4. Project Description
Narrative response must include:

- **Sufficient information to understand the scope of the project, the number and type of clients to be served, the services to be provided and the cost of the proposed activities.**
- **How the project will follow an evidence-based program model or creates an innovative approach to reducing housing insecurity.**
- **The project's plan to coordinate with housing providers, workforce development.**

Over the past year, Family Promise of Escambia has been a lifeline to families facing homelessness in Escambia County. In partnership with local organizations, we've provided shelter, resource and/or support to over 300 children and families. Our Faith Housing Network, which involves local congregations providing rotating shelter, and our Hope Houses—repurposed church parsonages—have been instrumental in this work. We are proud of the success we've seen so far, but we are also committed to expanding our reach to help even more families. In late January, we will rebrand as Family Promise of the Emerald Coast to reflect our broader service area, which will include Escambia and Santa Rosa Counties. This expansion includes the creation of a new community called Emerald Family Village (EFV), which will offer emergency shelter and long-term affordable housing to families facing homelessness.

We have identified a property located at 6225 Dixie Road, Milton, FL, the former site of ARC Milton, as the ideal location for EFV. This 8-acre site presents a unique opportunity to create a transformative, supportive housing community for families. The property can accommodate both emergency shelter and affordable housing. EFV will combine emergency shelter with ongoing support services to help families achieve long-term stability. We plan to renovate the existing 20+ room metal structure on the property, turning it into private rooms for families. This will allow us to provide temporary housing with dignity. The building will also feature a shared kitchen and dining hall where families can enjoy healthy, hot meals together. On-site staff, including trained Family Promise case managers, will provide 24/7 support to ensure families receive the services they need.

A key part of Family Promises' mission is to provide long-term, affordable housing. In partnership with Clayton Homes, we will purchase Park Model Homes to build a small cottage community. Our plan is to add 4-5 homes in the first year, with a goal of adding 4-5 homes each year for the next five years. Ultimately, we hope to create a community of 20-25 homes. These homes will serve as affordable rental units, giving families the opportunity to live independently while still receiving case management and support services. The cottages will provide a critical bridge between temporary shelter and permanent housing, helping families transition to self-sufficiency while maintaining their stability and dignity.

At Family Promise, we are committed to providing more than just housing. Families will have access to a comprehensive services to help them rebuild their lives and achieve long-term success. Our services will include:

- Intensive Case Management: Each family will be assigned a case manager who will work with them to develop a personalized plan to achieve housing stability and self-sufficiency.

- Career Coaching and Job Placement: Families will receive assistance from partners like CareerSource Escarosa and Express Employment Services to find stable, long-term employment. Additionally, we are developing relationships with local employers, such as Whiting Field, the Amazon Warehouse, and the Milton Airport, to create a pipeline to employment for EFV residents.

- Childcare Support: Through Community Action and Early Learning Coalition, we will help families access affordable childcare, ensuring that parents can pursue employment and education opportunities.

- Financial Coaching and Credit Repair: Families will work with partners; Habitat for Humanity, R. Joiner Financial Health LLC and Loyalty Credit Union to manage finances, rebuild credit, and increase their financial literacy.
- Healthcare: Families will have access to healthcare services through partners such as the Good Samaritan Clinic, Health and Hope Clinic, and St. Joseph's Health Center. We will also provide access to mental health services through Lutheran Services.
- Educational Support: Families will have the opportunity to continue their education through Pensacola State College—Milton, which will help parents gain new skills and improve their employment prospects.
- Job Training: We will offer job training programs, equipping families with the skills necessary to secure stable, well-paying jobs.

This combination of shelter, case management, and support services is designed to ensure that families at Family Promise thrive. Our goal is to reduce housing instability and break the cycle of homelessness by equipping families with the skills, resources, and support they need to achieve long-term success.

One unique feature of EFV will be the revival of the blueberry farm on the property. Once a popular part of the Milton community, the site hosted seasonal blueberry festivals and berry-picking events. We plan to restore the farm, which will not only provide agricultural life skills to families but also foster connections with the broader community. Families at EFV will gain valuable skills that can be applied in future employment opportunities. Reviving the farm will also allow us to re-engage with the local community, giving families at EFV the chance to participate in local events and reconnect with neighbors. This initiative will strengthen the ties between the families we serve and the surrounding community, creating an atmosphere of mutual support, trust and opportunity.

