Form **990**

Return of Organization Exempt From Income Tax

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

2016

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning , 2016, and ending									ending		, 20		
В	Check if applicable:			C Name of organization FAMILY PROMISE INTERFAITH HOSPITALITY NETW						NORK OF G		D Employer identification no.	
	Address change			Doing business as								55-0830629	
	Name change			Number and street (or P.O. box if mail is not delivered to street address)						Room/suite		E Telephone number	
	Initial	returr	n	206 ELLIS ST							- 1	(856) 243-5971	
	Final	return	/terminated	City or town, state or province, country, and ZIP or foreign postal code								275,504	
	Amen	ded re	eturn	Glassboro, NJ 08028								G Gross receipts \$	
\Box	Applic	ation	pending		d address of princi					H(a) to this a group			
	-										H(a) Is this a group return for subordinates? Yes No H(b) Are all subordinates included? Yes No		
1	Tax-e	xemp	t status:	501(c)(3)							If "No," attach a list. (see instructions)		
J	Webs			w.familypromisegc.org						H(c) Group exemption number ▶			
K	Form	of ora	of organization: Corporation □ Trust □ Association □ Other ► L Year of formation: 2										
M0000000000000000000000000000000000000	art I		Summary										
		-	Briefly describe the organization's mission or most significant activities: PROVIDE CASE MGMT FOR HOMELESS FAMILIES										
Governance			THE TAX TO THE PART OF THE PAR										
		-											
		-											
Š	1:	2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.											
Activities & Go	1 :		Number of voting members of the governing body (Part VI, line 1a)								3	1	
		1 1	Number of in	of independent voting members of the governing body (Part VI, line 1b)							4	9	
						in calendar year 20						9	
	1	3 7	Total numbe	r of volunte	ers (estimate	···						1 205	
						m Part VIII, column (325	
	- 1 "					ne from Form 990-T						0	
Expenses	+		THE UNITED BY	a basiness	taxable incom	ne nom Form 990-1	, IIIIe 34	• • • •	· · · · · · · ·		7b	0	
	1	3 (Contributions and grants (Part VIII, line 1h)							Prior Year		Current Year	
	,									42,13			
	10			gram service revenue (Part VIII, line 2g)							1,200		
	11											0	
	12			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						49,568			
	13		the state of the s								2,90	275,504	
	14		Grants and similar amounts paid (Part IX, column (A), lines 1-3)									0	
				I to or for members (Part IX, column (A), line 4)								0	
	15			er compensation, employee benefits (Part IX, column (A), lines 5-10) fundraising fees (Part IX, column (A), line 11e)					5:	2,726	47,926		
	16									TELEVISION SOLD SOLD IN SOLD	X-1-1-20.00	0	
			Total fundraising expenses (Part IX, column (D), line 25) 8,736										
	17		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)										
	18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)							113,43			
	19	, ,	Revenue less expenses. Subtract line 18 from line 12							(20,525		154,739	
Net Assets or Fund Balances	1		F-4-14-	/D-+ V ('-	- 40)				-	Beginning of Currer	t Year	End of Year	
	20			all assets (Part X, line 16)						11,564		156,264	
	21		Total liabilities (Part X, line 26)						11,15				
	rt II					ct line 21 from line 2	0				407	155,147	
				re Block		atura including accompany	ing askedules and state		1- 11- 1- 1- 1- 1				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.													
			VDICTY VOTAL THE									-11117	
Sig	n		KRISTY Kazelskis Signature of officer								Dete	5/11/17	
Hei			Date										
He	C		KRISTY Kazelskis, TREASURER Type or print name and title										
						Τ		Date			1 1		
Paid			Print/Type pre			Preparer's signature		Date		Check	if F	PTIN	
		ا ء		n wishi	ewski Jr			05-	11-2017	self-employ	red	P00385698	
Preparer			Firm's name	Delvices in						Firm's EIN ▶			
Use Only			Firm's address	Firm's address ▶ PO BOX 89						Phone no.			
NA-:	4h - 1	DC	Pitman NJ 08071 discuss this return with the preparer shown above? (see instructions)							8	56-2	56-0330	
May	the I	KS (aiscuss this	retum with	the preparer s	shown above? (see	instructions)					🛛 Yes 🗌 No	