Form 8879-TF

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IRS e-file Signature Authorization for a Tax Exempt Entity

| or calendar year 2022, or fiscal year beginning | , 2022, and ending | , 20 |) |
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| or carefrada year meetar year beginning | , 2022, and onlining | | _ |

Form **8879-TE** (2022)

OMB No. 1545-0047

Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer FAMILY PROMISE OF ESSEX COUNTY, INC. 22-2841105 CHRISTOPHER MURPHY Name and title of officer or person subject to tax PRESIDENT Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) ______ **1b** _____ **1, 333, 999.** Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) _______ **2b** 2a Form 990-EZ check here Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here **b Total tax** (Form 990-T, Part III, line 4) 6a 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here **b** FMV of assets at end of tax year (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9a 9b 10a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize CLIFTONLARSONALLEN LLP 99494 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 22025455902 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. TARA DEL GAVIO 06/19/23 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

202521 12-16-22

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print FAMILY PROMISE OF ESSEX COUNTY, INC. 22-2841105 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 46 PARK STREET return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. MONTCLAIR, NJ 07042 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) THE ORGANIZATION The books are in the care of ► 46 PARK STREET - MONTCLAIR, NJ 07042 Telephone No. ► 973-746-1400 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

223841 04-01-22

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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Form **990**

Return of Organization Exempt From Income Tax

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

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

2022

Open to Public

Department of the Treasury Internal Revenue Service

| A F | or the | e 2022 calendar year, or tax year beginning and endi | ing | | |
|-----------------------------|---------------------|--|-----------|-------------------------------------|---|
| B c | heck if pplicabl | C Name of organization | | D Employer identifi | cation number |
| | Addre | | | | |
| | Name chang | | | 22-28411 | 05 |
| |]Initial return | Number and street (or P.O. box if mail is not delivered to street address) | m/suite | E Telephone numbe | r |
| | Final return | | | 973-746- | 1400 |
| | termin ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 1,333,999. |
| | Amen return | MONICLAIR, NO 0/042 | | H(a) Is this a group re | |
| | Application | F Name and address of principal officer: CHKIBIOFHEK MOKFHI | | for subordinates | ? Yes X No |
| | pendi | SAME AS C ABOVE | | H(b) Are all subordinates in | ncluded? Yes No |
| | | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or | 527 | • | list. See instructions |
| | Vebsi | | | H(c) Group exemption | |
| | | | L Year o | f formation: 1988 N | M State of legal domicile: NJ |
| Pa | rt I | Summary | DDO | ATOR OR ROOM | ay communic |
| ě | 1 | Briefly describe the organization's mission or most significant activities: FAMILY | | | |
| and | | (FPE) MISSION IS TO HELP HOMELESS AND AT-RIS | | | |
| Governance | 2 | Check this box if the organization discontinued its operations or disposed o | | 1 _ | 10 |
| ģ | | Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) | | | 10 |
| ∞ ∞ | | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | | | 9 |
| iţies | | Total number of volunteers (estimate if necessary) | | | 150 |
| Activities & | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| Ă | | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. |
| • | | | | Prior Year | Current Year |
| | 8 | Contributions and grants (Part VIII, line 1h) | \square | 1,050,950. | 1,318,930. |
| ğ | ı | Program service revenue (Part VIII, line 2g) | | 12,500. | 15,000. |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 197. | 69. |
| Œ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | 0. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 1,063,647. | 1,333,999. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 331,797. | 601,220. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| 8 | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 349,174. | 473,496. |
| Expenses | l . | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| ğ | l . | Total fundraising expenses (Part IX, column (D), line 25) 152,318. | | 171 041 | 220 600 |
| ш | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 171,241. 852,212. | 229,608. |
| | l | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 211,435. | 1,304,324. |
| s | 19 | Revenue less expenses. Subtract line 18 from line 12 | Ren | inning of Current Year | End of Year |
| ts o | 20 | Total assets (Part X, line 16) | | 879,190. | 898,204. |
| Asse Bala | 20 21 | Table Pale Place (Dark V. Page 00) | | 190,176. | 192,564. |
| Net Assets or Fund Balances | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 689,014. | 705,640. |
| Pa | rt II | Signature Block | | 005,0210 | , |
| Unde | er pena | Ities of perjury, I declare that I have examined this return, including accompanying schedules and | statemer | nts, and to the best of my | knowledge and belief, it is |
| | | t, and complete. Declaration of preparer (other than officer) is based on all information of which p | | | · · |
| | | | | | |
| Sigr | า | Signature of officer | | Date | |
| Her | е | CHRISTOPHER MURPHY, PRESIDENT | | | |
| | | Type or print name and title | | | |
| | | Print/Type preparer's name Preparer's signature | | ate Check C | PTIN |
| Paid | | TARA DEL GAVIO TARA DEL GAVIO | 0 | 6/19/23 self-employ | |
| Prep | | Firm's name CLIFTONLARSONALLEN LLP | | Firm's EIN 4 | 1-0746749 |
| Use | Only | Firm's address 293 EISENHOWER PARKWAY, 2ND FLOOR | | | 2 224 2424 |
| | | LIVINGSTON, NJ 07039 | | Phone no. 9 7 | 3-994-9494 |
| May | the II | RS discuss this return with the preparer shown above? See instructions | | | X Yes No |