With the opening of EFV, we estimate that we will be able to serve 210 families in the first year through our emergency shelter and the 4-5 initial rental cottages. As we continue to expand, we anticipate being able to house and support 400 children and their families across Escambia and Santa Rosa Counties by the end of the five-year plan. This growth will ensure that we can provide both emergency shelter and long-term affordable housing to a larger number of families facing homelessness.

Family Promise's model has proven highly effective. In 2024, of the 57 families we partnered with in Escambia County, all remain housed as we enter 2025. Our affiliates in Baldwin and Mobile Counties have non-recidivism rates that are significantly higher than the national average, and we are confident that we will continue this trend by providing more families with the greater resources, as they stay stable and achieve long-term success.

The total investment required to purchase the Dixie Road property, complete renovations, and build the initial homes is estimated at $1.12 million to $1.4 million. In addition, the annual operational costs to cover staffing, case management, administration, operations, property management and programming will be approximately $370,000. We are committed to ensuring that all staff members are paid living wages, in line with Family Promise's national standards. Our plan is to seek funding through grants, donor contributions, and public partnerships to ensure the long-term sustainability of EFV.

The development of Emerald Family Village represents an exciting step forward in our mission to end homelessness on the Emerald Coast. By combining emergency shelter, long-term affordable housing, and comprehensive support services, EFV will provide a comprehensive solution to the affordable housing crisis and homelessness. Our goal is to not only help families find a safe place to live but also equip them with the tools they need to thrive and build a better future. We welcome Escambia County's partnership as we work to make this proposal become a reality. Together, we can create a future where every family has the opportunity to build a stable, fulfilling life.

5. Quality of Service Questionnaire

Describe how the project aligns with Escambia HOME Consortium HOME-ARP Allocation Plan (Appendix 1).

1. **Explain how your agency is actively participating in the Homeless Continuum of Care (CoC) and existing HMISand Coordinated Entry systems in the Consortium service area, and how this project will integrate with those systems.**

   Our organization currently has personnel who are fully trained in the Homeless Management Information System (HMIS) and actively engage with the system as part of our operations. We use HMIS as a key tool in our family intake process, allowing us to track and assess the full spectrum of services that families have previously received in the community. This enables us to ensure that we are not duplicating services and can provide a more coordinated, holistic approach to care. Throughout the duration of this funding, we will continue to utilize HMIS to capture and report accurate data on the families we serve. This includes maintaining up-to-date records on each family's intake, progress, and outcomes, ensuring that all data is inputted into the system consistently and in compliance with reporting requirements.By leveraging HMIS, we can provide comprehensive and accurate reports on the families who enter our care, ensuring that all relevant information is tracked and shared with key stakeholders. This helps us monitor the effectiveness of our services and ensures that we meet the necessary standards for accountability and transparency throughout the funding period.

2. **Describe how the project will provide connections to supportive solutions, include the extent to which this project will connect client to mainstream services (i.e. food stamps, SSI/SSDI, Medicare/ Medicaid, physical health care, mental health care, substance abuse treatment, recovery support groups, public housing, childcare providers, etc.),and community-based supports (i.e. volunteer opportunities, faith-based organizations, civic groups, etc.) to ensure long term stability.**

   One of our core values at Family Promise is the power of partnerships, which is central to our success. We understand that no single organization can solve complex problems in isolation, and that's why we work collaboratively with a broad range of local partners to provide holistic support for every family we serve.

Key Partnerships Include: 1) Social Services Support: We collaborate with retired personnel from both the city and county to connect families to a wide array of social services. This team meets with families on a bi-weekly basis to ensure they are connected to all the social programs they qualify for, empowering them to build a strong foundation for long-term success. 2) Healthcare Access: Ensuring that families have access to essential healthcare is a priority. We work closely with local medical clinics such as St. Joseph's, Good Samaritan Clinic, Community Health, Health and Hope Clinic, Medicaid, and Sunshine Health to ensure that healthcare needs are met. 3) Mental Health Services: We partner with Lutheran Services to provide comprehensive mental health care for our families, addressing the emotional and psychological well-being necessary for overcoming barriers to stability. 4) Recovery Support: We are also committed to supporting families in recovery, partnering with local AA, NA, and Celebrate Recovery programs. These partnerships offer recovery care for the entire family, ensuring that both individuals and their loved ones are supported in their journey to wellness. 5) Housing Solutions: Our model focuses on establishing stable housing for families, but we do not rely on public housing programs, which are overburdened and have limited availability. Instead, we prioritize helping families earn a living wage, which empowers them to afford market-rate housing. We also partner with Habitat for Humanity to help families transition to homeownership, providing them with a pathway to long-term stability. 6) Faith-Based Community Engagement: Our families connect with the local faith community through rotational housing, which provides a temporary, yet supportive, living environment. This partnership also fosters a sense of belonging and spiritual support during their transition. 7) Business and Civic Engagement: We engage local businesses and civic organizations through our mentorship and coaching programs, creating opportunities for families to build connections, improve skills, and expand their professional networks.

