

North Port & Non-profits United (NP2) Program Application

Submitted on	7 August 2024, 12:32pm
Receipt number	9
Related form version	1

Agency Name:	Family Promise of South Sarasota County
Tax ID Number:	46-4906213
Agency Website:	www.familypromisessc.org
Agency Street Address:	850 Cockrill Street
Unit/Suite:	850 Cockrill Street
City:	Venice
State:	FL
What county will your program serve?	Sarasota
What city will your program serve:	North Port, Venice, Osprey, Laurel, Nokomis, Englewood (South Sarasota County)

Application Contact Information

Prefix:	Mrs.
First Name:	Jennifer
Last Name:	Fagenbaum
Job Title:	Executive Director
Phone Number:	9414979881
Email Address:	jenniferfagenbaum@familypromisessc.org

Requested Mission Support Item Information

What is your non-profits mission?	FPSSC's Mission is to provide housing support to children and their families in South Sarasota County. Our Vision is to provide comprehensive services to ensure children and their families achieve
-----------------------------------	--

lasting self-sufficiency

Title of Project:	Essential Appliances for Family Shelter, Comfort and Stability.
Amount Requested:	1984.13
Please describe the item needed:	We are seeking funds to purchase two oven ranges and three microwaves for our new family shelter building. The oven ranges will enable families to prepare healthy, home-cooked meals, providing a sense of normalcy and stability during their stay. The microwaves will offer a convenient option for quick meal preparations and reheating, especially for families with young children or busy schedules. These essential appliances will enhance the comfort and well-being of our residents, promoting a supportive and nurturing environment.
In detail, how will this item assist the North Port community?	A large percentage of our clients are in North Port. This will ensure that families have access to proper cooking facilities that way we can promote stability and normalcy and help contribute to the overall strength and resilience of the North Port Community
Please describe the expected impact:	Equipping our family shelter with two oven ranges and three microwaves will enable families to prepare nutritious, home-cooked meals, promoting better health and well-being. These appliances will reduce financial strain by providing cost-effective meal options and foster a sense of normalcy and routine, especially for children.
Please describe what data or statistics will be utilized to measure the impact:	We will measure the impact by tracking several key metrics, including the number of meals prepared using the new appliances and the frequency of their use by residents. Surveys and feedback from families will help assess improvements in their overall well-being, health, and sense of stability. Additionally, we will monitor the progress of families towards achieving greater independence and self-sufficiency during their stay at the shelter.
Is your impact reliant on a partnership with an external agency?	No

Strategic Pillars

Under what Strategic Pillar does your mission support item most align with and why?	Our support item falls under Quality of Life in providing support to local nonprofits so there is an ability to refer clients to proper resources, as well as, supporting housing stability. Over 60% of our clients are North Port residents who we provide rent assistance and move-in assistance to each month to help those North Port residents become and remain stably housed.
	Pillar 2: Quality of Life

Uploads

Articles of Incorporation	FPSSC Amended Restated Bylaws FINAL ADOPTED (3-19-24) (1).docx
IRS 501(c)3 Non-profits Determination Letter	FPSSC 501c3 IRS determination letter (2).PDF
Most Recent IRS 990 Form	2022_990 filed schedule B removed (1).pdf

Example/Image/Link of Support Item

[image \(3\).png](#)

Link

Signature



[Link to signature](#)

NP2 Non-Profit Application Checklist

Review each application submitted by the non-profit agency to ensure completion of application and all required documentation.

Agency Name: Family Promise of South Sarasota County

Tax ID: 46-4906213 Requested Amount: \$1,984.13

Agency Street Address: 850 Cockrill Street

City: Venice State: FL Zip Code: 34285

Documents	Complete	Notes
Application	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Articles of Incorporation	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
501 (c) 3 Non-Profit Determination Letter	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IRS 990 Form (if applicable)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Sunbiz Information	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Cost of Mission Support Item	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	\$1,984.13
Reasonable Purpose	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Link to Requested Item:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Notes		

Reviewed By: C. Valdez Date: 8/16/24

**AMENDED AND RESTATED
BYLAWS OF
FAMILY PROMISE OF SOUTH SARASOTA COUNTY, INC.**

ARTICLE I – NAME AND MISSION

Section 1.1 – Name

As specified in the Articles of Incorporation, the name of the organization will be Family Promise of South Sarasota County, Inc. (the “Corporation”). It is a nonprofit organization incorporated under Chapter 617 of the laws of the State of Florida.

Section 1.2 – Mission

Consistent with the purposes described in the Articles of Incorporation, the mission of the Corporation is to provide housing support to children and their families in South Sarasota County.

ARTICLE II – BOARD OF DIRECTORS

Section 2.1 – Board Role

The board of directors (the “board”) serves as the governing body responsible for setting overall direction and policy, providing oversight, and ensuring the Corporation has adequate resources to fulfill its mission. All corporate powers will be exercised under the authority of the board.

Section 2.2 – Board Size

The board will consist of no less than nine (9) and no more than fifteen (15) directors.

Section 2.3 – Qualifications of Directors

Directors will be unrelated persons who are at least eighteen (18) years of age or older. No director will have a business relationship with or be an immediate family member of any other currently serving director or Corporation staff person. Immediate family member is defined as a spouse, domestic partner, parent, child, or sibling.

Section 2.4 – Terms and Term Limits

Directors will be elected to serve three-year terms and are eligible to stand for re-election up to a limit of two (2) terms or a total of six (6) years. No director will be eligible for election to a term which, if fully served, would result in their having served as a board member beyond this limit. All terms for directors begin on January 1 and terminate on December 31. Board seats will be divided into three groups with staggered years of expiration to ensure that a relatively equal number will be up for election each year.

Section 2.5 – Annual Election of Directors

At the annual meeting of the board, elections will be held to re-elect or replace those directors whose terms are expiring. The Governance Committee will be responsible for nominating prospective board members who represent the diversity of the community and bring skills, knowledge, or experience needed to fulfill the board’s duties and support the Corporation’s mission.