| Check if Schedule Contains a response or note to any line in the Part III Briefly describe the organization smission: FAMILY PROMISE OF ESSEX COUNTY'S (FPE) MISSION IS TO HELP HOMELESS AND ATT-RISK FAMILIES ACHIEVE SELF-SUPFICIENCY BY PROVIDING SHELTER, SOCIAL SERVICES, AND HOUSING ASSISTANCE THROUGH A COMMUNITY-BASED APPROACH. FPE ENVISIONS A COMMUNITY IN WHICH EVERY FAMILY HAS A HOME AND THE PROVIDING PROVIDING SHELTER, SOCIAL SERVICES, AND HOUSING ASSISTANCE THROUGH A COMMUNITY-BASED APPROACH. FPE ENVISIONS A COMMUNITY IN WHICH EVERY FAMILY HAS A HOME AND THE PROVIDES ASSISTANCE THROUGH A COMMUNITY-BASED APPROACH. PRE SERVICES, AND HOUSING ASSISTANCE THROUGH A COMMUNITY-BASED APPROACH. PRE SERVICES, AND HOUSING ASSISTANCE THROUGH A COMMUNITY-BASED APPROACH. Pres, 'describe these new services on Schedule O. 10 'Ves,' describe these new services on Schedule O. 11 'Ves,' describe these have services on Schedule O. 12 'Ves,' describe these changes on Schedule O. 13 'Ves,' describe these changes on Schedule O. 14 'Ves,' describe these changes on Schedule O. 15 'Ves,' describe these changes on Schedule O. 16 'Ves,' describe these changes on Schedule O. 17 'Ves,' describe these changes on Schedule O. 18 'Ves,' describe these changes on Schedule O. 18 'Ves,' describe these changes on Schedule O. 19 'Ves,' describe these changes on Schedule O. 19 'Ves,' describe these changes on Schedule O. 10 'Ves,' describe these changes on Schedule O. 10 'Ves,' describe these changes on Schedule O. 10 'Ves,' describe these changes on Schedule O. 11 'Ves,' describe these changes on Schedule O. 12 'Ves,' describe these changes on Schedule O. 12 'Ves,' describe these changes on Schedule O. 12 'Ves,' describe these changes on Schedule O. 13 'Ves,' describe these changes on Schedule O. 14 'Ves,' describe these changes on Schedule O. 15 'Ves,' describe these changes on Schedule O. 16 'Ves,' describe these changes on Schedule O. 17 'Ves,' describe these changes on Schedule O. 18 'Ves,' describe these chang | Pai | t III Statement of Program Service Accomplishments |
|---|-----------|---|
| PAMILY PROMISE OF ESSEX COUNTY'S (FPE) MISSION IS TO HELP HOMELESS AND AT-RISE ACHIEVE SELP-SUFFICIENCY BY PROVIDING SHELTER, SOCIAL SERVICES, AND HOUSING ASSISTANCE THROUGH A COMMUNITY -BASED APPROACH. FPE ENVISIONS A COMMUNITY IN WHICH EVERY FAMILY HAS A HOME AND THE Did the organization undertake any significant propam services during the year which were not itself on the proform 500 of 500 E? If 'Yes,' describe these news services on Schedule O. Did the organization ceases conducting, or make significant changes in how it conducts, any program services on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(63) and 501(64) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service apported. A (toce) [senseres 398, 816. sectory grants of 2,21,368.) (sectory of the program service) and the expenses of the service, as measured by expenses. Section 501(63) and 501(64) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service apported. A (toce) [senseres 398, 816. sectory grants of 2,21,368.) (sectory of PAMILIES 100 10 | | Check if Schedule O contains a response or note to any line in this Part III |
| AT-RISK FAMILIES ACHLEVE SELF-SUFFICIENCY BY PROVIDING SHELTER, SOCIAL SERVICES, AND HOUSING ASSISTANCE THROUGH A COMMUNITY-SABED APPROACH. FPE ENVISIONS A COMMUNITY IN WHICH EVERY FAMILY HAS A HOME AND THE Dot the organization undertake any significant program services during the year which were not listed on the prior Form 590 or 590 EZ? If 'Yes,' describe these new services on Schedule O. If 'Yes,' describe these new services on Schedule O. Dot the organization resease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each programs service specifies. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(c)(4) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(c)(4) and | 1 | , |
| SERVICES, AND HOUSING ASSISTANCE THROUGH A COMMUNITY-BASED APPROACH. FPE ENVISIONS A COMMUNITY IN WHICH EVERY PAMILY HAS A HOME AND THE Did the organization undertake any significant program services during the year which were not listed on the prior form 800 or 900 E27 If Yes, 'Goodenthe three new services on Schedule O. 10 Dot the organization cases conducting, or make significant changes in how it conducts, any program services? Yes X No | | |
| PPE ENVISIONS A COMMUNITY IN WHICH EVERY PAMILY HAS A HOME AND THE 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 1 "Yes," describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? 1 "Yes," describe these changes on Schedule 0. 3 Did the organization organs conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(e)(3) and 501(e)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service program services or control organization and allocations to others, the total expenses, and revenue, if any, for each program service exposed. 4a (cots) (*promost 3 398, 816 · "routing agents" 221, 368 ·) (*promost 3 398, 816 · "routing agents" 221, 368 ·) (*promost 3 398, 816 · "routing agents" 221, 368 ·) (*promost 3 398, 816 · "routing agents" 221, 368 ·) (*promost 3 398, 816 · "routing agents" 221, 368 ·) (*promost 3 398, 816 · "routing agents" 221, 368 ·) (*promost 3 398, 816 · "routing agents" 221, 368 ·) (*promost 3 398, 816 · "routing agents" 221, 368 ·) (*promost 3 398, 816 · "routing agents" 221, 368 ·) (*promost 3 398, 816 · "routing agents" 221, 368 ·) (*promost 3 398, 816 · "routing agents and promost 3 498, 816 · "routing agents and promost 3 498, 816 · "routing agents and action and account account account and account | | |
| 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 EZ? Yes X No 17 Yes, "describe these fames services on Schedule 0. | | |
| prior Form 980 or 980 or 980 etc? Yes | 2 | |
| If "Yes," describe these new services on Schedule O. Dot the organization cases conducting, or make significant changes in how it conducts, any program services? | _ | |
| 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services, | | |
| H "Yes," describe the expanization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(s) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4 (come) (requess) 39.8, 816. Including parts of 221, 368.) (requests 10 (compared to the program service) services and services are revenue, if any, for each program service reported. 4 (come) (requests 39.8, 816. Including parts of 221, 368.) (requests 10 (compared to the compared to the program service) services are revenue, if any, for each program service services are revenue, if any, for each program service services are revenue, if any, for each program service services are revenue, if any, for each program service services are revenue, in any services and services are revenue, in any services and services are revenue, and services are revenue and services. The revenue are revenue, and services are reve | 2 | |
| 4. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(s) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and revertue, if any, for each program service reported. 4a (coos:)(expenses | 3 | · · · · · · · · · · · · · · · · · · · |
| Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 48 (code) [Recented 398,816. robulary grants of t 221,368.) (Recented 221,368.) (Rece | 4 | |
| Code: Code: Congrams service reported. 198,816. Including growte of \$ 2.21,368. Construct \$ 2.21,369. Construct \$ 2.21,369. Construct \$ 2.21,368. Construct \$ 2.21,369. Construct | 4 | |
| Heregency Shelter, Pamily Promise of ESSEX County (FPE) Provides EMERGENCY SHELTER, MEALS AND COMPASSIONATE SUPPORT TO FAMILIES EXPERIENCING THE CRISIS OF HOMELESSNESS. FPE PROVIDES SHORT-TERM, FAMILY FRIENDLY, EMERGENCY SHELTER AND HOUSING-FOCUSED CASE MANAGEMENT SEXPERIENCING THE CRISIS OF HOMELESSNESS. FPE PROVIDES SHORT-TERM, FAMILY FRIENDLY, EMERGENCY SHELTER AND HOUSING-FOCUSED CASE MANAGEMENT SERVICES IN SCATTERED SITE APARTMENTS, SINGLE FAMILY HOMES OR EXTENDED STAY HOTEL ROOMS. VOLUMPEERS FROM THE COMMUNITY PROVIDE FOOD, GROCERIES, AND GROCERY GIFT CARDS FOR SHELTER PARTICIPANTS. FPE CASE MANAGERS WORK WITH EACH FAMILY IN THE PROGRAM TO SET AND ACHIEVE GOALS FOR SUSTAINABLE HOUSING AND ECONOMIC STABILITY. IN 2022, FPE PROVIDED SHELTER FOR 19 FAMILIES WITH 49 INDIVIDUALS, 26 WERE CHILDREN (UNDER AGE 18). 4b (come)(Expenses 344,850. medicing parts of \$ 208,301.) (Recents \$ 9 PREVENTION ASSISTANCE TO KEEP FAMILIES FROM BECOMING HOMELESS. SERVICES FOR THIS PROGRAM INCLIDE CASE MANAGEMENT, AND FINANCIAL ASSISTANCE AS AVAILABLE AND APPROPRIATE, INCLUDING RENTAL AND UTILITY ARREARAGES, FIRST MONTH'S RENT AND SECURITY DEPOSITS. IN 2022, FPE PREVENTED 106 HOUSEHOLDS WITH 272 INDIVIDUALS FROM BECOMING HOMELESS, 139 WERE CHILDREN (UNDER AGE 18). 4c (code:)(Supplement & 367,497. medicing grants of \$ 171,551.) (Recents \$ 15,000.) HOUSING AND STABILIZATION: HOUSING STABILITY IS THE OVERALL GOAL FOR ALL FAMILY PROMISE OF ESSEX COUNTY (FPE) PROGRAMS. EVERY FAMILY THAT COMES TO FPE IS ASSISTANCE AS EASISTANCE TO HELP THE FAMILY EXIT HOMELESSNESS AND MOVE INTO PERMANENT HOUSING AS QUICKLY AS POSSIBLE. FPE PROVIDES ASSISTANCE IN THE FORM OF SECURITY DEPOSITS AND SHORT TO MEDIUM TERM RENTAL ASSISTANCE AS AVAILABLE AND APPROPRIATE. FPE ALSO PARTNERS WITH HOUSING DEVELOPERS TO PROVIDE AFFORDABLE HOUSING OPPORTUNITIES FOR FAMILIES EXITING HOMELESSNESS. IN 2022, 20 FORMERLY HOMELESSNESS AND MOVE INTO PERMANERMENT SERVICES FOR AT LEAST ONE YEAR. FPE PROVIDES STABILIZATION SERVICES AND YOUT | | |
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| | | |
| | <u>4e</u> | |