As we move into the funding period, we are committed to strengthening these partnerships and continually exploring new opportunities to expand our network of support. Our collaborative approach ensures that families receive comprehensive care and resources, enabling them to build a sustainable future. By leveraging the collective power of our partners, we are able to provide a more holistic and impactful program that addresses the complex needs of our families.

3. **Describe how your agency has worked to remove traditional barriers (i.e. no income, no insurance, no transportation, etc.) to provide services for individuals and families who are members of the qualifying populations.**

   Our programs are designed to remove barriers and provide families with the resources they need to succeed. We utilize all available resources, partnerships, and community connections to ensure that families have access to the support necessary for long-term stability and success. Some key ways we break down barriers for the families we serve include:

- Vehicle Donations and Support: Over the past two months, we have donated five vehicles to families in need, providing a crucial means of transportation. We also cover the cost of first-month insurance, title, and registration fees, ensuring that families can immediately access reliable transportation to work, healthcare, and other essential services.

- Inclusive Family Support: Our program is welcoming to all family structures. We support single-parent households, grandparents raising grandchildren, and extended family situations, including families where parents and children are living with extended family members. Our goal is to ensure that every family, regardless of their makeup, receives the support and care they need to thrive.

- Employment Assistance for Parents: For parents who are currently unemployed, we help them build winning resumes and connect them to employers who are looking for workers. By focusing on job readiness and establishing strong connections to employers in the community, we increase the likelihood of families finding stable and sustainable employment.

Through these efforts, we help families overcome the obstacles they face, whether it’s the lack of transportation, a nontraditional family structure, or barriers to employment. We are committed to using every tool at our disposal to support families in their journey toward self-sufficiency.

4. **Describe how your agency evaluates program success.**

   Primary Measure of Success: Stable, Affordable Housing

   The most important indicator of success for our program is the percentage of families who are able to secure stable, affordable housing by the end of their participation. We consider this the ultimate measure of impact because it signifies that families have not only moved out of temporary shelter but have achieved long-term housing stability. This outcome is far more significant than simply providing short-term relief in the form of shelter or meals, as it represents the foundation upon which families can build a future.

   Secondary Measures: Employment, Job Training, and Family Well-Being

   In addition to housing stability, we look at other key factors that contribute to a family's ability to thrive: 1) Securing stable employment is a critical step toward financial independence. We track the number of families who successfully find work and the quality of that employment. 2) We also assess job training enrollment and participation in educational programs, which empower families to gain new skills, increase earning potential, and build a more sustainable future. 3) We evaluate the overall well-being of the family, including mental and emotional health, family dynamics, and the ability to create a healthy, stable home environment. These factors are integral to long-term success and independence.

Long-Term Goal: Lasting Independence
Ultimately, our goal is to ensure that families can maintain independence after leaving our program. This means they can sustain stable housing, maintain employment, and continue to foster emotional well-being without ongoing assistance. We track the lasting effects of our services by staying in touch with families after they graduate from the program. We ensure they have support they need to remain self-sufficient in the future.

At Family Promise, we are committed to not just meeting immediate needs, but also measuring and supporting lasting change for families. By focusing on both outcomes and emotional growth, we are able to understand the full scope of our impact, ensuring families can move from crisis to stability and thrive in the long term.

5. **Describe how the agency will continue to provide quality services in the community in the case of reduced or loss of funding, and after funding has ended.**
   Over the past year, we have made significant strides in increasing our revenue through extensive community engagement and fundraising efforts. This growth reflects our proactive approach to connecting with local businesses, organizations, and individuals who share our commitment to supporting families in need. Our efforts to raise awareness and build relationships in the community have substantially enhanced our funding base, ensuring that we can continue to meet the needs of the families we serve. In addition to community fundraising, we actively apply for a wide range of grants to further support our program. Grant writing is an ongoing process for our organization, and we consistently seek out new funding opportunities from local, regional, and national sources. This strategy helps diversify our revenue streams and ensures that we have a consistent flow of resources to support our work.In the event that any funding is reduced, lost, or comes to an end, our organization is well-positioned to adapt and continue its operations. We have demonstrated the ability to increase funding through alternative means—such as community fundraising, individual donations, and grants—just as we have done successfully this year. Our commitment to sustainability and resourcefulness means that we will continue to seek out and secure funding to ensure the uninterrupted delivery of services to the families who rely on us.