Section 2.6 – Vacancies

The board may vote to fill a seat that is vacant mid-term. Such vacancies will be filled for the remaining portion of the term associated with the designated seat.

Section 2.7 – Resignation

Resignation from the board must be in writing and submitted to the Board Secretary or President. A resignation does not require a board vote of acceptance, and is effective when the notice is delivered unless the notice specifies a later effective date.

Section 2.8 – Removal

A director may be removed at any time, with or without cause, by a two-thirds majority vote of the remaining directors. Directors who fail to attend two (2) board meetings over the prior 12-month period will automatically be placed on the next board agenda for a removal vote. Per state law, any director who is removed will return all Corporation records and property in their possession to the board within seventy-two (72) hours.

Section 2.9 – Compensation

No compensation will be paid to directors for their service.

ARTICLE III – BOARD MEETINGS**Section 3.1 – Regular Meetings**

The board will hold monthly regular meetings. Notice of regular meetings will be distributed to each director at least seven (7) calendar days prior to the meeting.

Section 3.2 – Special Meetings

Special board meetings may be called by the President or at the request of at least one-third of the currently serving directors. Notice of a special meeting will be distributed to each director at least one (1) calendar day prior to the meeting and will state the meeting purpose. Notice of less than two (2) calendar days must be accompanied by a telephone call to each director in addition to the written notice.

Section 3.3 – Annual Meeting

An annual meeting of the board will be held each November for the purpose of elections, setting an annual calendar of regular meetings, and any other re-organization tasks or regular business brought before the meeting. Notice of the annual meeting will be distributed to each director at least seven (7) calendar days prior to the meeting.

Section 3.4 – Notice of Meetings

Notice of all meetings will be given in writing and communicated by electronic means to a destination at which the director has consented to receive these kinds of communications. Absent a compelling reason otherwise, all meeting documents will be made available in the electronic board portal at the time the notice is distributed.

Section 3.5 – Waiver of Notice

Any director may waive notice of a meeting either before, at, or after such meeting by signing a waiver of notice. Attendance by a director at a meeting constitutes a waiver of notice except when, upon arrival, the director states an objection to the transaction of business because the meeting was not properly called.

Section 3.6 – Quorum

Fifty-one percent (51%) of the currently serving directors constitutes a quorum for transaction of business at a duly called meeting. If the departure of one or more directors during a meeting results in the loss of a quorum, no further business may be transacted.

Section 3.7 – Participation in Meetings by Remote Communication

Any or all directors may participate in a board meeting by conference telephone, video conference, or other type of remote communication that allows all participants, including persons not physically present in the same location, to simultaneously hear and communicate with each other. Participation in a meeting in this manner is considered presence at the meeting.

Section 3.8 – Manner of Acting

Unless otherwise required by law, the Articles of Incorporation or these Bylaws, the affirmative vote of a majority of directors at a duly called meeting where a quorum is then present will be an act of the board.

ARTICLE IV – BOARD OFFICERS

Section 4.1 – Officer Positions and Duties

There will be four officers of the board including a President, Vice-President, Treasurer, and Secretary. Officers do not have individual authority except as specifically authorized by the board, but they are responsible for carrying out certain duties.

President

As the “Chief Governing Officer,” the Board President oversees board affairs, ensuring the integrity of the board’s process in governing and supporting the organization. Duties include to:

- Create purposeful agendas and follow them.
- Facilitate meetings of the full board and encourage strategic discussion.
- Engage each director in deliberation and control dominating behavior.
- Call special meetings and executive sessions as necessary.
- Serve as the contact point for all directors on board issues.
- Ensure each director is actively involved, including in committee work.
- Serve as the board’s liaison to and work in partnership with the Executive Director.
- Act as an alternate spokesperson for the Corporation in coordination with the Executive Director.
- Sign agreements approved by the board (contracts, grants, mortgages, etc.).
- Have signing authority on the Corporation’s bank accounts.

Vice-President

The Vice-President should understand the President’s role and be prepared to step in when needed. Duties include to:

- Shadow the President and learn the duties of that position.
- Perform the President’s duties in his or her absence.

Treasurer

The Treasurer has a lead role in keeping the board informed about the Corporation’s finances. Duties include to:

- Serve as chair of the Finance Committee.
- Facilitate the provision of a financial report in the board packet and present highlights at each board meeting to help the full board understand the organization’s financial health.
- Assure that accurate financial records are kept according to applicable law.
- Have signing authority on the Corporation’s bank accounts.

Secretary

The Secretary is responsible for ensuring that corporate records are maintained according to law. Duties include to:

- Authenticate and oversee maintenance of corporate records to ensure their accuracy and safety.
- Ensure notice of meetings is provided when such notice is required.
- Oversee the taking of minutes at all board meetings; review board minutes if taken by staff.
- Assume duties of the President in the absence of the President and Vice-President.

Section 4.2 – Election of Officers, Terms, and Vacancies

Officers will be elected annually by and from the board of directors at the annual meeting. An officer's term is one (1) year which begins on January 1 and terminates on December 31. A director may stand for re-election for up to three (3) total years of service in a specific officer position. No director may hold more than one officer position simultaneously. A vacancy in any office may be filled by the board for the remaining portion of that term.

Section 4.3 – Resignation of Officer

Resignation from an officer position must be in writing and submitted to the President. A resignation does not require a board vote of acceptance, and is effective when the notice is delivered unless the notice specifies a later effective date.

Section 4.4 – Removal of Officer

An officer may be removed at any time, with or without cause, by a two-thirds majority vote of the remaining seated directors.

Section 4.5 – Compensation

No compensation will be paid to directors for their service as officers.

ARTICLE V – BOARD COMMITTEES

Section 5.1 – Creation of Board Committees

The board may establish standing and ad hoc committees focused on its governance and fiduciary duties. These committees are intended to carry out detailed study and tasks at the direction of and subject to the authority of the full board. Ad hoc committees will be utilized for temporary or one-time functions, including for the annual audit and review of Executive Director performance/compensation. Ad hoc committees will be disbanded when their designated tasks are completed.