Part IV | Checklist of Required Schedules

| | | | Yes | No |
|-----|--|------------|-----|------------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | 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 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ <u> </u> | | |
| • | 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? <i>If</i> "Yes," <i>complete</i> | - | | |
| 0 | , , | 8 | | X |
| • | Schedule D, Part III | - ° | | 1 |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | x |
| | If "Yes," complete Schedule D, Part IV | 9 | | <u> </u> |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | . |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | l |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | х |
| 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 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 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 | – " | | |
| 13 | | 18 | | x |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II | ⊢ ° | | ^ ` |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 40 | | x |
| 00- | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | ^ |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | \vdash |
| 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 | | X |

| 22 X 23 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 21 Prices, "complete Schedule I, Parts I and III I a | Form | 990 (2022) FAMILY PROMISE OF ESSEX COUNTY, INC. 22-2841 | 105 | Р | age 4 |
|--|------|--|-----------------|-----|----------------|
| 22 X 23 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Part I and III and former officers, directors, tructees, key employees, and highest compensation of the organization's current and former officers, directors, tructees, key employees, and highest compensated employees? If "Yes," complete Schedule Is Schedule Is Part III and Is an access to Part III and Is a second to the organization answer y proceeds of tax exempt bond issue with an outstanding principal amount of more than \$10,000 as of the isat day of the year, that was sessued after December 31, 2002? If "Yes," answer lines 24th brough 24d and complete Schedule Is II "No." on the 25s Schedule II "No." on the 25s Did the organization manual manual an accrow account other than a refunding scrow at any time during the year to defease any tax exempt bonds? did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization access the person of the year of the person in a prior year, and that the transaction with a disqualified person during the year? If "Yes," complete Schedule Is Part I b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was the person of year of the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction and your of the organization engage in any current or former officer, director, trustee, key employee, creater or founder, substantial contributors and your organization provide a grant or other assistance to any current or former officer, director, trustee, key employe | Par | rt IV Checklist of Required Schedules (continued) | | | |
| Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts and III 22 IX I Did the organization naver "ves' to Part IVI. Section A, line 3.4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule IV Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year. Instit was issued after December 31, 2002? If "Yes," answer lines 26b through 2dd and complete Schedule IV IVI. (No.) go to line 25a. 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25c Section 901(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person until the year? If "Yes," complete Schedule I, Part I 25c Section 901(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior forms 900 or 990 E2? If "Yes," complete Schedule I, Part II 26 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 35% controlled entity of ramily member of any of these persons? If "Yes," complete Schedule I, Part II 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? If "Yes," complete Schedule I, Part II 28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part III 29 Did the | | | _ | Yes | No |
| 23 Did the organization answer "Yes" to Part VII, Section A, Line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? #"yes," complete Schedule / 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? #"Yes," answer lines 24d through 24d and complete Schedule K. If "No," to take 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds. 24b Did the organization and tas an "on behalf of" issuer for bonds outstanding at any time during the year? defease any tax-exempt bonds? 25c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? #"Yes," complete Schedule L. Part I. 25d Is the organization export any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of ramin with exposure that the transaction provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of ramin yember of any of these persons? #"Yes," complete Schedule L. Part II 25d Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? #"Yes," complete Schedule L. Part II 26d Laminy member of any individual described in line 28d Y Yes, "complete Schedule L. Part II 27d Did the organization receive more than 255,000 in non-cash contributions? #"Yes," complete Schedule N, Part I 28d Vas the organization receive more than 255,000 in non-cash contributions? #" | 22 | | | | |
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| 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 | 07 | , , , | 20 | | <u> </u> |
| entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. 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): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b 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. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I. 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 35a Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b Was the organization have a controlled entity within the meaning of section 512(b)(13)? 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, Iine 2 36 Section 501(c)(3) organizations. Did the organization mak | 21 | | | | |
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| Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes N | 30 | | 20 | x | 1 |
| Check if Schedule O contains a response or note to any line in this Part V Yes | Par | rt V Statements Regarding Other IRS Filings and Tax Compliance | ₁ 30 | | |
| Yes N | | Check if Calcadida O contains a vacanance or note to any line in this Doub V | | | |
| | | Should a solladio a contains a response of field to any line in this fact v | | | No |
| ia Littor the humber reported in box 5 of Form 1050. Litter 55 if not applicable | 10 | Enter the number reported in box 3 of Form 1096. Enter .0. if not applicable | | 163 | 140 |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | - | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | Enter the Hamber of Forms W Za moladed of line fat. Enter of in Not applicable | | | |

232004 12-13-22

(gambling) winnings to prize winners?

Form 990 (2022) FAMILY PROMISE OF ESSEX COUNTY, INC.

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

| | | | | | Yes | No | | | |
|---------|--|---------|------------------------|-----------|-----|----|--|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 9 | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? . | | 2b | Х | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | За | | X | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | Ο. | | 3b | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | author | ity over, a | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | accou | nt)? | 4a | | X | | | |
| b | If "Yes," enter the name of the foreign country | | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | ccour | ts (FBAR). | | | Х | | | |
| 5a | 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | | | | | | |
| | b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | | | | | | |
| | c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | e orga | anization solicit | | | 37 | | | |
| | any contributions that were not tax deductible as charitable contributions? | | | <u>6a</u> | | X | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributi | | | 6h | | | | | |
| 7 | were not tax deductible? Organizations that may receive deductible contributions under section 170(c). | | | 6b | | | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices i | provided to the payor? | 7a | | Х | | | |
| | ISING III IN THE CONTRACT OF T | | novided to the payor: | 7b | | | | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | " | | | | | |
| Ŭ | to file Form 8282? | 20 109 | unou | 7c | | Х | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | ontrac | t? | 7e | | Х | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control | | | 7f | | Х | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | 99 as required? | 7g | | | | | |
| h | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | l by th | е | | | | | | |
| | 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 | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | 1 | | | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | 4 | | | | | |
| 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: | ı | I | | | | | | |
| | Gross income from members or shareholders | 11a | | 4 | | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | l | | | | | | | |
| | amounts due or received from them.) | 11b | | - | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1 | [| 12a | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified popprofit health insurance issuers | 12b | 1 | 1 | | | | | |
| 13 a | Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | | | | |
| а | Note: See the instructions for additional information the organization must report on Schedule O. | | | 134 | | | | | |
| h | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | |
| - | organization is licensed to issue qualified health plans | 13b | | | | | | | |
| С | Enter the amount of reserves on hand | 13c | | | | | | | |
| | | | • | 14a | | Х | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu | | | 14b | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune | | | | | | | | |
| | excess parachute payment(s) during the year? | | | 15 | | Х | | | |
| | If "Yes," see the 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 incoi | ne? | 16 | | X | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac | tivitie | 3 | | | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | 17 | | | | | |
| | If "Yes," complete Form 6069. | | | | | | | | |

Page 6 FAMILY PROMISE OF ESSEX COUNTY, INC. 22-2841105 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI

| Sec | tion A. Governing Body and Management | | | |
|-----|---|-----------|---------|---------|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a1 | <u>0</u> | | |
| | 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. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 1 | 0 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | Х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | 1.0 | | |
| | persons other than the governing body? | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | 7.5 | | |
| | The governing body? | 90 | Х | |
| a | | 8a 8b | X | |
| b | Each committee with authority to act on behalf of the governing body? | 80 | Λ | _ |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | х |
| 800 | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | Λ |
| 366 | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | V | |
| 40- | Did the every institute have level about one by supplies on efficience. | 40- | Yes | No X |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | |
| р | 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 | v | |
| _ | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | 37 | |
| 12a | , | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | on Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| b | Other officers or key employees of the organization | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | _X_ |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NJ | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3 | B)s only) | availat | ole |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website X Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a | nd finan | cial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| | THE ORGANIZATION - 973-746-1400 | | | |
| | | | | |

46 PARK STREET, MONTCLAIR, NJ 07042

Form **990** (2022)

