Form 990

Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see the separate instructions. DAA

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Form 990 (2023)

<u>A</u>	For t		alendar year, or tax year beginning	, and ending						
В	Check if	applicable:	C Name of organization FAMILY P.	ROMISE OF SOUTHERN	CHESTER		D Employe	r identification number		
Ш	Address	change	COUNTY		755年茶品(草草					
	Name cl	hange	Doing business as			AFTER THE		518819		
П	Initial ret	turn	Number and street (or P.O. box if mail is not delived P.O. BOX 394	vered to street address)		Room/suite	E Telephon	444-0400		
H	Final ret	green and the second	City or town, state or province, country, and ZIP	or foreign postal code			010	111 0100		
	terminat	ed	KENNETT SQUARE	PA 19348			C C	eipts\$ 417,499		
Ш	Amende	ed return	F Name and address of principal officer:		ymy er var ge j		G Gross rec			
	Applicati	ion pending	KAREN E. EICHMAN,	ESO.		H(a) Is this a grou	p return for s	ubordinates? Yes X No		
			PO BOX 394			H(b) Are all subo	rdinates incl	uded? Yes No		
			KENNETT SQUARE	PA 19348		15/4E-7/27 - 2860		See instructions		
_	Tax-exe	empt status:		(insert no.) 4947(a)(1) or	527					
VALUE	Websit		AMILYPROMISESCC.ORG	1 4547 (a)(1) 61	JUNE	H(c) Group exem	ntion numbe			
-		organization:	X Corporation Trust Association	Other		ear of formation: 20		M State of legal domicile: PA		
2000000	art I	0000	mmary	Culei		ear or formation.	7 1	M State of legal dofficile. L12		
00000	_		scribe the organization's mission or mos	et significant activities:						
0		SEE S	SCHEDULE O	or significant activities.						
nce		·						*********************		
Activities & Governance	150%	• • • • • • • • • • • • • • • • • • • •		**********************	*****			*************		
ove	2	Check this	s box if the organization discontinue	ed its operations or disposed of	more than 25%	of its not assets				
Ö			f voting members of the governing body					15		
8 8	4	Number of	f independent voting members of the go	overning body (Part VI, line 1h)			1	15		
itie	5	Total numl	ber of individuals employed in calendar	vest 2023 (Part V line 2s)			-	12		
햕			ber of volunteers (estimate if necessary	A				0		
Ă							The second second	0		
	h	Not uprela	lated business revenue from Part VIII, o ted business taxable income from Form	200 T Part Llips 11			7a 7b	0		
-		NEL UITIEIA	ted business taxable income from Form	1990-1, Fait I, lille 11		Prior Year	10	Current Year		
•	8	Contributio	ons and grants (Part VIII, line 1h)				,182	310,823		
Revenue	9	Program s	ervice revenue (Part VIII, line 2g)					0		
3Ve	10	Investmen	t income (Part VIII, column (A), lines 3,	4. and 7d)	************	1	,487	8,664		
R	11	Other reve	enue (Part VIII, column (A), lines 5, 6d, 8		,715	51,179				
	12	Total rever	nue – add lines 8 through 11 (must equ	al Part VIII, column (A), line 12)			,384	370,666		
			d similar amounts paid (Part IX, column				,804	193,434		
			aid to or for members (Part IX, column (/	0		
(n			ther compensation, employee benefits		````	287	,884	240,115		
Expenses	16a	Profession	al fundraising fees (Part IX, column (A)	line 11e)	······	AV - TAIL TO STATE	700-	0		
per	h	Total funds	al fundraising fees (Part IX, column (A) raising expenses (Part IX, column (D), li	ine 25) 71 .	376					
Ex	17	Other eyne	enses (Part IX, column (A), lines 11a-11	1d 11f_24e)	············	89	,511	139,92		
			nses. Add lines 13–17 (must equal Part				,199	573,478		
			ess expenses. Subtract line 18 from line				,185	-202,812		
es es	15	revenue ie	sa expenses. Oubtract line 10 from line	<u> </u>		Beginning of Curre	The second secon	End of Year		
Net Assets or Fund Balances	20	Total asset	ts (Part X, line 16)				,870	675,486		
Ass Ba	21		ties (Part X, line 26)				,711	2,139		
Net	22 1	Net assets	or fund balances. Subtract line 21 from	line 20			,159	673,347		
	art II	0000	nature Block							
			erjury, I declare that I have examined this retu	urn, including accompanying schedu	iles and stateme	nts and to the best	of my kno	wledge and helief it is		
			nplete. Declaration of preparer (other than of				ing inc			
Sig	n	Signature of	f officer				Date			
Her		CARO	L LOWE, MSW, LSW	EXE	CUTIVE I	DIRECTOR				
ACTION OF THE PARTY.	NAMES.		nt name and title		100					
- N. F			preparer's name	Preparer's signature	Home	Date	Check	if PTIN		
Paid	i	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	J. HARRIS, CPA	DANIEL J. HARRIS, CPA		09/04/2	1.110.10.10.10.10.10.10.10.10.10.10.10.1			
Prep	oarer	Firm's name	DITCC C COMPAN	A CONTROL OF THE PROPERTY OF T			's EIN	84-4473323		
88	Only	i imi s riante	810 DOWNINGTON			Firm	3 LIN	31 14/JJZJ		
		Firm's addre	THOM CHICAMID			DL	ne no.	610-696-1012		
Vlav	the IR		this return with the preparer shown abo] Phor	ie 110.	X Yes No		
J					The face of the second second second		DECEMBER OF STREET	A 100 110		

	990 (2023) FAMILY PROMIS	E OF SOUTH		35-2518819		Page
нa	t III Statement of Program	Service Accom	ıplishments			[**]
	Check if Schedule O co	ntains a respons	se or note to any line in	n this Part III	<u></u>	<u>X</u>
1	Briefly describe the organization's missi	on:				
	Caraman and Caraman Caraman Control Co					
			44,,44,44			
2	Did the organization undertake any sign	ificant program serv	ices during the year which	were not listed on the		9 300 375.50
_	prior Form 990 or 990-EZ?					Yes X No
	If "Yes," describe these new services or	Schedule O	*************************			
	Did the organization cease conducting,		changes in how it conducts	any program		
						Yes X No
	services?					🗀 💴 🗀 🗀
	If "Yes," describe these changes on Sch	1eaule ().	to for each of to three larg	est program conject.	e measured by	
4	Describe the organization's program ser	vice accomplishme	nts for each of its three larg	est program services, a	Silicasuled by	
	expenses. Section 501(c)(3) and 501(c)	(4) organizations are	e required to report the amo	ount or grants and alloca	itions to others,	
	the total expenses, and revenue, if any,	for each program s	ervice reported.			
		100 110		100 404	(<u>r</u>	
4a	(Code:) (Expenses \$	432,442	including grants of \$	193,434	(Revenue \$	
S	EE SCHEDULE O					
	MAAA MAAAA		************			