Section 5.2 – Committee Chairs

Each board committee will be chaired by a current director. Chairs of standing board committees are appointed by the board at the annual meeting, and serve one-year terms that begin on January 1 and terminate on December 31. Board committee chair duties include to:

- Set an annual meeting schedule for the committee.
- Lead the committee in laying out an annual work plan to fulfill the roles assigned to it.
- Create committee meeting agendas.
- Facilitate committee meetings.
- Engage each committee member in the committee's work.
- Ensure that written meeting minutes are kept and provided to committee members, the board Secretary, and the Executive Director by established deadlines.
- Present committee recommendations for action to the full board.
- Lead the committee in a review of its obligations and performance at least annually.

Section 5.3 – Committee Members

Each board committee will have a minimum of three (3) members. Each director is expected to serve on at least one committee. In addition, interested community volunteers may be appointed to serve on board committees, but the majority of persons on each committee must be directors. Committee member appointments will be made annually by the Governance Committee.

Section 5.4 – Standing Committees and Roles

Standing board committees and their areas of responsibility are as follows:

Governance Committee

- Lead the board in assessing needs related to its composition and identify gaps around which to focus recruitment.
- Conduct continuous board cultivation/recruitment activities and coordinate the nomination process.
- Coordinate new board member onboarding.
- Coordinate an annual board self-assessment process.
- Arrange for regular in-service board training & development activities based on results of the annual assessment.
- Annually review and evaluate the performance of all current directors and make recommendations regarding retention or renomination.
- Provide leadership in board member succession planning, taking steps to recruit and prepare directors for future leadership.
- Recommend a slate of officers and committee chairs to the board annually.
- Appoint board committee members.
- Coordinate review of governing documents & board policies (Articles/Bylaws, conflict of interest, confidentiality, etc.) at least every three years.

Finance Committee

- Work with staff on the annual budget development process; present draft budget to the board for review and adoption.
- Monitor the budget.
- Ensure the accuracy and efficiency of financial management.
- Help the full board understand the organization's financial health (condition, concerns, opportunities) through monthly financial reports and other means.
- Recommend fiscal guidelines/policies to the board.
- Coordinate the board's annual review of financial filings (e.g. Form 990).
- Oversee short and long-term investments.
- Ensure that the corporation's assets are protected.

Development Committee

- Draft and recommend fundraising policies to the board.
- Work with staff to develop an annual fundraising plan for recommendation to the board.
- Work in partnership with fundraising staff in their efforts to raise money.
- Coordinate the annual pledge process with each director.
- Coordinate involvement of each director in fundraising activities, facilitating growth and development of skills needed at different levels of the fundraising process.
- Monitor fundraising efforts to ensure ethical practices are in place, that donors are acknowledged appropriately, and that fundraising efforts are cost-effective.
- Coordinate the board's review of annual state registration for charitable solicitation.

Public Policy & Advocacy Committee

- Review and recommend policy positions in line with the organization's mission to the board.
- Increase staff and director understanding of the benefits of public policy engagement and advocacy, and what the organization is permitted to do in this area.
- Ensure the board regularly discusses the implications of public policies and public funding to the mission and the constituency served.
- Partner with staff to identify gaps in the advocacy network, and work with the Governance Committee to recruit new directors to fill those gaps.
- Encourage and support board and staff engagement in advocacy by sharing news and information, learning opportunities, and convenings with community officials.
- Help to identify and engage partners to advocate for the mission, including relevant coalitions.

ARTICLE VI – EXECUTIVE DIRECTOR AND STAFF

Section 6.1 – Executive Director

The Executive Director functions as the general manager of the Corporation and is hired by the board. The Executive Director is responsible for implementing the overall direction and policies set by the board, and has responsibility for managing the organization's staff and day-to-day operations. The Executive Director will attend all board meetings as an advisor, report on the progress of the organization, answer questions of the directors, and carry out the duties described in the job description. The board can designate other duties as necessary.

Section 6.2 – Compensation

Employees of the Corporation may be paid reasonable compensation for their services and be reimbursed for reasonable expenses incurred in the course of carrying out their duties.

ARTICLE VII – CONFLICTS OF INTEREST

Section 7.1 – Conflict of Interest Policy

The board will adopt a written policy regarding conflicts of interest. This policy will include annual review, disclosure, and signature by each director, the Executive Director, and any community members on board committees. The policy will lay out procedures to be followed in avoiding and managing conflicts.

ARTICLE VIII – CONFIDENTIALITY

Section 8.1 – Confidentiality Policy

Directors and committee members will use confidential information solely for the purpose of performing their duties to the organization. The board will adopt a written policy regarding confidentiality. This policy will include annual review and signature by each director, the Executive Director, and any community members on board committees.

ARTICLE IX – INDEMNIFICATION

Section 9.1 – Indemnification

The Corporation will indemnify current and former directors and officers to the full extent permitted by and subject to the limitations stated in Section 617.0830 of the Florida Statutes. Advance payments to

cover expenses incurred under this section will not be made prior to a final determination in a proceeding, unless the advances are paid from insurance policies held by the Corporation.

Section 9.2 – Insurance Coverage

The Corporation will maintain Director’s & Officer’s insurance providing such levels of coverage as determined and approved by the board.

ARTICLE X – AMENDMENTS

Section 10.1 – Bylaws Review

The board will conduct a review of these Bylaws at least every three (3) years, and will consider necessary amendments based on the advice of the Governance Committee from time to time. Amendments to these Bylaws will be consistent with the Articles of Incorporation, and in compliance with the laws of the State of Florida, Section 501(c)(3) of the Internal Revenue Code and all other applicable laws.

Section 10.2 – Amendment Procedure

These Bylaws may be amended by the affirmative vote of a two-thirds majority of currently serving directors at a duly called meeting for which a quorum has been established and is present. Written content of the proposed amendments must be distributed to directors at least seven (7) days in advance.

CERTIFICATION

These Bylaws were approved at a meeting of the board of directors on March 19, 2024. Any previously adopted Bylaws are amended and restated and will no longer be in effect.