232006 12-13-22

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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 | | orga | niza | | | nper | sate | ed any current officer, d | irector, or trustee. | - |
|--|---------------------|---|-----------------------|--------------|--------------|------------------------------|----------|---------------------------|----------------------------------|-----------------------|
| (A) | (B) | (C) | | (D) | (E) | (F) | | | | |
| Name and title | Average | Position (do not check more than one | | Reportable | Reportable | Estimated | | | | |
| | hours per | box, unless person is both an officer and a director/trustee) | | compensation | compensation | amount of | | | | |
| | week | - | T an | | 10010 | T | 100) | from | from related | other |
| | (list any hours for | lirecto | | | | | | the organization | organizations (W-2/1099-MISC/ | compensation from the |
| | related | e or c | stee | | | sated | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | ruste | l trus | | yee | mpen | | 1099-NEC) | 1000 NEO) | and related |
| | below | Individual trustee or director | Institutional trustee | h | Key employee | Highest compensated employee | e. | , | | organizations |
| | line) | Indiv | Instit | Officer | Key e | Highe | Former | | | |
| (1) DOROTHEA AERY | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | | | | X | | | | 89,132. | 0. | 4,524. |
| (2) CHRIS MURPHY | 4.00 | | | | | | | | | |
| PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. |
| (3) GIGI LOH | 2.00 | | | | | | | | | |
| SECOND VICE PRESIDENT | | Х | | Х | | _ | | 0. | 0. | 0. |
| (4) ROBERT SHANNON CONAWAY | 3.00 | 1 | | | | | | | _ | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (5) JOHN GOSSELINK | 2.00 | 1 | | | | | | | _ | |
| TRUSTEE | | Х | | Ш | | | | 0. | 0. | 0. |
| (6) DALE RUSSAKOFF | 3.00 | 1 | | | | | | | _ | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (7) KATHY HAY- STINE | 2.00 | | | | | | | | _ | _ |
| PRESIDENT EMERITUS | | Х | | <u> </u> | | _ | | 0. | 0. | 0. |
| (8) JANE ZOIDIS-QUINN | 2.00 | | | | | | | | _ | _ |
| TRUSTEE | | Х | | Ш | | | | 0. | 0. | 0. |
| (9) ABIGAIL CARLTON | 2.00 | | | | | | | | | |
| TRUSTEE | | Х | | <u> </u> | | _ | | 0. | 0. | 0. |
| (10) LAMONT SWITTENBERG | 2.00 | | | | | | | | | |
| TRUSTEE | 0.00 | Х | | <u> </u> | | ├ | | 0. | 0. | 0. |
| (11) DAVIANNE HARRIS | 2.00 | ., | | | | | | | | |
| TRUSTEE | | Х | | <u> </u> | | _ | | 0. | 0. | 0. |
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| Part VII Sect | ion A. Officers, Directors, Trus | tees, Key Emp | oloy | ees, | and | iH t | ghes | t C | ompensated Employee | s (continued) | | | | |
|----------------------|---|-------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|-------|------------------------------|-------------------|-------|---------|----------------------|-------|
| | (A) | (B) | | | • | C) | | | (D) | (E) | | | (F) | |
| | Name and title | Average | (do | | Pos | | າ than ເ | one | Reportable | Reportable | | E: | stimate | ed |
| | | hours per | box | , unle | ss pe | rson i | is both | n an | compensation | compensation | on | ar | nount | of |
| | | week | | cer ar | ia a a | Irecto | or/trus | tee) | from | from related | | | other | |
| | | (list any | recto | | | | | | the | organization | | l | npensa | |
| | | hours for related | or di | _ e | | | ated | | organization | (W-2/1099-MIS | | l . | rom the | |
| | | organizations | ustee | trust | | e e | Suedi | | (W-2/1099-MISC/ 1099-NEC) | 1099-NEC) | | ı ` | janizati d relati | |
| | | below | ual tr | tional | | ploye | t con | _ | 1099-NEC) | | | l | u reiati anizatio | |
| | | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | orme | | | | loig | ailizati | JI 13 |
| - | | , | | - | 0 | Ž | 王屯 | Œ | | | | | | |
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| | | | | | | | | | | | | | | |
| 1h Subtotal | | | | | | <u> </u> | <u> </u> | | 89,132. | | 0. | | 4,5 | 24. |
| c Total from | continuation sheets to Part VI | l. Section A | | | | | | • | 0. | | 0. | | | 0. |
| | lines 1b and 1c) | | | | | | | | 89,132. | | 0. | 4,524. | | |
| | per of individuals (including but n | | | | | | | | | 000 of reportable | | I | | |
| | ion from the organization | | | | | | , | | , | | _ | | | 0 |
| | | | | | | | | | | | | | Yes | No |
| 3 Did the org | anization list any former officer, | director, trust | ee, k | кеу е | empl | loye | e, or | hig | hest compensated emp | loyee on | | | | |
| line 1a? <i>If</i> " | 'Yes," complete Schedule J for s | uch individual | | | | | | | | | | 3 | | X |
| | lividual listed on line 1a, is the su | | | | | | | | | | | | | Х |
| | l organizations greater than \$150 rson listed on line 1a receive or a | | | | | | | | | | | 4 | | |
| , , | o the organization? If "Yes." com | • | | | | , | | | · · | dual for services | | 5 | | Х |
| | pendent Contractors | piete Scrieduis | . J 1 | OI SL | ICIT I | oers | OH | | | | | | | |
| 1 Complete t | his table for your five highest co | mpensated inc | lepe | nder | nt co | ontra | acto | rs th | nat received more than \$ | 3100,000 of comp | oensa | tion fr | om | |
| the organiz | ation. Report compensation for t | the calendar ye | ear e | endir | ng w | ith c | or wi | thin | the organization's tax y | ear. | | | | |
| | (A) | | | | | | | | (B) | | _ | | C) | |
| | Name and business | address | N | ONE | 3 | | | | Description of s | ervices | | ompe | nsatio | า |
| | | | | | | | | | | | | | | |
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| | per of independent contractors (in of compensation from the organiz | | ot lir | nited | d to | thos (| | ted | above) who received mo | ore than | | | | |

FAMILY PROMISE OF ESSEX COUNTY, INC. 22-2841105 Page 9 Form 990 (2022) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d 583,705. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 735,225. similar amounts not included above ... 1f 19,224 g Noncash contributions included in lines 1a-1f 1,318,930. h Total. Add lines 1a-1f **Business Code** 15,000. 15,000. 2 a CASE MANAGEMENT REVENU 624100 Program Service f All other program service revenue 15,000. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 69. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses c Gain or (loss) _______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue

1,333,999.

e Total. Add lines 11a-11d

12 Total revenue. See instructions

15,000.

| Secti | ion 501(c)(3) and 501(c)(4) organizations must comp | | | nplete column (A). | |
|-------|--|-----------------------|---|-------------------------------------|---------------------------------------|
| | Check if Schedule O contains a respons | 7.5. | | (C) | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | 601,220. | 601,220. | | |
| 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 | 93,656. | 46,828. | 23,414. | 23,414. |
| 6 | Compensation not included above to disqualified | - | | | - |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 317,145. | 271,273. | 597. | 45,275. |
| 8 | Pension plan accruals and contributions (include | , , , , , | , , , , , | | . , |
| _ | section 401(k) and 403(b) employer contributions) | 8,058. | 6.927. | | 1,131. |
| 9 | Other employee benefits | 17,663. | 6,927. 14,324. | 581. | 2,758. |
| 10 | Payroll taxes | 36,974. | 28,744. | 2,082. | 1,131. 2,758. 6,148. |
| 11 | Fees for services (nonemployees): | | = - , | _,,,,_, | 7,==00 |
| | | | | | |
| b | | | | | |
| | Accounting | 48,560. | 37,750. | 2,735. | 8,075. |
| | | 10/3001 | 3777300 | 277331 | 0,0,50 |
| e | | | | | |
| f | Investment management fees | | | | |
| | | | | | |
| g | , | 2,175. | 1,691. | 122. | 362. |
| 40 | column (A), amount, list line 11g expenses on Sch 0.) | 2,175 | 1,051. | 122• | 302. |
| 12 | Advertising and promotion | 47,940. | 36,836. | 3,116. | 7,988. |
| 13 | Office expenses | 47,540. | 30,030. | 3,110. | 1,500. |
| 14 | Information technology | | | | |
| 15 | Royalties | 44,253. | 32,393. | 4,425. | 7,435. |
| 16 | Occupancy | 44,233. | 34,393. | 4,423. | 7,433. |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 5,707. | 1 000 | 547. | 272. |
| 19 | Conferences, conventions, and meetings | 5,101• | 4,888. | 34/• | 414. |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 739. | 542. | 73. | 124. |
| 22 | Depreciation, depletion, and amortization | 14,256. | 11,083. | 803. | 2,370. |
| 23 | Insurance | 14,230. | 11,003. | 803. | 4,3/0. |
| 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 0.) | | | | |
| а | FUNDRAISING COSTS | 42,275. | | | 42,275. |
| b | TELECOMMUNICATIONS | 18,285. | 13,165. | 1,177. | 3,943. |
| С | DUES AND SUBSCRIPTIONS | 4,500. | 3,499. | 253. | 748. |
| d | MISC EXPENSES | 918. | | 918. | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,304,324. | 1,111,163. | 40,843. | 152,318. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