9000		- 10	· 1 1	W	(Devenue ¢	
	(Code:) (Expenses \$					
N	/A					

45						, , , , , , , , , , , , , , , , , , ,
4c	(Code:) (Expenses \$		including grants of \$			Д
4c N						
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N	(Code:) (Expenses \$ /A					
N	(Code:) (Expenses \$		including grants of \$			

orm	990 (2023) FAMILY PROMISE OF SOUTHERN CHESTER 35-2518819	4 <u> </u>	Р	age 3
Pa	art IV Checklist of Required Schedules		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		162	NO
1	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			0.000
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	. 5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			l
	"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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			**
	complete Schedule D, Part III	. 8	1/32 N	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	<u>ac</u>		7.7
	debt negotiation services? If "Yes," complete Schedule D, Part IV	. 9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			х
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		A
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.		******	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-	х	
	complete Schedule D, Part VI	. 11a		
b		11b		X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	. 119		
C		11c		X
20	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		(a)	-
d		11d		X
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
e	Did the organization report an amount for other liabilities in Part X, line 25? It is rest, complete scriedule 8, rait X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	.		
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
128	Schedule D, Parts XI and XII	12a		X
L	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
D	"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			X
14a	the United States 2	14a	07.536	X
ь	the state of the s	88		
	fundraising, business, investment, and program service activities outside the United States, or aggregate	6	b	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			7.000
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			1
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	. 17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	. 18	X	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	230000000-		
	If "Yes," complete Schedule G, Part III		222	X
20a		200753000	00.00	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	+ -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21		<u> </u>

Pa	Checklist of Required Schedules (continued)			
		<u> </u>	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	х	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		- 22	
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
240				
24a	\$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	50000	X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
Ь	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			5
С	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
230	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		10 %	
ы	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 or 22, for receivables from or payables to any current			
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? 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 the Schedule			
~~	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			AD-08-00
	complete Schedule N, Part II	32	200	<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		3	(20.03)
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		22	**
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	10 to	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	00000000		
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and		***************************************	*********
	reportable gaming (gambling) winnings to prize winners?	1c	000	(2023)
DAA		For	m フラし	(2023)

Form 990 (2023)

Form	990 (2023) FAMILY PROMISE OF SOUTHERN CHESTER 35-2518	819	200	Р	age 5
	nt V Statements Regarding Other IRS Filings and Tax Compliance (contin			Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
(A) (A)	a financial account in a foreign country (such as a bank account, securities account, or other financial		4a		X
ь	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FBAR)).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		Sc.		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		5,000,000,000,000,000,000,000,000,000,0		
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods			
			7a		0.470000 (0.49000)
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
VI	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		SHIP OF
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		ired? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		22
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	4 90			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1			
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.)	116			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	3 200000000	-000000000
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			13a	8 380000000	
	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	T 372			
	the organization is licensed to issue qualified health plans	13b			
C	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 on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or			
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16	0.000000000	X
	If "Yes," complete Form 4720, Schedule O.	92,60			
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activ		3851840		ļ
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		10000000
	If "Yes " complete Form 6069.			1000000	1000000

Form 990 (2023) FAMILY PROMISE OF SOUTHERN CHESTER 35-2518819 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section 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 on Schedule O. 15 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 8a X The governing body? X Each committee with authority to act on behalf of the governing body? 86 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O ... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe on Schedule O the process, if any, used by the organization to review this Form 990. X Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe on Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed PA 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records.

P.O. BOX 394

PA 19348

Form 990 (2023)

CAROL LOWE

KENNETT SQUARE

E 000 (0000)	EXMITTY	DDOMTCE	OF	COUTTHERN	CHESTER	35-2518819
Form 990 /20231	PAMILLI	PRUMIAL	UE	SOUTHERN	CHESTER	

GIIII 220 (20	727/ 2122222							
Part VII	Compensation of Officers	Directors,	Trustees,	, Key Employees,	Highest	Compensated	Employees,	and
	Independent Contractors			000 000 000 00	50 100 (1905)			

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box	k, unle icer ar	(C) Position not check more than one , unless person is both an cer and a director/frustee)		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation from the		
	(list any hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	organization and related organizations
(1) CAROL LOWE, MSW	LSW									
EXECUTIVE DIRECTOR	40.00	x		x				89,784	o	0
(2) TAMARA ACUNA										
	1.00								120	
MEMBER	0.00	X						0	0	0
(3) LUIS ALMANZA	1 00					l i				
MEMBER	1.00 0.00	x						o	0	0
(4) JORGE CHAMORRO	0.00	22			30					
(4) 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.00	0.5	3							anne.
MEMBER	0.00	X						0	0	0
(5) JOAN DEMING-MURI						1				
	1.00							^		o
MEMBER	0.00	X					-	O	0	<u> </u>
(6) SHELLY DUTTON	1.00									
MEMBER	0.00	x						o	0	0
(7) ANGELA EMRICH	0.00					H	-			
(1/1210221 =======	1.00									
MEMBER	0.00	X						0	0	0
(8) KAREN E. EICHMAN				5009	i K			\$100.00 to 100 to 1	- SEC (1997) 23 (2014) - 30 (
	5.00	0000000							_	
PRESIDENT	0.00	X	0000	X		<u> </u>	4	0	0	0
(9) KARI JARMUZ	2.00		8							
TREASURER	0.00	x		X	E			o	o	0
(10) ROBERT F. JOHNS		- 25						MICHOLE STATE OF THE STATE OF T		
(10)11032111 1: 0011111	1.00									
MEMBER	0.00	X						0	0	0
(11) GEORGE LOCK	2000 SEC 2000									
	2.00								_	•
VICE PRESIDENT	0.00	X		X		LL	Ų	0	0	Form 990 (2023)

Form **990** (2023)

Part VII Section A. Officers	s, Directors, Tru	ısteç	s, K	ey E	mpi	oyee	s, a	nd Highest Compensated	Employees (continued)	0 100
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	ix, unli	Pos check ess pe	erson	the batter of th	an ee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(12) BURTON F. ROT	THENBERG 1.00 0.00	ER X						0	0	(
(13) TOM SAUSEN (13) SECRETARY	2.00	x		x				0	0	
(14) CINDY SCHOFIE (14) SECRETARY		х		х				0	0	(
(15) MICHAEL SKAY (15) MEMBER	1.00	x	16					o	0	
(16) LEON SPENCER (16) MEMBER	1.00	х		82				0	0	C
(17)							***			
(18)										
(19)										
1b Subtotal c Total from continuation shee d Total (add lines 1b and 1c) 2 Total number of individuals (increportable compensation from	ets to Part VII, S cluding but not li	ecti mite	on A	·				89,784 89,784 e) who received more than	\$100,000 of	
3 Did the organization list any fo employee on line 1a? If "Yes," 4 For any individual listed on line organization and related organ individual 5 Did any person listed on line 1s for services rendered to the org	rmer officer, dire complete Schede 1a, is the sum of izations greater	ector lule of of reg than	, trus I for porta \$150 	such able (0,000 ensa	ind comp 0? If	ividua pensa "Yes from	atior s," co	n and other compensation to complete Schedule J for suc unrelated organization or	from the ch	Yes No 3 X 4 X 5 X
Section B. Independent Contractor			эсп	31010	001	Caur	J 0 1	or audir person		3 22
 Complete this table for your five compensation from the organize 										ar
	(A) ousiness address				O. 11.		5,,,,,		(B) on of services	(C) Compensation
		a.	##-C	2-18 C						
	<u> </u>									
2 Total number of independent or							hose	e listed above) who	0	