Board Secretary

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **SEP 22 2014**

FAMILY PROMISE OF SOUTH SARASOTA
COUNTY INC
C/O JAMES L CRANDALL
4419 SINTINA CT
VENICE, FL 34293-7086

Employer Identification Number:
46-4906213
DLN:
17053136366014
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
February 7, 2014
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,



Director, Exempt Organizations

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

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

2022

Open to Public
Inspection

A For the 2022 calendar year, or tax year beginning , 2022, and ending , 20																																
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization <u>FAMILY PROMISE OF SOUTH SARASOTA COUNTY, INC</u></td> <td>D Employer identification number <u>46-4906213</u></td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="3">E Telephone number <u>(941) 497-9881</u></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2"><u>850 COCKRILL ST</u></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <u>VENICE, FL 34285</u></td> <td>G Gross receipts \$ <u>1,966,288.</u></td> </tr> <tr> <td colspan="3"> F Name and address of principal officer: <u>MATTHEW BRITTON, 850 COCKROLL ST, VENICE, FL 34285</u> </td> </tr> <tr> <td colspan="3"> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. </td> </tr> <tr> <td colspan="3"> I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 </td> </tr> <tr> <td colspan="3"> J Website: <u>www.familypromisessc.org</u> </td> </tr> <tr> <td colspan="3"> K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other </td> </tr> <tr> <td colspan="2">L Year of formation: <u>2014</u></td> <td>M State of legal domicile: <u>FL</u></td> </tr> </table>	C Name of organization <u>FAMILY PROMISE OF SOUTH SARASOTA COUNTY, INC</u>		D Employer identification number <u>46-4906213</u>	Doing business as		E Telephone number <u>(941) 497-9881</u>	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<u>850 COCKRILL ST</u>		City or town, state or province, country, and ZIP or foreign postal code <u>VENICE, FL 34285</u>		G Gross receipts \$ <u>1,966,288.</u>	F Name and address of principal officer: <u>MATTHEW BRITTON, 850 COCKROLL ST, VENICE, FL 34285</u>			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.			I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			J Website: <u>www.familypromisessc.org</u>			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: <u>2014</u>		M State of legal domicile: <u>FL</u>
C Name of organization <u>FAMILY PROMISE OF SOUTH SARASOTA COUNTY, INC</u>		D Employer identification number <u>46-4906213</u>																														
Doing business as		E Telephone number <u>(941) 497-9881</u>																														
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite																															
<u>850 COCKRILL ST</u>																																
City or town, state or province, country, and ZIP or foreign postal code <u>VENICE, FL 34285</u>		G Gross receipts \$ <u>1,966,288.</u>																														
F Name and address of principal officer: <u>MATTHEW BRITTON, 850 COCKROLL ST, VENICE, FL 34285</u>																																
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.																																
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																																
J Website: <u>www.familypromisessc.org</u>																																
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other																																
L Year of formation: <u>2014</u>		M State of legal domicile: <u>FL</u>																														

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE HOUSING SUPPORT TO CHILDREN AND THEIR FAMILIES IN SOUTH SARASOTA COUNTY.</u>
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 14
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 14
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 11
	6	Total number of volunteers (estimate if necessary) 6 1,200
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 8 1,755,475. 1,835,177.
	9	Program service revenue (Part VIII, line 2g) 9 11,700. 103,561.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 541. 648.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 0. 16,210.
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,767,716. 1,955,596.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 14
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 295,246. 384,568.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 16a
b		Total fundraising expenses (Part IX, column (D), line 25) b 131,515.
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 17 341,067. 463,981.
18		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 636,313. 848,549.
19	Revenue less expenses. Subtract line 18 from line 12 19 1,131,403. 1,107,047.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 20 1,901,616. 3,966,835.
	21	Total liabilities (Part X, line 26) 21 218,183. 1,176,355.
	22	Net assets or fund balances. Subtract line 21 from line 20 22 1,683,433. 2,790,480.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	<u>MARGARET PITTALA, TREASURER</u>	<u>09/22/2023</u>			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>KRISTIN SUE ELLISON</u>		<u>10/02/2023</u>		<u>P00669771</u>
	Firm's name	Firm's EIN		Phone no.	
	<u>PEACOCK, ELLISON & FRENCH, CPAS, P.A.</u>	<u>26-4813129</u>		<u>(941) 484-2419</u>	
	Firm's address				
	<u>1314 E. VENICE AVE. STE. C, VENICE, FL 34285</u>				
May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

- 1**
- Briefly describe the organization's mission:

TO PROVIDE HOUSING SUPPORT TO CHILDREN AND THEIR
FAMILIES IN SOUTH SARASOTA COUNTY.

- 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
- ☒
- No

If "Yes," describe these new services on Schedule O.

- 3**
- Did the organization cease conducting, or make significant changes in how it conducts, any program services?
- ☐
- Yes
- ☒
- No

If "Yes," describe these changes on Schedule O.

- 4**
- Describe the organization's 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 program service reported.

4a (Code:) (Expenses \$ 193,072. including grants of \$ 0.) (Revenue \$ 0.)

BRIDGE HOUSING - COMBINES A VOLUNTERR NETWORK OF LOCAL HOST
CONGREGATIONS FOR MEALS AND OVERNIGHT SHELTER ALONG WITH USE
OF THE DAY CENTER FOR A PERMANENT ADDRESS, TRAINING AND CASE
MANAGEMENT SERVICES. KEEPING THE PROMISE IS A 'POST-SHELTER' PROGRAM
OFFERING CONTINUING CASE MANGAGEMENT AND SUPPORT WITH THE PROGRAM
GOAL OF PLACING THEM IN PERMANENT HOUSEING. HELP WITH FINDING EMPLOYMENT
IS ALSO PART OF THIS PROCESS.

4b (Code:) (Expenses \$ 220,746. including grants of \$ 0.) (Revenue \$ 0.)