| Par | τχ | Balance Sheet | | | | | |
|-----------------------------|-----|---|------------|---------------------|---------------------------------|---------|---------------------------|
| | | Check if Schedule O contains a response or no | ote to an | line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 310,997. | 1 | 319,710 | | |
| | 2 | Savings and temporary cash investments | | 369,723. | 2 | 313,525 | |
| | 3 | Pledges and grants receivable, net | | 186,758. | 3 | 248,859 | |
| | 4 | Accounts receivable, net | | | 4 | | |
| | 5 | Loans and other receivables from any current of | | | | | |
| | | trustee, key employee, creator or founder, sub- | stantial c | ntributor, or 35% | | | |
| | | controlled entity or family member of any of the | ese perso | ns | | 5 | |
| | 6 | Loans and other receivables from other disqua | | | | | |
| | | under section 4958(f)(1)), and persons describe | ed in sec | on 4958(c)(3)(B) | | 6 | |
| 13 | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| ₹ | 9 | Prepaid expenses and deferred charges | | | 5,690. | 9 | 2,573 |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | | 89,514. | | | |
| | b | Less: accumulated depreciation | | 86,731. | 3,522. | 10c | 2,783 |
| | 11 | Investments - publicly traded securities | | | 11 | | |
| | 12 | Investments - other securities. See Part IV, line | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, line | | 13 | | | |
| | 14 | Intangible assets | 0.500 | 14 | 10 554 | | |
| | 15 | Other assets. See Part IV, line 11 | | | 2,500. | 15 | 10,754 |
| _ | 16 | Total assets. Add lines 1 through 15 (must eq | | | 879,190. | 16 | 898,204 |
| | 17 | Accounts payable and accrued expenses | | 40,276. | 17 | 34,410 | |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | | 19 | | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| Se | 22 | Loans and other payables to any current or for | | | | | |
| | | trustee, key employee, creator or founder, sub- | | | | | |
| Liabilities | 00 | controlled entity or family member of any of the | | . " | 149,900. | 22 | 149,900 |
| _ | 23 | Secured mortgages and notes payable to unre | | | 149,900. | 23 | 143,300 |
| | 24 | Unsecured notes and loans payable to unrelate | | Г | | 24 | |
| | 25 | Other liabilities (including federal income tax, p | | | | | |
| | | parties, and other liabilities not included on line of Schedule D | - | · · | 0 | 25 | 8,254 |
| | 26 | of Schedule D Total liabilities. Add lines 17 through 25 | | | 190,176. | 26 | 192,564 |
| 1 | 20 | Organizations that follow FASB ASC 958, ch | | | 100,1100 | 20 | 172,504 |
| Se | | and complete lines 27, 28, 32, and 33. | icok ner | | | | |
| ١٩ | 27 | Net assets without donor restrictions | | | 647,034. | 27 | 592,710 |
| 3 | 28 | Net assets with donor restrictions | | | 41,980. | 28 | 112,930 |
| <u> </u> | | Organizations that do not follow FASB ASC | | | , | | , |
| ᆵ | | and complete lines 29 through 33. | , | | | | |
| ة | 29 | Capital stock or trust principal, or current fund | | | 29 | | |
| ers | 30 | Paid-in or capital surplus, or land, building, or e | | | | 30 | |
| ASS | 31 | Retained earnings, endowment, accumulated i | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | 689,014. | 32 | 705,640 |
| Z | 33 | Total liabilities and net assets/fund balances | | | 879,190. | 33 | 898,204 |

| Form | 1 990 (2022) FAMILY PROMISE OF ESSEX COUNTY, INC. | 22- | -284110 | 5 | Pag | _{je} 12 |
|------|--|---------|---------|---------|------|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | X |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,3 | 33 | , 99 | 99. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,3 | 04 | , 32 | 24. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 29 | ,67 | 75. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 6 | 89 | ,01 | L4. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | - | 13 | ,04 | 19. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | |
| | column (B)) | 10 | 7 | 05 | ,64 | 10. |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | <u></u> | | X |
| | | | | ` | 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 | Ο. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 | 2a | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2 | 2b | Х | |
| | 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: | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2 | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | edule C |). | | | |
| 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? **b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

| | | | | OF ESSEX CO | | INC. | | 22-2841105 | |
|------|-------|---|---------------------------------------|--|------------------|------------------------------|------------------------------|--------------------------------|--|
| Pa | ırt I | Reason for Public (| Charity Status. | (All organizations must o | omplete th | nis part.) S | ee instructions. | | |
| The | organ | ization is not a private found | ation because it is: (I | For lines 1 through 12, c | heck only | one box.) | | | |
| 1 | | A church, convention of ch | urches, or associatio | on of churches described | in sectio | n 170(b)(1 | I)(A)(i). | | |
| 2 | | A school described in sect | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Forn | n 990).) | | | | |
| 3 | | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | |
| 4 | | A medical research organiz | ation operated in cor | njunction with a hospital | described | in sectio | n 170(b)(1)(A)(iii). Er | nter the hospital's name, | |
| | | city, and state: | | | | | | | |
| 5 | | An organization operated for | or the benefit of a col | llege or university owned | l or operat | ed by a go | vernmental unit desc | cribed in | |
| | | section 170(b)(1)(A)(iv). (0 | Complete Part II.) | | | | | | |
| 6 | | A federal, state, or local government | vernment or governm | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| 7 | X | An organization that norma | lly receives a substa | ntial part of its support fr | om a gove | ernmental | unit or from the gene | eral public described in | |
| | | section 170(b)(1)(A)(vi). (C | | | | | | | |
| 8 | | A community trust describe | ed in section 170(b)(| (1)(A)(vi). (Complete Par | t II.) | | | | |
| 9 | | An agricultural research org | ganization described | in section 170(b)(1)(A)(| ix) operate | ed in conju | inction with a land-gr | ant college | |
| | | or university or a non-land-g | grant college of agric | ulture (see instructions). | Enter the | name, city | , and state of the coll | lege or | |
| | | university: | | | | | | | |
| 10 | | An organization that norma | Illy receives (1) more | than 33 1/3% of its supp | ort from c | ontribution | ns, membership fees, | and gross receipts from | |
| | | activities related to its exen | npt functions, subjec | t to certain exceptions; | and (2) no | more than | 33 1/3% of its suppo | ort from gross investment | |
| | | income and unrelated busin | ness taxable income | (less section 511 tax) fro | m busines | ses acqui | red by the organization | on after June 30, 1975. | |
| | | See section 509(a)(2). (Co | mplete Part III.) | | | | | | |
| 11 | Щ | An organization organized a | and operated exclusi | ively to test for public sa | fety. See | section 50 | 09(a)(4). | | |
| 12 | | An organization organized a | and operated exclusi | ively for the benefit of, to | perform t | he functio | ns of, or to carry out | the purposes of one or | |
| | | more publicly supported or | ganizations describe | ed in section 509(a)(1) o | r section | 509(a)(2). | See section 509(a)(3 | 3). Check the box on | |
| | | lines 12a through 12d that | describes the type of | f supporting organization | n and com | plete lines | 12e, 12f, and 12g. | | |
| а | ı | | · · · · · · · · · · · · · · · · · · · | · | • | - | | | |
| | | the supported organization | | | majority o | of the direc | tors or trustees of the | e supporting | |
| | | organization. You must o | - | | | | | | |
| b |) [_ | Type II. A supporting org | | | | | | | |
| | | control or management o | | | ame perso | ns that co | ntrol or manage the s | supported | |
| | | organization(s). You mus | | | | | | | |
| C | ; | ☐ Type III functionally inte | | | | | | rated with, | |
| | . — | its supported organization | | • | | | | :+:(-) | |
| C | | ☐ Type III non-functionally | | | | | | • | |
| | | that is not functionally int | • | • , | • | | • | entiveness | |
| | | requirement (see instruct | | | | | | . III | |
| е | , | Check this box if the orga functionally integrated, or | | | | | Type I, Type II, Type | III | |
| | Ente | functionally integrated, or er the number of supported of | | | | | | | |
| | | vide the following information | • | ed organization(s) | | | | | |
| | | i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga | nization listed ng document? | (v) Amount of moneta | ary (vi) Amount of other | |
| | | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see instruction | ns) support (see instructions) | |
| | | | | above (see instructions)) | | | | | |
| | | | | | | | | | |
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| Tota | al | | | | | | | | |