1-3	πV	III Stateme Check if	Scho	r Revenue edule O cont	ains a	respo	nse or note	to any line in thi	s Part VIII		
80		OHOOK II						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts s	1a	Federated camp	aigns		1a						
iran	b	Membership due			1b	10 10	198				
S E	C	Fundraising eve	nts		1c		2,950				
ar /	d	Related organiza	ations		1d						
S,E	е	Government grants (co			1e		1915 (1919 <u>) (</u> 1				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions,	gifts, gra	nts,	1f	58700	307,873				
oti Oth	g	Noncash contributions lines 1a-1f	included	in	1g	\$	16,061				
Cor and	h	Total. Add lines				200		310,823			
90							Business Code				
Ф	2a						13				
Zi B	b							9 00 00 00 00 00 00 00 00 00 00 00 00 00			
Program Service Revenue	С										
ran	d										
rog	е						111				
ው,	f	All other program						politica de la companya del companya de la companya del companya de la companya d	-		
	g	Total. Add lines	2a-2f								
	3	Investment incor	ne (in	cluding dividend	ls, inte	rest, and		i			0000 00400400.000000
		other similar am	ounts)					8,664	<u></u>		8,664
	4	Income from inv	estme	nt of tax-exemp	t bond	proceed:	5				
	5	Royalties									
		•		(i) Real	200	(ii)	Personal				
	6a	Gross rents	6a		200	75 15 16 16 16 16 16 16 16 16 16 16 16 16 16					
	ь	Less: rental expenses	6b		16/5/6	122	2000000				
		Rental inc. or (loss)	6c	3049 (C. 1990)	5,071						
	d	Net rental incom	e or (l	oss)					80.55h 365		NAMES OF THE PARTY
	7a	Gross amount from		(i) Securities	***********		i) Other				
		sales of assets other than inventory 7a									
9	ь	Less: cost or other		8000							
er Revenue		basis and sales exps.	7b			02					
levi	c	Gain or (loss)	7c	Notes of the		1 500 8	5500 IDSIA				
er R		Net gain or (loss	١						98 No. 34	9.0	
)the		Gross income from									
Ç		(not including \$		320 (E2022012)							
		of contributions rep									
		1c). See Part IV, fir			8a		98,012				
	h	Less: direct expe		ANDTO SCALLABOUR	8b	3 18 8	46,833				
		Net income or (le						51,179			51,179
		Gross income from	3.5								
	Vu	activities. See P			9a						
	h	Less: direct expe			9b						
		Net income or (kg				10.460%					
		Gross sales of in									
	iva	returns and allow		\$1200 \$1200	10a						
	ь.	Less: cost of goo			10b		- 31000 V				
		Net income or (kg									
1/26	1070	ret income of the	333/ II	OTT Sales OF HIVE	<u></u>		Business Code				
Miscellaneous Revenue	44-										*
nec	11a	* *************						20 2			
ella	b							-	<u> </u>	* ************************************	
isc Re	ت	All other revenue							30 March		87 TeVEL 10
Σ	a	Total. Add lines					L				
		Total revenue.		70_3 100				370,666	0	0	59,843
	14	. Occ. ICTCHUC.	III		* * * * * * * 1		A CONTRACTOR OF THE STATE OF	h			

Part IX Statement of Functional Expenses

	Check if Schedule O contains a responso to include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	\$1000 Miles			
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
171	individuals. See Part IV, line 22	193,434	193,434		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	thouse and	20 N		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2000			
7	Other salaries and wages	218,695	153,777	13,066	51,85
8	Pension plan accruals and contributions (include			- N - 50 - W	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2,178	1,851	218	10
10	Payroll taxes	19,242	13,655	1,124	4,46
11	Fees for services (nonemployees):		46		
а	Management			V0. 8. 4	
b	Legal	25 ASS - 00	467 - 85340-001 040 120104 - 101020-84		1992
c	Accounting	26,344		26,344	
ď	Lobbying				89
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	200 - 10			
g	Other. (If line 11g amount exceeds 10% of line 25, column	000 2000 Mar - 2000 2000 Mar -	10 10 10 10 10 10 10 10 10 10 10 10 10 1	A	
	(A) amount, list line 11g expenses on Schedule O.)	10,998	7,380	517	3,10
12	Advertising and promotion	6,644	3,322		3,32
13	Office expenses	19,530	8,145	8,320	3,06
14	Information technology				
15	Royalties				
16	Occupancy	42,070	35,350	6,720	
17	Travel	3,144	2,728	277	13
18	Payments of travel or entertainment expenses			\$3,000	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest			and the same	
21	Payments to affiliates			数	<u> </u>
22	Depreciation, depletion, and amortization	3,683	3,683		520
23	Insurance	11,590	8,113	3,477	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	ASSOCIATION FEES	7,737		7,737	
b	FUNDRAISING	3,756			3,75
c	BANK FEES	3,020	8	1,510	1,51
d	TRAINING	1,181	1,004	118	5
e	All other expenses	232		232	5
25	Total functional expenses. Add lines 1 through 24e	573,478	432,442	69,660	71,37
26	Joint costs. Complete this line only if the		# ####################################	1000 000 000 000 000 000 000 000 000 00	
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	ĺ			

FAMILY PROMISE OF SOUTHERN CHESTER 35-2518819 Form 990 (2023)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 101,763 335,545 Cash—non-interest-bearing 320,473 2 419,457 Savings and temporary cash investments 2 200,000 140,000 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 9,844 2,941 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 62,114 basis. Complete Part VI of Schedule D 10a 15,008 11,325 b Less: accumulated depreciation 10b 50,789 10c 11 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 675,486 Total assets. Add lines 1 through 15 (must equal line 33) 880,870 16 16 4,711 2,139 Accounts payable and accrued expenses 17 17 18 Grants payable 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 4,711 2,139 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 465,814 317,057 Net assets without donor restrictions 27 27 410,345 356,290 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 876,159 32 673,347 Total net assets or fund balances 32 880,870 675,486 Total liabilities and net assets/fund balances

Form 990 (2023)