OPENING DOORS - PROVIDES INITIAL CONTACT WITH HOMELESS FAMILIES WITH
CHILDREN; ACITIVIES INCLUDE EMERGENCY SHELTER, HOMELESS PROVENTION,
DIVERSION, ACUITY OF NEED SCREENING, COOREDINATED ENTRY, MOVE-IN
FUNDING AND RERERRALS FOR OTHER NEEDED SERVICES. THE EMERGENCY SHELTER
UTILIZES PARTNERSHIPS WITH LOCAL HOTELS FOR SHET TERM SHELTER.
HOMELESS PREVENTION, DIVERSION AND MOVE-IN FUNDING PROVIDE FAMILIES
WITH FUNDS AND/OR CASE MANAGEMENT TO ASSIST THEM WITH HOUSING/SHELTER.

4c (Code:) (Expenses \$ 214,332. including grants of \$ 0.) (Revenue \$ 103,561.)

PATHWAYS HOME - PROVIDES AN AFFOREDABLE PLACE TO LIVE WHILE CLIENTS
WORK TOWRAD IMPROVED FINANCIAL SKILLS AND INCOME. FPSSC WILL LEASE
AND OWN PROPERTY FOR WHICH THE CLIENT FAMILY PAYS A SMALL PROGRAM
FEE TO LIVE IN WHILE WORKING WITH CASE MANAGERS TO OVERCOME ROADBLOCKS
TP GREATER INCOME AND PROSPERITY. OUR GOAL IS NOT SIMPLY GETTING
FAMILIES INTO HOUSEING; IT IS KEEPING THEM IN HOUSING.

- 4d**
- Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 628,150.

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	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 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.		
a 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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? 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
e 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	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 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 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

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

		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	11
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	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:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

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

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	14			
b Enter the number of voting members included on line 1a, above, who are independent		14		
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?				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?				X
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?				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?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		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?		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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 FPSSC OFFICE, 850 Cockrill St, Venice, FL 34285 (941) 497-9881

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MATTHEW BRITTON PRESIDENT	5.00 0.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
(2) RACHEL FRANK VICE PRESIDENT	5.00 0.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
(3) MARGARET PITTALA TREASURER	2.00 0.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
(4) SUSAN HYLAND SECRETARY	2.00 0.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>						
(5) DANE DESANTIS TRUSTEE	5.00 0.00	<input checked="" type="checkbox"/>								
(6) JAKE TATE TRUSTEE	2.00 0.00	<input checked="" type="checkbox"/>								
(7) PAULA KNOTT TRUSTEE	2.00 0.00	<input checked="" type="checkbox"/>								
(8) MICHAEL BACON TRUSTEE	2.00 0.00	<input checked="" type="checkbox"/>								
(9) CHERINE CARCATERRA TRUSTEE	2.00 0.00	<input checked="" type="checkbox"/>								
(10) JEREMY MYERS TRUSTEE	2.00 0.00	<input checked="" type="checkbox"/>								
(11) COURTNEY GREEN TRUSTEE	2.00 0.00	<input checked="" type="checkbox"/>								
(12) COLLEEN ROCA TRUSTEE	2.00 0.00	<input checked="" type="checkbox"/>								
(13) JOHN O'DONNELL TRUSTEE	2.00 0.00	<input checked="" type="checkbox"/>								
(14) KELLY OLLIVER TRUSTEE	2.00 0.00	<input checked="" type="checkbox"/>								

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization									
	0									

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

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	24,500.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	500,000.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,310,677.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 15,318.			
	h	Total. Add lines 1a-1f		1,835,177.			
Program Service Revenue	2a	PATHWAYS HOME	Business Code 531390	103,561.	103,561.	0.	0.
	b						
	c						
	d						
	e						
	f	All other program service revenue . .					
	g	Total. Add lines 2a-2f		103,561.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		648.	648.	0.
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real (ii) Personal				
b		Less: rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less: cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)					
8a		Gross income from fundraising events (not including \$ 24,500. of contributions reported on line 1c). See Part IV, line 18		26,902.			
b		Less: direct expenses		10,692.			
c		Net income or (loss) from fundraising events		16,210.		0.	16,210.
9a		Gross income from gaming activities. See Part IV, line 19					
b		Less: direct expenses					
c		Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances					
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		1,955,596.	104,209.	0.	16,210.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	334,901.	233,018.	19,084.	82,799.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	25,071.	19,312.	3,475.	2,284.
10 Payroll taxes	24,596.	17,160.	1,361.	6,075.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	6,050.	6,050.	0.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	3,950.	3,950.	0.	0.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	17,929.	0.	0.	17,929.
12 Advertising and promotion	17,667.	4,462.	119.	13,086.
13 Office expenses	9,536.	8,099.	1,437.	0.
14 Information technology	24,143.	9,741.	12,652.	1,750.
15 Royalties				
16 Occupancy	130,552.	126,198.	4,354.	0.
17 Travel	4,001.	4,001.	0.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	28,027.	0.	28,027.	0.
21 Payments to affiliates	6,750.	0.	6,750.	0.
22 Depreciation, depletion, and amortization	56,057.	56,057.	0.	0.
23 Insurance	32,226.	29,909.	920.	1,397.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a EMERGENCY SHELTER & FUNDS	36,296.	36,296.	0.	0.
b DIVERSION	20,377.	20,377.	0.	0.
c CAPITAL CAMPAIGN	9,017.	0.	9,017.	0.
d REPAIRS & MAINTENANCE	22,084.	21,264.	820.	0.
e All other expenses	39,319.	32,256.	868.	6,195.
25 Total functional expenses. Add lines 1 through 24e	848,549.	628,150.	88,884.	131,515.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	165,253.	1	188,802.
	2 Savings and temporary cash investments	1,373,366.	2	232,558.
	3 Pledges and grants receivable, net	3,636.	3	25,838.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	105,898.	9	26,670.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,600,462.		
	b Less: accumulated depreciation	10b 149,268.		
	11 Investments—publicly traded securities	251,655.	10c	3,451,194.
	12 Investments—other securities. See Part IV, line 11		11	
	13 Investments—program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	1,808.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,901,616.	15	41,773.	
Liabilities	17 Accounts payable and accrued expenses	18,183.	16	3,966,835.
	18 Grants payable		17	23,290.
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities		19	7,200.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21	
	23 Secured mortgages and notes payable to unrelated third parties	200,000.	22	
	24 Unsecured notes and loans payable to unrelated third parties		23	1,100,000.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		24	
	26 Total liabilities. Add lines 17 through 25	218,183.	25	45,865.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	447,668.	26	1,176,355.
	28 Net assets with donor restrictions	1,235,765.	27	2,785,480.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		28	5,000.
	30 Paid-in or capital surplus, or land, building, or equipment fund		29	
	31 Retained earnings, endowment, accumulated income, or other funds		30	
	32 Total net assets or fund balances	1,683,433.	31	
	33 Total liabilities and net assets/fund balances	1,901,616.	32	2,790,480.
		33	3,966,835.	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,955,596.
2	Total expenses (must equal Part IX, column (A), line 25)	2	848,549.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,107,047.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,683,433.
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,790,480.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
3a 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?		<input checked="" type="checkbox"/>
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

