial statements			1	493,884
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	25 222		
а			36,000.		
b	Prior year adjustments	2b			
С	***************************************				
d	7				26.222
е	• • • • • • • • • • • • • • • • • • • •			2e	36,000
3	Subtract line 2e from line 1			3	457,884
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	, , , ,				
b	Other (Describe in Part XIII.)	41			
		4b			•
	Add lines 4a and 4b			4c	0.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linert XIII Supplemental Information. Fide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	ne 18.)	and 2b; Part V, line 4;	5	457,884.
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.	ne 18.)	and 2b; Part V, line 4;	5	457,884
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linert XIII Supplemental Information. Fide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	ne 18.)	and 2b; Part V, line 4;	5	457,884.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linert XIII Supplemental Information. Fide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	ne 18.)	and 2b; Part V, line 4;	5	457,884
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linert XIII Supplemental Information. Fide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	ne 18.)	and 2b; Part V, line 4;	5	457,884
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linert XIII Supplemental Information. Fide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	ne 18.)	and 2b; Part V, line 4;	5	457,884
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linert XIII Supplemental Information. Fide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	ne 18.)	and 2b; Part V, line 4;	5	457,884

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FAMILY PROMISE OF LAS VEGAS

Employer identification number

88-0352350 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 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.

Schedule G (Form 990 or 990-EZ) 2016 FAMILY PROMISE OF LAS VEGAS 88-0352350 Page 2 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 SPECIAL NONE (add col. (a) through EVENTS col. (c)) (event type) (total number) (event type) Revenue 39,936. 39,936. 1 Gross receipts 29,708 29,708. 2 Less: Contributions 10,228. 10,228. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 10,228. 10,228. 9 Other direct expenses 10,228 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? 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:

Schedule G (Form 990 or 990-EZ) 2016 FAMILY PROMISE OF LAS VEGAS 88-0352350 11 Does the organization conduct gaming activities with nonmembers?	No 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? 13 Indicate the percentage of gaming activity conducted in: a The organization's facility b An outside facility 13a 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	% %
13 Indicate the percentage of gaming activity conducted in: a The organization's facility b An outside facility 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	% %
a The organization's facility b An outside facility 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	%
b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	□ No
Name ▶	☐ No
•	□ No
Address	☐ No
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	
of gaming revenue retained by the third party \$\sum_{\text{sum}} \sigma_{\text{sum}} = \t	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	□ No
retain the state gaming license? Yes b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	└─ No
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10)b 15b
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	ю, тою,
,,	

Schedule (G (Form 990 or 990-EZ)	FAMILY 1	PROMISE OF	LAS VEG	AS	88-0352350	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	mation (contin	nued)				

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Part I

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Types of Property

FAMILY PROMISE OF LAS VEGAS

Employer identification number 88-0352350

		(a)	(b)	(C)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		_	
		applicable		Form 990, Part VIII, line 1g	TIONCASH COMMIDE	ilion a	mount	.5
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	14,070	68,775.	FAIR-MARKET	' VA	LUE	
20	Drugs and medical supplies		,					
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (LODGING)	X	1,267	57.015.	FAIR-MARKET	VA	LUE	
26	Other		, -	,				
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi	zation durin	a the tax vear for c	ontributions				
	for which the organization completed Form 82		-					
		,,					Yes	No
30a	During the year, did the organization receive b	v contributio	on any property rea	oorted in Part I. lines 1 throu	igh 28, that it			
	must hold for at least three years from the dat							
	exempt purposes for the entire holding period					30a		х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contrib	utions?	31		х
	Does the organization hire or use third parties							
<u>u</u>	contributions?		_	· ·		32a		X
b	If "Yes," describe in Part II.					<u></u>		
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	v for which column (a) is ch	ecked.			
-	describe in Part II.		. a type of propert	, i.e. willon column (a) is on	5554,			
	accomo ni i dicin							

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 (Form 990) (2016) FAMILY PROMISE OF LAS VEGAS

88-0352350

Page 2

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.

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FAMILY PROMISE OF LAS VEGAS

Employer identification number 88-0352350

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WE DO THIS BY HELPING OUR COMMUNITY MOBILIZE TO PROVIDE INDEPENDENCE. SAFE SHELTER, MEALS, AND SUPPORT SERVICES FOR HOMELESS FAMILIES. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: RENTAL SUPPORT AND AFTERCARE - THE ORGANIZATOIN PROVIDES GRANTS FOR RENTAL SUPPORT TO AID HOMELESS FAMILIES AS THEY MOVE INTO A NEW HOME. FORM 990, PART VI, SECTION B, LINE 11B: THE BOARD REVIEWS AND MAKES ANY NECESSARY CHANGES PRIOR TO FILING THE FORM 990. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY AT BOARD MEETINGS. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR TOP OFFICIAL - COMPENSATION IS REVIEWED FOR THE EXECUTIVE DIRECTOR BY THE BOARD OF DIRECTORS PERIODICALLY, AND COMPENSATION FOR

COMPENSATION PROCESS FOR OFFICERS - COMPENSATION IS REVIEWED FOR KEY EMPLOYEES BY THE BOARD OF DIRECTORS PERIODICALLY, AND COMPENSATION FOR SIMILAR POSITIONS IS REVIEWED TO DETERMINE THE PAY RATE.

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

GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

SIMILAR POSITIONS IS REVIEWED TO DETERMINE THE PAY RATE.