огп	990 (2023) FAMILY PROMISE OF SOUTHERN CHESTER 35-2518819	242	Pag	ge 12
Pa	nt XIII Reconciliation of Net Assets			_
	Check if Schedule O contains a response or note to any line in this Part XI	,,,		Ш
1	Total revenue (must equal Part VIII, column (A), line 12)		70,	
2	Total expenses (must equal Part IX, column (A), line 25)		73,4	
3	Revenue less expenses. Subtract line 2 from line 1		02,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	8	76,	<u> 159</u>
5	Net unrealized gains (losses) on investments 5		0200	2dVIAGEORG
6	Donated services and use of facilities 6			
7	Investment expenses 7			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	6'	73,:	347
Pa	nt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
64%			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on	_		
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both.			
	X Separate basis Consolidated basis Both consolidated and separate basis			
ь	Were the organization's financial statements audited by an independent accountant?	2b		X
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	**		
	separate basis, consolidated basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			,,,,,,,,,,,,,,
8.77	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	•		
STATE	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	. Зь		
		For	_n 990	(2023)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FAMILY PROMISE OF SOUTHERN CHESTER COUNTY

Employer identification number 35–2518819

P	art	Reas	on for Public Charity	Status. (All organizations	s must o	complet	e this part.) See instruction	ons.	
The	orga		to the protection of the second second	se it is: (For lines 1 through 12,			· · · · · · · · · · · · · · · · · · ·	- 100 3. 3. 1. 1.1.1703 - 17 2520 - 27	
1		A church, co	nvention of churches, or ass	sociation of churches described	in sectio	n 170(b)(1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	П	A hospital or	a cooperative hospital servi	ice organization described in se	ction 170)(b)(1)(A)	(iii).		
4	П			d in conjunction with a hospital				ospital's name,	
		city, and stat	70						
5		100000		of a college or university owned	ог орега	ted by a c	overnmental unit described in		
	ш	450	(b)(1)(A)(iv). (Complete Part	100		, .			
6				The second secon	section 1	70(b)(1)(A	N(v).		
7		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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	\Box			170(b)(1)(A)(vi). (Complete Par	t II.)				
9			The state of the s			ted in con	iunction with a land-grant colle	ae	
-		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	X	An organizat	ion that normally receives (1) more than 33 1/3% of its supp	ort from	contribution	ons, membership fees, and gro	ss	
				npt functions, subject to certain					
				nd unrelated business taxable in					
44	\Box		142	0, 1975. See section 509(a)(2)			**************************************		
11	H			exclusively to test for public safe					
12				exclusively for the benefit of, to ions described in section 509(a					
				scribes the type of supporting or				Official	
	а		60 7 5	erated, supervised, or controlled	F-8			ng	
		65 55,	(F) (All (All (All (All (All (All (Al	ver to regularly appoint or elect		y of the di	rectors or trustees of the		
	52	(19 <u>14 – 1</u> 7) – 1916		omplete Part IV, Sections A a		1919			
	þ			pervised or controlled in connection				<u> </u>	
				ting organization vested in the s Part IV, Sections A and C.	same per	sons mat	control of manage the support	ea	
	С		07 74 07 0000	upporting organization operated	d in conne	action with	and functionally integrated w	ith	
	٠			tructions). You must complete				101,	
	d	Type III i	non-functionally integrated	I. A supporting organization ope	erated in o	connectio	n with its supported organization	n(s)	
				organization generally must sa				ess	
			and the second s	nust complete Part IV, Section					
	е			eived a written determination fro			s a Type I, Type II, Type III		
				n-functionally integrated support	ung orgar	nzation.			
	f		nber of supported organizati	e supported organization(s).					
	g	WARDING!	V		(is) to the	organization	(3.6	full Amount of	
(1)		e of supported janization	(ii) EIN	(iii) Type of organization (described on lines 1–10		ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
	0.00			above (see instructions))	docu	ment?	instructions)	instructions)	
			0.4		Yes	No			
(A)								553	
		2,00				1.5 1.			
(B)					8				
(C)		***						8 40 5000 NOTES -	
/D \	207035	<i>V</i> 4.							
(D)									
(E)								n.M	

						Page 2
						under
	rails to qualing	under the test	s listed below,	piease complet	e Part III.)	-
	T (=) 2040	/L\ 0000	T 43 0004	/ 11 0000		200 AVAIL 10
n nscaryear beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
hip fees received. (Do not						
on's benefit and either paid						
by a governmental unit to the on without charge						
d lines 1 through 3					4 7 9 9 9 1	
on (other than a ental unit or publicly lorganization) included on exceeds 2% of the amount						
						76-00-000-000-000-000-000-000-000-000-00
r fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
from line 4	13 2021 1 2020				7.30	
received on securities loans, alties, and income from	_					, ,
whether or not the business						
the sale of capital assets Part VI.)						
A 100 TO						-
					12	
ars. If the Form 990 is for the or	ganization's first, s	second, third, fourth	n, or fifth tax year	as a section 501(c)	(3)	
				 		
port percentage for 2023 (line 6	, column (f) divide	d by line 11, colum	n (f))		14	<u>%</u>
port percentage from 2022 Scho	edule A, Part II, lin	e 14			15	<u>%</u>
						\Box
op nere. The organization quali	ties as a publicly s	supported organiza	tion			Ц
and eigenmetaness test 20	quaimes as a publi	icly supported orga	nization	100 as 10b and lin	- 4	Ц
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	Support Schedule for C (Complete only if you che Part III. If the organization Public Support or fiscal year beginning in) Ints, contributions, and hip fees received. (Do not hip "unusual grants.") Inues levied for the ion's benefit and either paid ended on its behalf In of services or facilities by a governmental unit to the ion without charge d lines 1 through 3 In of total contributions by ion (other than a intal unit or publicly I organization) included on exceeds 2% of the amount line 11, column (f) ioport. Subtract line 5 from line 4 ione from interest, dividends, received on securities loans, salties, and income from urces ine from unrelated business whether or not the business whether or not the business whether or not include gain or the sale of capital assets in Part VI.) port. Add lines 7 through 10 eipts from related activities, etc. ars. 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Do not include gain or the sale of capital assets Part VI.) port. Add lines 7 through 10 eights from related activities, etc. (see instructions) ars. If the Form 990 is for the organization's first, second, third, fourth on, check this box and stop here computation of Public Support Percentage port percentage for 2023 (line 6, column (f) divided by line 11, colum port percentage from 2022 Schedule A, Part II, line 14 upport test — 2023. If the organization did not check the box on line 1 did stop here. The organization qualifies as a publicly supported organization per organization meets the facts-and-circumstances test, or with organization meets the facts-and-circumstances test, or with organization meets the facts-and-circumstances test. The organization or more, and if the organization meets the facts-and-circumstances test. The organization or more, and if the organization meets the facts-and-circumstances test. The organization meets the facts-and-	Support Schedule for Organizations Described in Sections 170(i (Complete only if you checked the box on line 5, 7, or 8 of Part I or if Part III. If the organization fails to qualify under the tests listed below, Public Support or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 onts, contributions, and hip fees received. (Do not hy "unusual grants.") nues levied for the on's benefit and either paid ended on its behalf or of services or facilities by a governmental unit to the on without charge of the one without charge of the one without charge of the one without charge of the public by a governmental unit to the on without charge of the public of the one without charge of the public of the one without charge of the public of the public of the one without charge of the public of th	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization Part III. If the organization fails to qualify under the tests listed below, please complet Part III. If the organization fails to qualify under the tests listed below, please complet Part III. If the organization fails to qualify under the tests listed below, please complet Part III. If the organization in the service of the fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (d) 2023 (d) 2022 (d) 2023 (d) 2023 (d) 2023 (d) 2024 (d) 2022 (d) 2024 (d	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 Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Part III. If the organization of a please of the tests listed below, please complete Part III. Part III. If the organization is fails to qualify under the tests listed below, please complete Part III. Part III. If the organization of all the tests listed below, please complete Part III. Part III. If the organization of a complete Part III. Part III. If the organization of a complete Part III. Part III. If the organization qualifies as a publicly supported organization under the sale of partial and the facts and-circumstances test, check this box and stop here. Explain in with the organization meets the facts-and-circumstances test, check this box and stop here. Explain in with organization meets the facts-and-circumstances test, check this box and stop here. Explain in with organization meets the facts-and-circumstances test, check this box and stop here. Explain in with organization meets the facts-and-circumstances test, check this box and stop here. Explain in with organization me