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

FAMILY PROMISE OF SOUTH SARASOTA COUNTY, INC

Employer identification number

46-4906213

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

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

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	290,483.	288,221.	749,614.	1,755,475.	1,835,177.	4,918,970.
2 Tax revenues levied for the organization'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	290,483.	288,221.	749,614.	1,755,475.	1,835,177.	4,918,970.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						4,918,970.

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	290,483.	288,221.	749,614.	1,755,475.	1,835,177.	4,918,970.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	149.	177.	103.	541.	648.	1,618.
9 Net income from unrelated 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						4,920,588.
12 Gross receipts from related activities, etc. (see instructions)					12	
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	99.97 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.97 %
16a 33¹/₃% 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 <input checked="" type="checkbox"/>		
b 33¹/₃% 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 organization'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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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

	Yes	No
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.)		

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b** A family member of a person described on line 11a above?
- c** A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2** Activities Test. Answer lines 2a and 2b below.
- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3** Parent of Supported Organizations. Answer lines 3a and 3b below.
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section 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	
Section 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	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	
Section 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	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Current Year

1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9	Distributable amount for 2022 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E—Distribution Allocations (see instructions)(i)
Excess Distributions(ii)
Underdistributions
Pre-2022(iii)
Distributable
Amount for 2022

1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

Part VI

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

Area for supplemental information with horizontal dashed lines.

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

2022

Open to Public
Inspection

Name of the organization

FAMILY PROMISE OF SOUTH SARASOTA COUNTY, INC

Employer identification number

46-4906213

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Preservation of a certified historic structure	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	\$
(ii) Assets included in Form 990, Part X	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment _____ %
- c** Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0.			0.
b Buildings	3,431,795.		142,252.	3,289,543.
c Leasehold improvements	118,473.		4,926.	113,547.
d Equipment	32,973.		746.	32,227.
e Other	17,221.		1,344.	15,877.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,451,194.

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PROGRAM PARTICIPANT DEPOSITS	7,200.
(3) RIGHT OF USE LIABILITY - OPERATING LEASE	38,665.
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	45,865.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	1,976,288.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	10,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	10,692.
e	Add lines 2a through 2d	2e	20,692.
3	Subtract line 2e from line 1	3	1,955,596.
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	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,955,596.

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.

1	Total expenses and losses per audited financial statements	1	869,241.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	10,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	10,692.
e	Add lines 2a through 2d	2e	20,692.
3	Subtract line 2e from line 1	3	848,549.
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	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	848,549.

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.

Pt XI, Line 2d: DIRECT MARKETING EXPENSES

Pt XII, Line 2d: DIRECT MARKETING EXPENSES

Part XIII Supplemental Information *(continued)*

Area for supplemental information with horizontal dashed lines.

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

FAMILY PROMISE OF SOUTH SARASOTA COUNTY, INC

Employer identification number

46-4906213

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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

		(a) Event #1 DREAMWALK (event type)	(b) Event #2 DUCKDERBY (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	35,869.	15,533.		51,402.
	2 Less: Contributions	15,500.	9,000.		24,500.
	3 Gross income (line 1 minus line 2)	20,369.	6,533.		26,902.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	7,716.	2,976.		10,692.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				10,692.
	11 Net income summary. Subtract line 10 from line 3, column (d)				16,210.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- | | | | |
|-----------|--|------------------------------|-----------------------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |

Name _____

Address _____

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$

Description of services provided

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE 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 SOUTH SARASOTA COUNTY, INC

Employer identification number

46-4906213

Pt VI, Line 11b: ALL BOARD MEMBERS RECEIVE A COPY OF THE DRAFT RETURN AND HAVE
AN OPPORTUNITY TO ASK QUESTIONS AND MAKE COMMENTS BEFORE APPROVAL

Pt VI, Line 12c: ORGANIZATION REQUIRES ANNUAL REVIEW OF POLICY AND ANY NECESSARY
DISCLOSURE. ACCEPTANCE AND COMPLIANCE WITH THE POLICY IS RENEWED EACH YEAR WITH
ALL BOARD MEMBERS SIGNATURES.

Pt VI, Line 19: CERTAIN DOCUMENTS MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

Pt XII, Line 2c: THE TREASURER REVIEWS THE FINANCIAL STATEMENTS BEFORE THEY
ARE PRESENTED TO THE BOARD.

Form **8868**

(Rev. January 2022)

Department of the Treasury
Internal Revenue Service**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

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

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 print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	FAMILY PROMISE OF SOUTH SARASOTA COUNTY, INC	46-4906213
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	850 COCKRILL ST	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
VENICE FL 34285		

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

0	1
---	---

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

• The books are in the care of ► FPSSC OFFICETelephone No. ► (941) 497-9881 Fax No. ► _____• If the organization does not have an office or place of business in the United States, check this box ► ☐• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► ☐. If it is for part of the group, check this box ► ☐ and attach a list with the names and TINs of all members the extension is for.1 I request an automatic 6-month extension of time until Nov 15, 20 23, to file the exempt organization return for the organization named above. The extension is for the organization's return for:► ☒ calendar year 20 22 or► ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c 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.	3c	\$	0.