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

| Calendar year (or fiscal year beginning in) Gilts, grants, contributions, and membership flees received, (bo not include any "unusual grants.") 766,924. 687,522. 890,460. 1050950. 1318930. 4714786. | Sec | tion A. Public Support | 71 | 1 | , | | | |
|--|-------|---|----------------------|--------------------|---------------------------------------|-------------------|---------------------|-----------|
| I Gilfs, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 766,924. 687,522. 890,460. 1050950. 1318930. 4714786. Tax revenues levied for the organization of benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 8 Public support. Selvectime 8 to 9 line 4 Section B. Total Support Calendar year (or fissal year beginning in) 766,924. 687,522. 890,460. 1050950. 1318930. 4714786. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalies, and income from similar sources 9 Net income from unrelated business activities, etc. (see instructions) 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Gross receives from related activities, etc. (see instructions) 12 Gross receives from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization of first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage from 2021 Schedule A, Part II, line 14 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 Public support percentage from 2021 Schedule A, Part II, line 14 16 Schippin Percentage from 2021 Schedule A, Part II, line 14 17 First 6 years. If the forganization organization organiza | Caler | dar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| membership fees received. (Do not include any "unusual grants.") 766,924. 687,522. 890,460. 1050950. 1318930. 4714786. | | , | , , | ` , | ` , | , , | ` , | ,, |
| Total column (r) Total Support Total Sup | | , • , | | | | | | |
| tration's benefit and either paid to or expended on its behalf 3. The value of services or facilities furnished by a governmental unit to the organization without charge 4. Total. Add lines 1 through 3. | | | 766,924. | 687,522. | 890,460. | 1050950. | 1318930. | 4714786. |
| or expended on its behalf 3. The value of services or facilities furnished by a governmental unit to the organization without charge 4. Total. Add lines 1 through 3. 5. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6. Public support. Subtract lines 5 from line 4. 8. Public support. Subtract lines 5 from line 4. 8. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from unclated business activities, whether or not the business is regularly carried on 10. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11. Total support. Add lines 7 through 10. 12. Gross receipts from related activities, etc. (see instructions) 13. First 5 years. If the Form 950 is for the organization's first, second, third, fourth, or fifth lax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14. Public support percentage for 2022 (line 6, column (f), divided by line 11, column (fi) 15. 33.1/3% support test - 2022. If the organization did not check the box on line 13, and line 15 is 33.1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts and circumstances test - 2022. If the organization of check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts and circumstances test. The organization did not check a box on line 13, 16a, or 17a, and line 15 is 10% or more, one of the organization meets the facts and circumstances test. The organization of circumstances test be abox on line 13, 16a, or 17a, and line 15 is 10% or more, and if the organization meets the facts and circumstances test. The organization did not che | 2 | Tax revenues levied for the organ- | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Solvaet line 3 Ston line 4. 6 Public support Solvaet line 3 Ston line 4. 6 Cross income from line 1 6 Cross income from interest, dividends, payments received on securities loans, rents, royaltes, and income from winitlar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 0 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years! If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(S) organization, check this box and stop here. 5 Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 15 First 5 years! If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(S) organization, check this box and stop here. The organization qualifies as a publicly supported organization 15 a 31 /3% support test - 2022. If the organization did not check the box on line 13, nad line 15 is 33 1/3% or more, check this box and stop here. The organization during flates as a publicly supported organization and if the organization meets the facts-and-circumstances test - 2022. If the organization qualifies as a publicly supported organization less the facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 10b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization did not | | ization's benefit and either paid to | | | | | | |
| tunished by a governmental unit to the organization without charge 4 Total, Add lines 1 through 3 | | or expended on its behalf | | | | | | |
| Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 1 that exceeds 2% of the amount shown on line 11, column (f) 237, 223. 6 Public support. Subvactive 5 from tine 4 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 S Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources and include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 C Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage from 2021 Schedule A, Part II, line 14 S 13 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% - facts-and-circumstances test. The organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, theek this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, theek this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, theek this box and stop here. Explain in Part VI how the | 3 | The value of services or facilities | | | | | | |
| 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 5 Deblic support. Service the from line 4 5 Gesction B. Total Support 6 Public support for fiscal year beginning in) 7 Amounts from line 4 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 10 Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines? through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage from 2021 Schedule A, Part II, line 14 16 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts and-circumstances test 2022. If the organization did not check a box on line 13, 16a, or 17a, and line 14 is 10% or more, and if the organization meets the facts and-circumstances test. The organization of lon to check box on line 13, 16a, or 17a, and line 15 is 10% or more, and if the organization meets the facts and-circumstances test. The organization of lon to check the box and stop here. Explain in Part VI how the organization meets the facts and-circumstances test. The organization od on to check the box on line 13, 16a, or 17a, and line 15 is 10% or more, and if the organization meets the facts and-circumsta | | furnished by a governmental unit to | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 237,223. 6 Public support. Subteed time 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4. 8 Gross income from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 9 Net income from similar sources. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support. Add lines 7 through 10 (a) 2004 (b) 2004 (c) 2005 (c) 2004 (c) 2005 (d) 2005 | | the organization without charge | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 237,223. 6 Public support, Subnactine 5 from line 4. 7 Amounts from line 4 4477563. Section B. Total Support Calledary year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royaltes, and income from similar sources activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support, Add lines 7 through 10 (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) 2020 (e) 2020 (f) 2021 (e) 2022 (f) 2020 (f) 2021 (f) 2022 (f) 2020 (f) 2020 (f) 2021 (f) 2022 (f) 2020 (f) 2021 (f) 2022 (f) 2020 (f) 2020 (f) 2021 (f) 2022 (f) 2020 (f) 2021 (f) 2022 (f) 2020 (f) 2020 (f) 2020 (f) 2021 (f) 2020 | 4 | Total. Add lines 1 through 3 | 766,924. | 687,522. | 890,460. | 1050950. | 1318930. | 4714786. |
| by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 237, 223. 6 Public support. Subtractiles 5 from line 4. Section B. Total Support. Sale layer beginning in) 7 Amounts from line 4 [a) 2018 [b) 2019 [c) 2020 [d) 2021 [e) 2022 [f) Total Add lines 7 from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources are sativities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 assess (Explain in Part VI.) 12 Gross receipts from related activities, etc. (see instructions) 12 52,004. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 4 Public support percentage from 2021 Schedule A, Part II, line 14 15 93.73 % 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, fall, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check a box on line 13, fall, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, fall, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, fall, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, fall, 61b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. Check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. Check this box on line 13, 16a, or 16b, and line 1 | | | | | | | | _ |
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| 15 Public support percentage from 2021 Schedule A, Part II, line 14 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test. The organization did not check a box on line 13, 16a, or 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the | | | | | column (f)) | | 14 | 94.96 % |
| 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the | | | , ,,, | • | .,, | | | |
| stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the | | | | | | | | |
| b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the | | | | | | | | |
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| 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the | | | - | | | | | |
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| meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the | | | | | | | | |
| b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the | | | | | | vacai-ation | | |
| more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the | | | | | | | | |
| | | | _ | | | | | . 5, 6 6. |
| organization mode the lacte and endametarious test. The organization qualified as a publicly supported organization | | | | | | - | | |
| | | - | | | | • • • | | ····· |
| Schedule A (Form 990) 2022 | 18 | Private foundation. If the organization | n did not check a t | oox on line 13 16a | a. 16b. 17a or 17h | check this hox ar | nd see instructions | , |

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

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

| Se | ction A. Public Support | elow, please comp | Diete Fait II.) | | | | |
|------|--|---------------------------|----------------------------|-----------------------|--------------------|--------------------|---------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | (1) | (12) | (5)==== | (-7 | (5) = 5 = 5 | χ, |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 78 | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| ŀ | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| (| Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Amounts from line 6 | (2) = 3 : 3 | (2) 20:0 | (0) = 0 = 0 | (4) = 5 = 1 | (0) = 0 = 0 | (1) |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| k | Unrelated business taxable income (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | + | |
| | Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | <u> </u> |
| 14 | First 5 years. If the Form 990 is for the | · · | | • | • | | . — |
| | check this box and stop here | - O 1 D - | | | | | |
| | ction C. Computation of Publi | | | | | | |
| | Public support percentage for 2022 (I | | • | column (f)) | | 15 | % |
| | Public support percentage from 2021 ction D. Computation of Inves | | | | | 16 | % |
| | • | | | : 10!···-· (f) | | 147 | 0/ |
| | Investment income percentage for 20 | | | | | 17 | % |
| | Investment income percentage from | | | | | 18 | % 7 is not |
| 198 | a 33 1/3% support tests - 2022. If the | | | | | -41 | |
| k | more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the | | - | • | • • | | |
| | line 18 is not more than 33 1/3%, che | ck this box and st | t op here. The orga | anization qualifies a | as a publicly supp | orted organization | |
| 20 | Private foundation. If the organization | n did not check a | box on line 14 19 | a or 10h check th | nis hox and see in | structions | |