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.)

Sec	ction A. Public Support		2				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees			Grand Alexander		***	
	received. (Do not include any "unusual grants.")	380,155	624,284	441,220	691,182	310,823	2,447,664
2	Gross receipts from admissions, merchandise						
8	sold or services performed, or facilities furnished in any activity that is related to the]				İ	
	organization's tax-exempt purpose	245		<u> </u>			245
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	82,971	45,087	74,413	113,483	98,012	413,966
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	575507508					90 E 0 To 50
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge					***	
6	Total. Add lines 1 through 5	463,371	669,371	515,633	804,665	408,835	2,861,875
	9	, , , , , , , , , , , , , , , , , , , ,				100 100 100	
1a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3				+		
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from				-		
U	line 6.)						2,861,875
Sec	tion B. Total Support		•				200
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	463,371	669,371	515,633	804,665	408,835	2,861,875
10a	56 N 31 E N X 22 SVE S		2000 000 T WE				
iva	payments received on securities loans, rents,						
	royalties, and income from similar sources	4,194	2,288	402	1,487	8,664	17,035
b							
	section 511 taxes) from businesses				ľ		
	acquired after June 30, 1975	 		-		1	
C	Add lines 10a and 10b	4,194	2,288	402	1,487	8,664	17,035
11	Net income from unrelated business						
61 B	activities not included on line 10b, whether						
	or not the business is regularly carried on				 -		
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)		<u> 16</u> ARS (ARS (ARS (ARS (ARS (ARS (ARS (ARS	v	2550		
13	Total support. (Add lines 9, 10c, 11,			1 500	(a)	W 000 10	40-8000 PM
	and 12.)	467,565	671,659	516,035	B06,152	417,499	2,878,910
14	First 5 years. If the Form 990 is for the or	ganization's first, se	cond, third, fourth	ı, or fifth tax year a	s a section 501(c)	(3)	
	organization, check this box and stop her					1, 5 . , 1 . , . 1 . 7 . 1 . 7 .	
Sec	tion C. Computation of Public St			00000 N	VI X-12-70		
15	Public support percentage for 2023 (line 8						99.41 %
16	Public support percentage from 2022 School						99.61 %
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2023 (I						1 %
18	Investment income percentage from 2022 S						%_
19a							X
	17 is not more than 33 1/3%, check this be						
Ь							
200	line 18 is not more than 33 1/3%, check th						
20	Private foundation. If the organization did	not check a box or	n line 14, 19a, or	I SD, CHECK THIS DOX	and see instruction		
						Schedule :	A (Form 990) 2023

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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.)

-		- Angelow
	Yes	No
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3c		
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4b		

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5a	50000000000000000000000000000000000000	
	***************************************	*************
5b		
5c		10

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10b		90) 2023

Schedule A (Form 990) 2023

	die A (Folia 99) 2025 TANTIEL TROTTE OF BOOTHER SS 25100	1 age 0
	Supporting Organizations (continued)	
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	
	11c below, the governing body of a supported organization?	11a
b	A family member of a person described on line 11a above?	11b
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	
	provide detail in Part VI.	11c
Seci	ion B. Type I Supporting Organizations	
		Yes No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	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 officers, 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
Sect	ion C. Type II Supporting Organizations	
		Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	
Sect	ion D. All Type III Supporting Organizations	
		Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI	
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described on line 2, above, 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	
<u> </u>	supported organizations played in this regard.	3
	on E. Type III Functionally Integrated Supporting Organizations	T. WARRING S. 10
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)).
a	The organization satisfied the Activities Test. Complete line 2 below.	
ь	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	uctions)
с 2	Activities Test. Answer lines 2a and 2b below.	Yes No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	103 (10
•	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 on line 2a, above, constitute activities that, but for the organization's	
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If	
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	
	have engaged in these activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	
а	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? If "Yes" or "No," provide details in Part VI.	3a
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b

Schedi	ule A (Form 990) 2023 FAMILY PROMISE OF SOUTHER			553 3819 Page 6
Par	Type III Non-Functionally Integrated 509(a)(3) Supporting C	Organizati	ons	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust or instructions. All other Type III non-functionally integrated supporting organizations			
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		3
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		GPA NOSA
5	Depreciation and depletion	5	.226	
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		4000 Teb
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		0.50%
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	每	1801 - 18
b	Average monthly cash balances	1b		20000000000
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	N	(200.0)
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
7000000	see instructions).	4	T 000 000 000 000	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	200 Sec. 10 Se	
6	Multiply line 5 by 0.035.	6		
		7		
7	Recoveries of prior-year distributions			1
7 8	Minimum Asset Amount (add line 7 to line 6)	8	King Operant	
8				Current Year

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

2

4

5

Schedule A (Form 990) 2023

Enter 0.85 of line 1.

(see instructions).