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.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. **BAA**REV 05/17/23 PRO Form **8868** (Rev. 1-2022)

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000001429

Entity Name: FAMILY PROMISE OF SOUTH SARASOTA COUNTY, INC

Current Principal Place of Business:

COCKRILL STREET
VENICE, FL 34285

Current Mailing Address:

850 COCKRILL STREET
VENICE, FL 34285 US

FEI Number: 46-4906213

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FAGENBAUM, JENNIFER
850 COCKRILL STREET
VENICE, FL 34285 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JENNIFER FAGENBAUM

01/31/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TRUSTEE
Name BRITTON, MATTHEW
Address 1005 MYRTLE AVENUE
City-State-Zip: VENICE FL 34285

Title TREASURER
Name PITTALA, MAGGIE
Address 11782 GRANITE WOODS LOOP
City-State-Zip: VENICE FL 34292

Title TRUSTEE
Name ROCA, COLLEEN
Address 1345 PINBROOK WAY
City-State-Zip: VENICE FL 34285

Title EXECUTIVE DIRECTOR
Name FAGENBAUM, JENNIFER
Address 850 COCKRILL STREET
City-State-Zip: VENICE FL 34285

Title TRUSTEE
Name FRONCKOWIAK, JESS
Address 1347 BROOKSIDE DRIVE
City-State-Zip: VENICE FL 34285

Title TRUSTEE
Name ADAMS, PHILLIP
Address 4392 SKYWAY AVE
City-State-Zip: NORTH PORT FL 34288

Title TRUSTEE
Name MYERS, JEREMY
Address 107 WOODINGHAM DR
City-State-Zip: VENICE FL 34292

Title TRUSTEE
Name BACON, MICHAEL
Address 2510 NORTHWAY DR
City-State-Zip: VENICE FL 34292

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JENNIFER FAGENBAUM

EXECUTIVE DIRECTOR

01/31/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE, PRESIDENT
Name FRANK, RACHEL
Address 520 VALENCIA DR
City-State-Zip: VENICE FL 34285

Title TRUSTEE
Name O'DONNELL, JOHN
Address 612 ARMADA ROAD SOUTH
City-State-Zip: VENICE FL 34285

Title TRUSTEE, VP
Name TATE, JAKE
Address 2228 EAST VILLAGE CIRCLE
City-State-Zip: VENICE FL 34293

Title TRUSTEE
Name CARCATERRA, CATHERINE
Address 297 MESTRE PLACE
City-State-Zip: NORTH VENICE FL 34275

Title TRUSTEE, SECRETARY
Name OLLIVER, KELLY
Address 1012 SQUAW VALLEY COURT
City-State-Zip: VENICE FL 34293

Title TRUSTEE
Name DESANTIS, DANE
Address 5570 ROCK DOVE DRIVE
City-State-Zip: SARASOTA FL 34241

Sunbiz (b pages)

N/A 0000 1119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

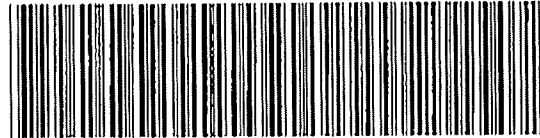
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800426515988

03/28/24 -01016--013 **52.50

3:10 PM 03/28/24 AM 5:43
CLERK OF STATE
TALLAHASSEE, FL

K. HUNT
03/28/24

COVER LETTER

Department of State
Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Family Promise of South Sarasota County, Inc.
CORPORATE NAME

Enclosed are an original and one (1) copy of the restated articles of incorporation and a check for:

☐ \$35.00 ☐ \$43.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$43.75 ☒ \$52.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Jennifer Fagenbaum
Name (Printed or typed)

850 Cockrill St.
Address

Venice, FL 34285
City, State & Zip

941-497-9881
Daytime Telephone number

jf@familypromisessc.org
E-mail address: (to be used for future annual report notification)

RECEIVED
TALLAHASSEE, FL
JUL 23 AM 5:43

NOTE: Please provide the original and one copy of the document.

**AMENDED AND RESTATED
ARTICLES OF INCORPORATION
OF
FAMILY PROMISE OF SOUTH SARASOTA COUNTY, INC**

In compliance with Florida Statutes Chapter 617, Corporations Not For Profit

ARTICLE I – NAME

The name of the Corporation shall be **FAMILY PROMISE OF SOUTH SARASOTA COUNTY, INC.**

ARTICLE II – PRINCIPAL OFFICE

The principal street and mailing address of the Corporation is:

850 Cockrill Street
Venice, Florida 34285

ARTICLE III – PURPOSE

Family Promise of South Sarasota County, Inc. (the "Corporation") is organized exclusively for one or more of the charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code (the "Code") or corresponding section of future federal tax code. The Corporation's purpose includes but is not limited to the development and provision of services or facilities for homeless and low-income persons within the surrounding area.

No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, its directors, officers or other private persons except that the Corporation shall be authorized to pay reasonable and fair market compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth above.

The Corporation shall not participate in or intervene in (including the publishing or distribution of statements), any political campaign on behalf of or in opposition to any candidate for public office.

No substantial part of the activities of the Corporation shall consist of carrying on propaganda or otherwise attempting to influence legislation except as may be permitted by Section 501(h) of the Code.

ARTICLE IV – MANNER OF ELECTION

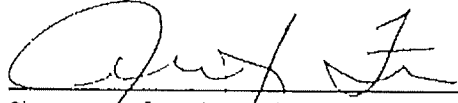
The manner in which directors are elected is as specified in the bylaws.

ARTICLE V – REGISTERED AGENT

Name: Jennifer Fagenbaum
Address: 850 Cockrill Street
Venice, Florida 34285

RECORDED
28 AM 5:43
CLERK OF STATE
TALLAHASSEE, FL
FD

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature of Registered Agent

3-21-2024

Date

ARTICLE VI – DISSOLUTION

Upon dissolution of this Corporation all assets remaining after payment of all debts and expenses of dissolution shall be distributed to a) an organization or organizations which have qualified for exemption under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of future federal tax code, or to b) the federal government, or to a state or local government for a public purpose. Any of such assets not so disposed by the board of directors shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the Corporation is located. Disposal shall be made exclusively for exempt or public purposes, or be made to such organization or organizations as the court shall determine to be organized exclusively for such purposes.