6. Ability to Complete Activities Outline

The applicant shall provide an outline that documents their ability to complete the funded activities in the allotted timeframe. This outline shall include:

- **Timelines of critical tasks to be accomplished for each proposed activity.**
- **Monthly spending plans, proposed drawn down schedules; Reporting for outcomes achieved.**

[See Attached Documents: 1) Timeline and 2) Money Spending Plan]

7. Budget Narrative

The applicant shall provide a budget narrative to describe the overall project budget and sources of match funds (if any)expected for the period of the grant. The budget narrative ***must*** include the following criteria:

• **Description and justification of the proposed Personnel Costs, including Fringe Benefits.**
The following budget narrative outlines the staffing and operational costs required to launch and sustain onsite operations for our program. These positions are essential for ensuring the smooth functioning of the facility, effective program delivery, and the well-being of the families we serve.

1. **Programs and Operations Director - $62,000**
   This position will be responsible for overseeing the day-to-day operations of the program, ensuring that all activities align with the organization's mission and goals. The Programs and Operations Director will also provide strategic oversight for our sustainability initiatives, ensuring they are integrated into the overall operational framework. The salary of $62,000 is intended to cover this leadership role, which is critical for program execution and overall success.

2. **Family Case Manager - $42,000**
   The Family Case Manager will live on-site and actively engage with families, providing case management services, support, and resources. This role is vital for assisting families in navigating challenges, accessing services, and ensuring their progress. Additionally, the Family Case Manager will supervise a team of volunteers and social work interns, facilitating their training and ensuring effective support delivery. Housing will be provided as part of the compensation package in addition to the $42,000 salary.

3. **Facility Manager (Part-Time) - $30,000**
   The Facility Manager will be responsible for the daily upkeep and maintenance of the facility, ensuring that all essential systems—mechanical, plumbing, electrical, and landscaping—are functioning properly. This role is critical for maintaining a safe and comfortable environment for staff and residents. The projected salary of $30,000 reflects the part-time nature of this position, with a focus on hands-on facility management.

4. **Kitchen and Hospitality Staff - $80,000**
   We are seeking funding for kitchen and hospitality staff to ensure that nutritious, healthy meals are provided to residents multiple times a day. These staff members will also be responsible for maintaining cleanliness and hygiene in the kitchen and common areas of the facility. The budget allocation of $80,000 will support the salaries of the kitchen staff and additional hospitality personnel needed to maintain high standards of food service and cleanliness.

In total, these positions and associated costs represent the core staffing needs required for the successful launch and operation of the program. By funding these key roles, we will be able to create a well-run, supportive environment for families and ensure the long-term sustainability of our services.

• Description and justification of the proposed Other Program Operation Costs.
In addition to staffing costs, a portion of the requested ARPA funds will be allocated to other essential program and operational expenses to ensure the facility and services are fully operational. These funds will support the following key areas:

1. **Food**
   A significant portion of the funds will be used to cover the cost of food to provide nutritious, healthy meals to residents. As our program aims to support families onsite, it is critical to ensure that high-quality, consistent meal service is maintained. While FPEC funding and partner donations will cover the

majority of food expenses, ARPA funds will contribute to this ongoing operational need, helping to supplement any shortfalls.

2. **Maintenance and Building Supplies**
Maintenance and building supplies are essential to the upkeep of the facility, including general repairs, cleaning materials, and other necessary supplies for maintaining a safe and functional environment. This funding will support routine maintenance tasks and the replacement of worn or outdated materials and equipment to ensure that the building remains in good condition.

3. **Family Living Materials**
To ensure that each family has access to the materials they need to live comfortably and securely, funds will be allocated for essential household supplies such as bedding, kitchenware, furniture, and other family living necessities. These materials are integral to creating a stable and supportive living environment for families, ensuring they have everything required to meet basic needs during their time in the program.