4 Enter greater of line 2 or line 3.5 Income tax imposed in prior year

3 Minimum asset amount for prior year (from Section B, line 8, column A)

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Par	tV Type III Non-Functionally Integrated 509(a)(3) Supporting Organiza	tions (continued)) 	5 450
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses		1	- 2000
2	Amounts paid to perform activity that directly furthers exempt purpo	ses of supported		80 98	
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations	E. J. 18080 18 18080 18 18080	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide of	details in Part VI)	***	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions, Add lines 1 through 6.			7	A CARLOS SECTION SECTI
8	Distributions to attentive supported organizations to which the organ	ization is responsive	**	8	7
W. 	(provide details in Part VI). See instructions.			_	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		70 40 NE VIII	10	· · · · · · · · · · · · · · · · · · ·
10	Elle o amount divided by line o amount	(i)	(ii)	10	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	20	Oistributable
Jecu	ion E - Distribution Anocations (see instructions)	Excess Distributions	Toward Structure and Structure	ıs	
	Distributable annual for 2002 from Section C. line S		Pre-2023	*****	Amount for 2023
1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required-explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
	From 2018				
11111170	From 2019				
AT:	From 2020				
	From 2021				
	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years			8	
b	Applied to 2023 distributable amount				
C	Remainder, Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.		in the second se		
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7:	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
-35	Excess from 2020				
	Excess from 2021				
- 22					
	Excess from 2022				
<u>e</u>	Excess from 2023				chedule A (Form 990) 20

Schedule A (For	m 990) 2023	FAMILY	PROMISE	OF SOUTHERN	CHESTER	35-2518819	Page 8
Part VI	Supplemental Inf III, line 12; Part IV, B, lines 1 and 2; P 3a, and 3b; Part V	ormation. Pro Section A, lin art IV, Section , line 1; Part V	ovide the expl es 1, 2, 3b, 3 C, line 1; Pa I, Section B, li	anations required b c, 4b, 4c, 5a, 6, 9a, rt IV, Section D, line	y Part II, line 10 9b, 9c, 11a, 11 es 2 and 3; Part ion D, lines 5, 6); Part II, line 17a or b, and 11c; Part IV, IV, Section E, lines , and 8; and Part V,	Section 1c, 2a, 2b,
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Supplemental Financial Statements

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

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023
Open to Public Inspection

Name of the organization Employer identification number FAMILY PROMISE OF SOUTHERN CHESTER COUNTY 35-2518819 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included on line 2a d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sched	dule D (Form 990) 2023 FAMILY	PROMISE OF :	SOUTHERN	CHESTER	35-2518	819	Page 2
	t III Organizations Maintain						(continued)
-	Using the organization's acquisition, acce	ssion and other record	s check any of the	e following that	make significant u	na of its	(continued)
_	collection items (check all that apply).	ssion, and other record	is, offect any of the	ie ioliowing that	make significant u	se or its	
а	Public exhibition	4 🗆	Loan or exchange	e program			
ь	Scholarly research			At 1700			
c	Preservation for future generations	E	Other				
			_ L			n 22 s	
	Provide a description of the organization's XIII.	collections and explain	i now they further	the organization	r's exempt purpos	e in Part	
		50 205 V201 H Y Y-		196	si 522		
	During the year, did the organization solic						
	assets to be sold to raise funds rather tha	n to be maintained as p	oart of the organiz	ation's collection	17	• • • • • • • • • • • • • • • • • • • •	Yes No
газ	TIV Escrow and Custodial A				120 20		
	Complete if the organizati	on answered "Yes	on Form 990	, Part IV, line	9, or reported	an amount	on Form
	990, Part X, line 21.	<u> </u>					
	Is the organization an agent, trustee, cust		120				2-0
	included on Form 990, Part X?					PROTECTION AND ADDRESS.	Yes No
b i	If "Yes," explain the arrangement in Part X	III and complete the fo	llowing table.				
						Acres of	Amount
c l	Beginning balance					1c	
d A	Additions during the year					1d	
e I	Distributions during the year					1e	
f E	Ending balance				********	1f	***************************************
2a [Did the organization include an amount on	Form 990 Part X line	21 for escrow or	custodial accou	nt liability?	L' '-	Yes No
ы	f "Yes," explain the arrangement in Part X	III. Check here if the ex	rolanation has bee	en provided on F	art YIII		· Li les Hill
Рал	t V Endowment Funds	III. ONGON HOTO II THE CA	planation has bee	on provided on t	att XIII		
	Complete if the organization	on answered "Yes"	on Form 990	Part IV line	10		
	outpicto il tito organizati	(a) Current year	(b) Prior year	(c) Two ye			(a) Faurusan basis
10 0	Reginning of year balance	(a) concin year	(b) i noi year	(c) Iwo ye	ars back (d) II	rree years back	(e) Four years back
la c	Beginning of year balance	3648				* -	<u> </u>
	Contributions						<u>-</u>
20	Net investment earnings, gains, and						
	osses					<u> </u>	2 2000
d C	Grants or scholarships		1 2000	<u> </u>	_2 %		
	Other expenditures for facilities and						
p	programs						
f A	Administrative expenses	e wood					
g E	End of year balance						
	Provide the estimated percentage of the cu		(line 1g, column	(a)) held as:			
a B	Board designated or quasi-endowment	%					
ЬΡ	Permanent endowment %						
	erm endowment %						
Т	he percentages on lines 2a, 2b, and 2c st	nould equal 100%.					
3a A	are there endowment funds not in the poss	ession of the organizat	ion that are held :	and administered	d for the		
	rganization by:	.			- 10. 1		Yes No
) Unrelated organizations?						3a(i)
G							
	"Yes" on line 3a(ii), are the related organi	zatione lietod ae require	nd on Schodulo B	·····		**********	3a(ii)
	escribe in Part XIII the intended uses of the			d			3b
Part			vinem iunas.		77. W. A.		
			an Farm 000	Deat N. C. Barrier	Id- O E	000 5 12	
	Complete if the organization				Market Control (Minutes)	9 6 16 860 0	PROPERTY OF THE PROPERTY OF TH
	Description of property	(a) Cost or other ba	10 de	t or other basis	(c) Accumulated	d	(d) Book value
		(investment)		(other)	depreciation		
1a La	and	.					
b B	uildings			7.5.6			
c Le	easehold improvements			,			<u> </u>
d E	quipment			62,114	50	,789	11,325
e O		900		2021 (502975)	76 Septido 10,000/2016		-
otal. A	dd lines 1a through 1e. (Column (d) must	equal Form 990, Part >	C line 10c colum	n (B))			11 325