ARTICLE VII – AMENDMENT OF ARTICLES OF INCORPORATION

These Articles of Incorporation may be amended by the affirmative vote of a two-thirds majority of currently serving directors at a duly called meeting for which a quorum has been established and is present. Written content of the proposed amendments must be distributed to directors at least seven (7) days in advance.

ARTICLE VIII – ARTICLE CONSOLIDATION

These adopted restated Articles of Incorporation supersede the original Articles of Incorporation and all amendments to them.

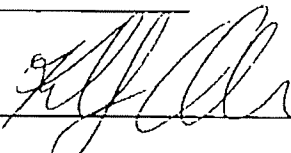
ARTICLE IX – REQUIRED ADOPTION INFORMATION

There are no members required to provide approval of amendments included in this restatement. These restated Articles of Incorporation were adopted by the board of directors.

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

DATED: 3/21/24

SIGNATURE OF OFFICER:



Kelly Oliver

(Typed or printed name of person signing)

Secretary of F.P.S.S.C., Inc

(Title of person signing)

**AMENDED AND RESTATED
ARTICLES OF INCORPORATION
OF
FAMILY PROMISE OF SOUTH SARASOTA COUNTY, INC**

In compliance with Florida Statutes Chapter 617, Corporations Not For Profit

ARTICLE I – NAME

The name of the Corporation shall be **FAMILY PROMISE OF SOUTH SARASOTA COUNTY, INC.**

ARTICLE II – PRINCIPAL OFFICE

The principal street and mailing address of the Corporation is:

850 Cockrill Street
Venice, Florida 34285

ARTICLE III – PURPOSE

Family Promise of South Sarasota County, Inc. (the "Corporation") is organized exclusively for one or more of the charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code (the "Code") or corresponding section of future federal tax code. The Corporation's purpose includes but is not limited to the development and provision of services or facilities for homeless and low-income persons within the surrounding area.

No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, its directors, officers or other private persons except that the Corporation shall be authorized to pay reasonable and fair market compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth above.

The Corporation shall not participate in or intervene in (including the publishing or distribution of statements), any political campaign on behalf of or in opposition to any candidate for public office.

No substantial part of the activities of the Corporation shall consist of carrying on propaganda or otherwise attempting to influence legislation except as may be permitted by Section 501(h) of the Code.

ARTICLE IV – MANNER OF ELECTION

The manner in which directors are elected is as specified in the bylaws.

ARTICLE V – REGISTERED AGENT

Name: Jennifer Fagenbaum
Address: 850 Cockrill Street
Venice, Florida 34285

RECORDED 28 AM 5:43
OFFICE OF STATE
CLERK, FLORIDA

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature of Registered Agent

3-21-2024

Date

ARTICLE VI – DISSOLUTION

Upon dissolution of this Corporation all assets remaining after payment of all debts and expenses of dissolution shall be distributed to a) an organization or organizations which have qualified for exemption under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of future federal tax code, or to b) the federal government, or to a state or local government for a public purpose. Any of such assets not so disposed by the board of directors shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the Corporation is located. Disposal shall be made exclusively for exempt or public purposes, or be made to such organization or organizations as the court shall determine to be organized exclusively for such purposes.

ARTICLE VII – AMENDMENT OF ARTICLES OF INCORPORATION

These Articles of Incorporation may be amended by the affirmative vote of a two-thirds majority of currently serving directors at a duly called meeting for which a quorum has been established and is present. Written content of the proposed amendments must be distributed to directors at least seven (7) days in advance.

ARTICLE VIII – ARTICLE CONSOLIDATION

These adopted restated Articles of Incorporation supersede the original Articles of Incorporation and all amendments to them.

ARTICLE IX – REQUIRED ADOPTION INFORMATION

There are no members required to provide approval of amendments included in this restatement. These restated Articles of Incorporation were adopted by the board of directors.

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

DATED: 3/21/24

SIGNATURE OF OFFICER: 

Kelly Oliver

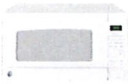
(Typed or printed name of person signing)

Secretary of FPSSC, Inc.

(Title of person signing)

FILED
MAR 28 AM 5:43
CLERK OF STATE
TALLAHASSEE, FL

Pickup at [S. Tampa Lowe's](#) (3)



GE - 2-cu ft 1200-Watt Sensor
Cooking Controls Countertop...

Item #603904
Model #JES20S1EW/W

3

\$265.71 ea

[Details](#)

[Save For Later](#)

Add Services and Protection

☐ Haul Away \$50.00

☐ ☒ Protection Plans

Pickup

☒ Ready by **Tue, Aug 27**
At S. Tampa Lowe's

Delivery to [33611](#)

☐ Get it by **Sat, Aug 24**

Scheduled Delivery ⓘ

Delivery Scheduling in Checkout

\$797.13 X

[How it Works](#)

[Terms & Coverage](#)

Item Subtotal (5) \$1,955.13

Delivery ▼ \$29.00

Estimated Tax Calculated in Checkout

Promo Code ▼

Savings ▼ -\$300.00

Estimated Total **\$1,984.13**

[Start Secure Checkout](#)

Or

[PayPal](#) Checkout

Delivery (2)



GE - 30-in 4 Burners 5-cu ft Self-
Cleaning Freestanding Electric...

Item #1117609
Model #JEB25CDM/V/W

2

\$579.00 ea

[Details](#)

[Save For Later](#)

Pickup

☐ Ready by **Wed, Aug 14 (Est.)**
At S. Tampa Lowe's

Delivery to [33611](#)

☒ Get it by **Thu, Aug 8 (\$29.00)**

Scheduled Delivery ⓘ

Delivery Scheduling in Checkout

\$1,158.00 X

~~Was \$1,224.00~~

Save \$300.00

Ends Aug 7