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Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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.)

| | | Yes | No |
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| Par | t IV | Supporting Organizations (continued) | | | |
|------|---------|--|-----------|------------|----|
| | | | | Yes | No |
| 11 | Has t | he organization accepted a gift or contribution from any of the following persons? | | | |
| а | A per | rson who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c b | pelow, the governing body of a supported organization? | 11a | | |
| b | A fam | nily member of a person described on line 11a above? | 11b | | |
| С | 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 | | |
| Sect | ion I | B. Type I Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Did th | he governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | | supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | | tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | | tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | | orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| | | he organization operate for the benefit of any supported organization other than the supported | | | |
| | | nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | | rvised, 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 | | | |
| | | istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | | anagement of the supporting organization was vested in the same persons that controlled or managed | | | |
| | | upported organization(s). | 1 | | |
| Sect | ion l | D. All Type III Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Did th | he organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | | nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | | (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | | nization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| | - | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | | nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how | | | |
| | | rganization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| | | ason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | - | icant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | - | ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | | · | 3 | | |
| Sect | ion I | orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Chec | k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | ı | | |
| а | | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see installation) | struction | <u>s).</u> | |
| 2 | Activi | ities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did s | ubstantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the su | upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those | e supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how t | the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that ti | hese activities constituted substantially all of its activities. | 2a | | |
| b | Did th | he activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one o | 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 | Parer | nt of Supported Organizations. Answer lines 3a and 3b below. | | | |
| | | he organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | | ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| b | Did th | he 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,

| Sche | dule A (Form 990) 2022 FAMILY PROMISE OF ESSEX | | | 22-2841105 Page 6 |
|------|--|---------------|----------------------------------|--------------------------------|
| Pai | t V Type III Non-Functionally Integrated 509(a)(3) Supporting | ng Organiz | zations | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyir | ng trust on N | ov. 20, 1970 (<i>explain in</i> | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mus | t complete S | Sections A through E. | _ |
| Sect | on A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | on 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): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | on C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |

Schedule A (Form 990) 2022

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

5

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions).

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

Schedule A (Form 990) 2022

b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors
Attach to Form 990 or Form 990-PE.

INC.

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

FAMILY PROMISE OF ESSEX COUNTY

OMB No. 1545-0047

2022

Schedule B (Form 990) (2022)

Name of the organization

Employer identification number

22-2841105

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022) Page **2**

Name of organization Employer identification number

FAMILY PROMISE OF ESSEX COUNTY, INC.

22-2841105

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | I space is needed. | |
|------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | ANONYMOUS DONOR 46 PARK ST MONTCLAIR, NJ 07042 | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | ORANGE ORPHAN SOCIETY 12 ASHLEY ROAD WEST ORANGE, NJ 07052 | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | COUNTY OF ESSEX - HALL OF RECORDS 465 DR. MLK BLVD NEWARK, NJ 07102 | \$583,705. | Person X Payroll |
| (a) No. | (b) | (c) Total contributions | (d) |
| 4 <u>4</u> | Name, address, and ZIP + 4 JANE Z. AND KEVIN QUINN 1 PARK PLACE SHORT HILLS, NJ 07078 | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | BARCLAYS CHARITIES TRUST 200 PARK AVENUE NEW YORK , NY 10166 | \$31,071. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | KATHY STINE 28 INVERNESS COURT SHORT HILLS, NJ 07078 | \$34,341. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

| FAMILY | PROMISE | OF | ESSEX | COUNTY, | INC. |
|--------|---------|----|-------|---------|------|
|--------|---------|----|-------|---------|------|

22-2841105

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | I space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | PARTNERS FOR HEALTH FOUNDATION 54 PLYMOUTH ST MONCLAIR , NJ 07042 | \$35,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | WILF FAMILY FOUNDATION 820 MORRIS TYKE SHORT HILLS , NJ 07078 | \$30,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization Employer identification number

FAMILY PROMISE OF ESSEX COUNTY, INC.

22-2841105

| Part II | Noncash Property (see instructions). Use duplicate copies of Part | Il if additional space is needed. | |
|------------------------------|---|---|------------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
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| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
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| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
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| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| 223/53 11-15 | | | Schedule B (Form 990) (2022) |

Name of organization **Employer identification number** FAMILY PROMISE OF ESSEX COUNTY, INC. 22-2841105 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Employer identification number

Name of the organization

FAMILY PROMISE OF ESSEX COUNTY, INC. 22-2841105

| Total number at end of year Aggregate value of contributions to (during year) Aggregate value of contributions to (during year) Aggregate value of contributions to (during year) Aggregate value of any time of the organization inform all donors and donor advises in writing that the assets held in donor advised funds are the organization inform all donors and donor advises in writing that the assets held in donor advised funds are the organization inform all donors and donor advises in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advises in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor adviser, or for any other purpose conferring impermissible purposes and not for the benefit of the donor or donor adviser, or for any other purpose conferring impermissible purposes and not for the benefit of the donor or donor adviser, or for any other purpose conferring impermissible purposes and not for the benefit of the donor or donor adviser, or for any other purpose conferring impermissible purposes and not for the benefit of the donor or donor adviser, or for any other purpose conferring impermissible purposes and not for the benefit of the donor or donor adviser. Perservation of land for public use (for example, recreation or education) Preservation of a conferring district or for a conservation of a confident purpose and the purpose of the purpose conferring interest in the last day of the tax year. I retain unber of conservation easements on easements I Total acreage restricted by conservation easements. I Total acreage restricted by conservation easements on a certified historio structure included in (a) I Total acreage restricted by conservation easements on a certified historio structure included in (a) I Number of conservation easements coulded in (a) equipred after July 25,2006, | Par | | | ds or Ac | counts. Complete if the |
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| Protection of natural habitat | • | | ` | n of a histo | orically important land area |
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| 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. A Total number of conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements and a certified historic structure included in (a) Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year year Vear Number of states where property subject to conservation easements is located Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcement of the conservation easements though the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Part III Organization have a written policy regarding the periodic monitoring, and enforcing conservation easements during the year Part III Organization easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) 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. 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 the infancial statements 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: If the organization elected, as permitted under FASB ASC 958, t | | | Treservation | 11 01 4 00111 | nod filotofio difabitate |
| a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) 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 tax year 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements throlds? 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(f)) and section 170(h)(4)(B)(f))? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization substantianing 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 publi | 2 | · · · | ed conservation contribution in the fo | rm of a co | nservation easement on the last |
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| the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$ | • | | | | |
| a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$ | 2 | - · · · · · · · · · · · · · · · · · · · | | ıcıal gaın, p | provide |
| b Assets included in Form 990, Part X \$ | _ | • | | | Φ. |
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232051 09-01-22

2,783. Schedule D (Form 990) 2022

e Other

29,122.

60,392.

b Buildings

d Equipment

Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.)

29,122.

57,609.

| 22 | FAMILY | PROMISE | OF | ESSEX | COUNTY, | INC. | 22-2841105 | Page 3 |
|----|--------|---------|----|-------|---------|------|------------|--------|
|----|--------|---------|----|-------|---------|------|------------|--------|

| Part VII Investments - Other Securities. | ISE OF ESSEX (| | 22-2841105 Page 3 |
|--|------------------------------|-------------------------------------|-----------------------------|
| Complete if the organization answered "Yes" | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost | or end-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost | or end-of-year market value |
| <u>(1)</u> | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) (6) | | | |
| <u>(6)</u> | | | |
| <u>(7)</u> | | | |
| (8) (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line 1 | 11d. See Form 990, Part X, line 15 | <u>.</u> |
| (a) | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lin | e 15.) | | |
| Part X Other Liabilities. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line 1 | 11e or 11f. See Form 990, Part X, I | |
| 1. (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | 0.054 |
| (2) OPERATING LEASE LIABILITY | | | 8,254. |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| | | | |
| (8) | | | |
| (9) | | | 0.054 |
| Total. (Column (b) must equal Form 990. Part X. col. (B) lin | e 25) | | 8,254. |