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Schedule D (Form 990) 2023

(a) Description of security or category (b) Book value (c) Method of valuation: Cost or end-of-year merked value (c) Method of valuation: Cost or end-of-year merked value (d) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	Part VII	Investments – Other Securities Complete if the organization answered "Yes" on	Form 990, Part IV, I	ine 11b. See Form 990, Part X, line 12.	
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Pa	Reconciliation of Revenue per Audited Financial S		ue per Return	
	Complete if the organization answered "Yes" on Form			200
1	Total revenue, gains, and other support per audited financial statements	· · · · · · · · · · · · · · · · · · ·		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a		
a	Net unrealized gains (losses) on investments	2a 2b		
	Donated services and use of facilities	2c 2c		
Ç	Recoveries of prior year grants	2d		
d	Other (Describe in Part XIII.)		2e	
е 3	Add lines 2a through 2d			2001 17
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			<u> </u>
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			Service Servic
Pa	rt XII Reconciliation of Expenses per Audited Financial			
*********	Complete if the organization answered "Yes" on Form		and the second	
1	Total expenses and losses per audited financial statements		1	**************************************
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			8
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	<u> </u>
3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b			2
	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
,,,,,,,,,	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	5.)	5	
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	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to			
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Schedule	D (Form 990) 202	23 FAMILY	PROMISE OF	SOUTHERN	CHESTER	35-2518819	Page 5
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SCHEDULE G (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Name of the organization	COUNTY	PROMIS	E OF	SOUTHERN	CH.	EST.	EK	Employer identifica 35-25188	
	raising Act						red "Yes" on Form	n 990, Part IV, line	
		944		o complete th			Check all that apply.		
a Mail solicitati	Period Allinoscopics and Charles Association (1995)	in raised rand	100 100 100 100 100 100 100 100 100 100		2007 - 2		rernment grants		
	email solicitatio	ons				(455)	nent grants		
c Phone solicita				g Special f	500				
d In-person soil			,	ч — потолог					
2a Did the organizati	ion have a writ s listed in Form	990, Part VII	l) or entity i	n connection wit	h profe	ssion	ficers, directors, truste al fundraising services	?	Yes No
b If "Yes," list the 19 compensated at I				ndraisers) pursu	ant to	agreer	ments under which the	fundraiser is to be	
(i) Nam	ne and address of it or entity (fundraise	ndividual	elott.	(ii) Activity	raise cusi cor	old fund- er have tody or trol of butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
					Yes	No			
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2	3 NO. 11	***************************************							
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otal]			
3 List all states in w registration or lice		ization is regis	stered or lic	ensed to solicit	contrib	utions	or has been notified if	t is exempt from	
		**************************************		**************************************					
									· Characteria Colombia

FAMILY PROMISE OF SOUTHERN CHESTER 35-2518819 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 EVENING OF PROM DAY OF PROMISE NONE (add col. (a) through (event type) (event type) (total number) col. (c)) Revenue 1 Gross receipts 61,295 37,292 98,587 2 Less: Contributions 2,950 2,950 3 Gross income (line 1 minus 61,295 34,342 95,637 line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 25,968 20,865 46,833 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 46,833 11 Net income summary. Subtract line 10 from line 3, column (d) 48,804 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (b) Puil tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 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? 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Yes No b If "Yes," explain:

Sche	dule G (Form 990) 2023 FAMILY PROMISE OF SOUTHERN CHESTER 35-2518819	24.00	Page 3
1	Does the organization conduct gaming activities with nonmembers?		Yes No
2	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		
	formed to administer charitable gaming?		Yes No
3	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility	13b	%
4	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		6.050.000.00
	Address		3.7 (3.7 a.)
5a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?		Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the	prestations.	
	amount of garning revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	2		
	Address		***
6	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		8
7	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?		Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		□ · □ ··-
V.	spent in the organization's own exempt activities during the tax year \$		
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii	and (v): and
900000	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional info		
	See instructions.		

		12.5	

Schedule G (Form 990) 2023

SCHEDULEI	Grants and Other Assistance to Organizations,
(Form 990)	Governments, and Individuals in the United States
	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 2
Consequent of the Treasure.	
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.
Name of the organization	FAMILY PROMISE OF SOUTHERN CHESTER

Open to Public OMB No. 1545-0047 2023

Inspection

8 N

Employer Identification number 35-2518819 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and nation. General Information on Grants and Assistance the selection criteria used to award the grants or assistance?

Parti

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table × Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant or assistance noncash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) noncash assistance (e) Amount of Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant (c) IRC section (if applicable) (p) EIN (a) Name and address of organization or government Part Ξ 2 3 3 3 (9) E 6 €

Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

35-2518819

CHESTER

FAMILY PROMISE OF SOUTHERN

Schedule I (Form 990) 2023

PartIII

Schedule I (Form 990) 2023 (f) Description of noncash assistance UTILITIES RENT, Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 (e) Method of valuation (book, FMV, appraisal, other) FMV 16,061 noncash assistance (d) Amount of RECIPIENTS MUST MEET GUIDELINES TO QUALIFY FOR ASSISTANCE 177,373 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients PART IV - ADDITIONAL INFORMATION (a) Type of grant or assistance 1 HOUSING SERVICES Part IV 2 7 9 n

SCHEDULE O (Form 990)

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.

2023

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

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

Open to Public Inspection

Name of the organization

FAMILY PROMISE OF SOUTHERN CHESTER COUNTY

Employer identification number 35–2518819

FORM 990 - ORGANIZATION'S MISSION

FAMILY PROMISE OF SOUTHERN CHESTER COUNTY (FPSCC) WAS CREATED TO ADDRESS
THE GROWING PROBLEM OF HOMELESSNESS IN FAMILIES WITH CHILDREN IN THE
COMMUNITIES DEFINED BY THE FOUR SOUTHERN CHESTER COUNTY SCHOOL
DISTRICTS: KENNETT, AVON GROVE, OXFORD, AND UNIONVILLE-CHADDS FORD.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT FPSCC PROVIDES HOUSING, WHOLESOME FOOD, AND BASIC NECESSITIES FOR FAMILIES WITH CHILDREN EXPERIENCING HOMELESSNESS. THE GOAL OF THE ORGANIZATION IS TO MOVE FAMILIES TO SELF-SUFFICIENCY, PROVIDING THEM WITH SERVICES INCLUDING BUT NOT LIMITED TO EMPLOYMENT ASSISTANCE, EDUCATION IN BUDGETING AND PARENTING, AS WELL AS FAMILY/INDIVIDUAL COUNSELING. ONCE FAMILIES ARE IN A FINANCIAL POSITION TO MOVE INTO AN APARTMENT, HELP IS PROVIDED TO FIND AND FURNISH THE NEW HOME WITH EVERYTHING NEEDED FROM FURNITURE TO DISHWARE TO LINENS. FPSCC STAYS IN TOUCH WITH OUR FAMILIES, SUPPLYING HOLIDAY GIFTS, SCHOOL SUPPLIES, AND OTHER LIFE NECESSITIES. THE WORK OF FAMILY PROMISE INCLUDES THREE MAIN COMPONENTS, WHICH WE EMPLOY SEPARATELY OR TOGETHER DEPENDING UPON EACH FAMILY'S NEEDS: DIVERSION (PROMISE MADE): AIMS TO PREVENT FAMILIES FROM ENTERING SHELTER BY PROVIDING IMMEDIATE FINANCIAL ASSISTANCE AND SUPPORT SERVICES TO RESOLVE HOUSING CRISES AND MAINTAIN PROMISE HOUSE: OFFERS SHELTER AND CASE MANAGEMENT SERVICES STABLE HOUSING. FOR FAMILIES EXPERIENCING HOMELESSNESS FOR UP TO 120 DAYS IN AN APARTMENT-LIKE SETTING, FOCUSING ON PROVIDING A SAFE AND SUPPORTIVE ENVIRONMENT WHILE HELPING THEM TRANSITION TO STABLE HOUSING. THIS PROGRAM OFFERS THE REGION'S

ONLY EMERGENCY SHELTER FOR FAMILIES. AT THIS TIME, WE ARE ABLE TO OFFER

Employer identification number

FAMILY PROMISE OF SOUTHERN CHESTER

35-2518819

PROMISE HOUSE LOCATIONS TO UP TO EIGHT FAMILIES AT A TIME, A SERVICE FOR WHICH WE ALWAYS HAVE A WAITING LIST. STABILIZATION (PROMISE KEPT): PROVIDES ONGOING SUPPORT TO FAMILIES UP TO ONE YEAR AFTER SECURING HOUSING TO ENSURE LONG-TERM STABILITY AND PREVENT FUTURE CRISES AND INCIDENCES OF HOMELESSNESS.