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

Schedule D (Form 990) 2022

| 3 1,333,999. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. |
|--|
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 7b 4 Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part II, line 12) 1 Total expenses and losses per audited financial statements Complete if the organization answered "Ves" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not no Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not no Form 990, Part IV, line 12a. 2 Donated services and use of facilities 3 1,304,324. 4 Amounts included on Form 990, Part IV, line 25, but not on line 1: 3 Investment expenses not included on Form 990, Part IV, line 7b 4 Dother (Describe in Part XIII) 4 Dother (Describe in Part XIII) 4 Dother (Describe in Part XIII) 5 Total expenses, 2dd lines 3 and 4c. (This must equal Form 1990, Part IV, line 18) 5 Total expenses, 2dd lines 3 and 4c. (This must equal Form 1990, Part IV, line 18) 5 Total expenses, 2dd lines 3 and 4c. (This must equal Form 1990, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines |
| a Net urreatized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year garants d Other (Describe in Part XIII) 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: b Other (Describe in Part XIII) c Add lines 4 and 4b 5 Total revenue. Add lines 3 and 4e., This must equal Form 990, Part I, line 12) 7 Total expenses and losses per audited financial statements Complete if the organization anawered "Yes" on Form 990, Part IV, line 12. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities 2 D 5 Other (Describe in Part XIII) 4 Amounts included on Form 990, Part IX, line 25: a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 25: a Investment expenses not included |
| b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 2 3,300. 3 Subtract line 2e from line 1 3 1,333,999. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 1 Total expenses and losses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities 2 a 3,300. b Prior year adjustments 2 b c Other (Describe in Part XIII) e Add lines 2a through 2d 3 1,304,324. 4 Amounts included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, IS NOT LIABLE FOR FEDERAL AND STATE INCOME TAXES. |
| C Recoveries of prior year grants 2e 2d 2d 3, 300. |
| d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part I, line 12.) 1 Total expenses and losses per audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements With Expenses per Return. Complete of the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part IV, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 21, line 21, line 21, line 21, line 22, line 22, line 24, line 25, line 25, line 25, line 26, line 31, 304, 324. Part XIII Supplemental Information. Provide the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; Also complete this part to provide any additional information. PART XIII Supplemental Information. PART XIII Supplemental Information 50 (1) (3) OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, IS NOT LIABLE FOR FE |
| e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal form 990, Part I, line 12). Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on ine 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Donated services and use of facilities 3 Donated services and use of facilities 4 Add lines 2a through 2d 5 Other (Describe in Part XIII) 6 Add lines 2a through 2d 7 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b 9 Other (Describe in Part XIII) 9 Other (Describe in Part XIII) 1 Donated services and 4b 1 Donated services and 4b 1 Donated services and 4b 1 Donated services and 4c 1 Donated services and 4c 2 Donated services and 4c 2 Donated services and use of facilities 2 Donated services and use of fa |
| 3 1,333,999. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part I, line 12) 7 Total expenses and losses per audited financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 3,300 2e d Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses not included on Form 990, Part IX, line 25; but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part I, line 18) PART X, LINE 2: THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, IS NOT LIABLE FOR FEDERAL AND STATE INCOME TAXES. THE ORGANIZATION FOLLOWS STANDARDS THAT PROVIDE CLARIFICATION ON |
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| State Total revenue Add lines 3 and 4c. (This must equal Form 990 Part I, line 12.) Statements Stat |
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| c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, IS NOT LIABLE FOR FEDERAL AND STATE INCOME TAXES. THE ORGANIZATION FOLLOWS STANDARDS THAT PROVIDE CLARIFICATION ON |
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| ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE |
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| ORGANIZATION'S FINANCIAL STATEMENTS. THE GUIDANCE PRESCRIBES A |
| |
| RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE RECOGNITION AND |
| |
| MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX |
| DEMINN AND ALSO PROMINES OUTDANIES ON DE DESCONTATION STAGETHESE |
| RETURN, AND ALSO PROVIDES GUIDANCE ON DE-RECOGNITION, CLASSIFICATION, |
| |

Schedule D (Form 990) 2022

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Open to Public Attach to Form 990. Inspection

Department of the Treasury Internal Revenue Service

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

| Name of the organization | OMICE OF | ESSEX COUNT | V TNC | | | | Employer identification number $22-2841105$ |
|---|--------------------|------------------------------------|--------------------------|----------------------------------|--|---------------------------------------|---|
| Part I General Information on Grants | | ESSEX COUNT | I, INC. | | | | 22-2841105 |
| 1 Does the organization maintain records | | amount of the grants | or assistance the | grantoso' oligibility | for the grante or cosi | stance, and the colocti | |
| criteria used to award the grants or ass | | - | | | - | | |
| 2 Describe in Part IV the organization's pr | ocedures for monit | toring the use of grant | funds in the United | d States. | | | |
| Part II Grants and Other Assistance to recipient that received more than | | | | | anization answered "Y | es" on Form 990, Part | IV, line 21, for any |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
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| 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization | - | - | | | | | |

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

Schedule I (Form 990) 2022

OMB No. 1545-0047

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|--------------------------|---------------------------------------|---|--|
| | | | | | |
| | | | | | HOUSEHOLD AND PERSONAL GOODS, |
| SHELTER PROGRAM - SHELTER, TRANSPORTATION, MEALS, © OTHER ASSISTANCE | 49 | 202 144 | 10 224 | ENG / | SCHOOL SUPPLIES, GIFT CARDS AND BASKETS, AND HOLIDAY GIFTS |
| X OTHER ASSISTANCE | 49 | 202,144. | 19,224. | r mv | AND BASKETS, AND HOLIDAY GIFTS |
| HOUSING & STABILIZATION PROGRAM - RENTAL/SECURITY | | | | | |
| DEPOSIT/UTILITIES ASSISTANCE AND OTHER ASSISTANCE | 268 | 171,551. | 0. | | |
| SELECTION OF THE STATE OF THE STATE OF THE SELECTION OF T | 200 | 1,1,551. | | | |
| PREVENTION PROGRAM - RENTAL, SECURITY, & UTILITY | | | | | |
| ASSISTANCE | 272 | 208,301. | 0. | | |
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| Part IV Supplemental Information. Provide the information rec | quired in Part I, lin | e 2; Part III, column | (b); and any other ac | dditional information. | |
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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

FAMILY PROMISE OF ESSEX COUNTY, INC.

Employer identification number 22-2841105

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SELF-SUFFICIENCY BY PROVIDING SHELTER, SOCIAL SERVICES, AND HOUSING ASSISTANCE THROUGH A COMMUNITY-BASED APPROACH. FPE ENVISIONS A COMMUNITY IN WHICH EVERY FAMILY HAS A HOME AND THE OPPORTUNITY TO BUILD A BETTER FUTURE. PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OPPORTUNITY TO BUILD A BETTER FUTURE. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: HELP FAMILIES IMPROVE THEIR HOUSEHOLD INCOME, SUPPORT NETWORKS AND OVERALL WELLBEING TO REDUCE THE RISK OF A FAMILY'S RE-ENTRY INTO HOMELESSNESS. IN 2022, FPE LAUNCHED CIRCLES ESSEX, AN EFFECTIVE POVERTY REDUCTION INITIATIVE THAT HELPS FAMILIES IMPROVE ECONOMIC MOBILITY AND REVOLVES AROUND BUILDING INTENTIONAL RELATIONSHIPS ACROSS INCOME LINES. FPE PROVIDED STABILIZATION SERVICES AND YOUTH AND FAMILY PROGRAMS FOR 70 FAMILIES WITH 216 INDIVIDUALS, 129 WERE CHILDREN (UNDER AGE 18). FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY THE PRESIDENT AND TREASURER AND A COPY IS PROVIDED TO THE FULL BOARD PRIOR TO FILING.

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

ALL BOARD MEMBERS SUBMIT A DISCLOSURE FORM ANNUALLY. THE BOARD REVIEWS ANY

POTENTIALLY CONFLICTED TRANSACTIONS PRIOR TO APPROVAL.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

| Schedule O (Form 990) 2022 | Page 2 |
|---|---|
| Name of the organization FAMILY PROMISE OF ESSEX COUNTY, INC. | Employer identification number 22-2841105 |
| | |
| FORM 990, PART VI, SECTION B, LINE 15A: | |
| COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DETERMINED BY | THE BOARD. AN |
| ANNUAL PERFORMANCE REVIEW IS PERFORMED. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCE | IAL STATEMENTS |
| AVAILABLE TO THE PUBLIC UPON REQUEST AND APPROVAL OF THE I | EXECUTIVE COMMITEE |
| OF THE BOARD. | |
| | |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | |
| BAD DEBT EXPENSE | -13,049. |
| FORM 990, PART XII, LINE 2C: | |
| THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. | |
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