HOMELESSNESS IS A VERY STRESSFUL AND TRAUMATIC EXPERIENCE. WE ARE PROUD TO HAVE INCREASED CAPACITY FOR SHELTER ASSISTANCE FROM TWO PROMISE HOUSES IN 2022 TO SIX PROMISE HOUSES IN 2024. WE SERVED 364 INDIVIDUALS IN 2023, AN ALMOST 40% INCREASE FROM THE PREVIOUS YEAR.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FORM IS REVIEWED AND APPROVED BY THE TREASURER BEFORE DISTRIBUTION TO ANY QUESTIONS OR CONCERNS BY MEMBERS ARE BROUGHT ALL MEMBERS OF THE BOARD. TO THE ATTENTION OF THE TREASURER AND EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE FPSCC HAS A CONFLICT OF INTEREST POLICY THAT REQUIRES MEMBERS OF THE BOARD OF DIRECTORS TO ANNUALLY DISCLOSE ANY AND ALL CONFLICTS OF INTEREST.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD APPROVES COMPENSATION BASED UPON SIMILAR ORGANIZATIONS IN THE AREA.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS ARE PUBLISHED ON THE ORGANIZATION'S WEBSITE AND ARE AVAILABLE TO THE PUBLIC UPON REQUEST AT THE ORGANIZATION'S PLACE OF BUSINESS.

PAGE 1 OF 1

OMB No. 1545-0047

Related Organizations and Unrelated Partnerships

SCHEDULE R (Form 990)

(Form 990)	Complete if the organization	n answered "Yes" on Form 990. Part IV. line 33. 34. 35b. 36. or 37	n Form 990. Part IV	line 33, 34, 35b.	16. or 37.		2023
			orm 990.				Onen to Public
Department of the Treasury Internal Revenue Service	Go to www.irs.go	Go to www.irs.gov/Form990 for instructions and the latest information.	uctions and the lat	est information.			Inspection
Name of the organization	FAMILY PROMISE OF SOUTHERN CHESTER					Employer Ident	Employer Identification number
	COUNTY		100 000			35-2518819	819
Part I Identifie	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33	organization answ	rered "Yes" on F	orm 990, Part IN	/, line 33.	e to and the addition of	
Name	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Total income E	(e) End-of-year assets	(f) Direct controlling entity
(1)				No. of Contract of			\$
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Part II Identifi	Identification of Related Tax-Exempt Organizations. Complete if the organization answered one or more related tax-exempt organizations during the tax year.	Complete if the or tax year.	ganization answ	"Yes"	orm 990, Part IV	on Form 990, Part IV, line 34, because it had	e it had
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legaf domicile (state or foreign country)	(d) Exempl Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct confrolling entity	Section 512(b)(13) controlled entity?
(1) FAMILY PROMISE 71 SUMMIT AVE. SUMMIT	ISE VE. 52-1591461 NJ 07901	NONPROFIT	ρN	5010	œ	N/A	<u>-</u>
(2)	(2)				7.0		
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(5)							
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For Paperwork Reduction	For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedi	Schedule R (Form 990) 2023

35-2518819

FAMILY PROMISE OF SOUTHERN CHESTER

Schedule R (Form 990) 2023

because it had one or more related organizations treated as a partnership during the tax year.	rganizations tr	eated	as a partners	ship during the	tax year.					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total Income	(g) Share of end-of- year assets	57k 3033.45	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(K) Percentage ownership
(1)		Knunoo		(FIGURE)			Ves No		, kes	
(2)										
(3)										
(4)		100								460
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	ions Taxable elated organiz	as a (Sorporation treated as a	orporation or Trust. Complete if the organization erreated as a corporation or trust during the tax year.	plete if the org trust during th	anization answe e tax year.	"Yes"	on Form 990, Part IV,	Part IV,	
(a) Name, address, and EfN of related organization	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets		(h) Percentage ownership	(f) Section 512(b)(13) controlled entity?
(1)					91_					Yes
	4								.0 20	
(2)										
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DAA		1						Schedu	ile R (For	Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 FAMILY PROMISE OF SOUTHERN CHESTER 35-2518819

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

٥		×	×	×	×	×		×	X	X	X	×	×	×	×	×	×	×	×		×					8				.0	ļ	0) 202:
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																						ion thresholds.	(p)	Method of determining smount involved	FMV							Schedule R (Form 990) 202:
	n Parts II-IV?																					including covered relationships and transaction thresholds	(5)	Amount involved	5,250							Wilderson III
	ted organizations listed i																					53	(q)	Transaction type (a-s)	æ		×					
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (Iv) rent from a controlled entity	b Giff, grant, or capital contribution to related organization(s)				E Loans or loan guarantees by related organization(s)	f Dividends from related organization(s)	g Sale of assets to related organization(s)	Purchase of assets from related organization(s)	Exchange of assets with related organization(s)	j Lease of facilities, equipment, or other assets to related organization(s)	k Lease of facilities, equipment, or other assets from related organization(s)	Performance of services or membership or fundraising solicitations for related organization(s)	organization(s)	nization(s)		p Reimbursement paid to related organization(s) for expenses	q Reimbursement paid by related organization(s) for expenses	Other transfer of cash or property to related organization(s)	s Other transfer of cash or property from related organization(s)	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	(a)	Name of related organization	(1) FAMILY PROMISE	(2)	(3)		(4)	(5)	(9)	

Schedule R (Form 990) 2023 FAMILY PROMISE OF SOUTHERN CHESTER

Part VI

35-2518819

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

(k) Percentage ownership ž (I) General or managing partner? Yes Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) ε (h) Disproportionate allocations? å Yes Share of end-of-year assets 6 (f) Share of total income (e)
Are all partners
section
501(c)(3) organizations? Yes No unrelated, excluded sections 512-514) income (related, Predominant from tax under (state or (c) Legal domicile country) foreign Primary activity Name, address, and EIN of entity (3) <u>4</u> E (10) (11) $\widehat{\Xi}$ (2) (2) 9 8 6

Schedule R (Form 990) 2023

Schedule R (F	Form 990) 2023	FAMILY	PROMISE	OF SOUTHER	N CHESTER	35-2518819	Page 5
Part VII	Suppleme	ntal Informat	<mark>ion.</mark> ation for respo	onses to questio	ns on Schedule F	R. See instructions.	
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