4. **Individual Living Quarters Preparation**
Preparing individual living spaces for families is a crucial step in ensuring a smooth transition for program participants. This includes setting up private quarters with appropriate furnishings, utilities, and safety features, ensuring that each family has a dignified and comfortable living space. ARPA funds will help cover the costs of setting up and maintaining these living spaces, ensuring they are well-prepared for families upon their arrival.

While the majority of these costs will be covered by FPEC funding and partner donations, the requested $86,000 in ARPA funds will serve as a critical supplement to ensure all operational needs are met. These funds will help bridge any gaps in resources and support the program's overall effectiveness in delivering services to families.

• Description and justification of the proposed Administrative Costs.
In addition to the program-specific costs outlined above, we also anticipate shared administrative responsibilities between Escambia and Santa Rosa counties. The administration will play a crucial role in supporting the smooth operation of both locations, overseeing essential functions to ensure that the program remains effective and sustainable.

1. **Shared Administrative Responsibilities**
Administration will manage the program's finances, including tracking and reporting expenses, as well as submitting invoices for reimbursement. This will ensure that all funding is properly accounted for and utilized in accordance with program goals and regulations. Additionally, the administration team will provide support to the Programs and Operations Director, Family Case Manager, and Facility Manager to ensure that they have the resources needed to carry out their responsibilities.
The administration will also assist with managing the website, which is a critical tool for the program's operations. The website will facilitate screening, intake, document management, and donor support for both the Escambia and Santa Rosa locations. These functions will be essential for tracking client information, managing resources, and engaging with the community and donors.

2. **Executive Director's Role in Fund Management**
The Executive Director will dedicate a significant portion of their time to managing the ARPA funds, ensuring that these resources are utilized effectively and efficiently throughout the program's duration. In addition to overseeing the use of ARPA funds, the Executive Director will be tasked with seeking additional funding opportunities to ensure the sustainability of the program beyond the ARPA funding period. This will include identifying new grant opportunities, cultivating relationships with potential donors, and exploring partnerships to secure ongoing support. Given the other active programs already

under the Executive Director's oversight, this will require focused effort and dedicated time to successfully manage the ARPA funds and ensure long-term program viability.

The administrative structure is designed to provide essential support across both counties, facilitating efficient operations, financial management, and program continuity. The work of the Executive Director, in particular, will be pivotal in securing the future of the program and ensuring it continues to meet the needs of families in Escambia and Santa Rosa counties.

• Clearly identify the timeframes and methods for obligating grant funds, and how the agency plans to ensure funds are spent before the deadline.

To ensure the effective management and utilization of ARPA funds, we will develop a dedicated and robust team responsible for overseeing the application, invoicing, and expenditure of funds in alignment with the program's deadline. Please see the attached timeline sheet, which outlines key milestones and deadlines for the successful implementation of the program. This timeline will guide our team's efforts to ensure that funds are applied in a timely and efficient manner. We have built in sufficient time for proper documentation, invoicing, and reporting to meet all required deadlines.

• If the applicant plans to provide additional services, other than those eligible under the funding in this application, clearly denote the type of other services or programs and the funding sources.

Our program will continue to provide essential housing and case management services to families in Escambia County, leveraging a strong network of community partnerships and support mechanisms to meet the needs of vulnerable populations.

1. **Housing for Families in Escambia County**
   We will continue to provide housing for families in Escambia County through our established faith network and Hope Houses. These partnerships enable us to offer safe, supportive, and temporary housing to families experiencing homelessness or housing instability. This housing is crucial for providing immediate relief and stability, allowing families to focus on rebuilding their lives.

2. **Case Management for Families**
   In addition to housing, we will offer comprehensive case management services to families for up to one year. Our case managers will work closely with families to develop individualized action plans, connect them with essential resources, and provide ongoing support to ensure long-term success. This wraparound support model has proven to be an effective strategy for helping families overcome barriers to housing stability, employment, and self-sufficiency.

3. **Eviction Prevention Assistance**
   Our program will also continue to receive funding from our national headquarters for eviction prevention assistance. This program is designed to intervene before families are at risk of losing their housing, providing financial support and resources to help them avoid eviction and stay in their homes. This critical service aims to prevent further destabilization and homelessness for families in Escambia County.

4. **Sustainable Funding Strategy**
   To sustain these programs, we will rely on a combination of funding sources, including local fundraisers, donor contributions, and grants. Our organization actively seeks and pursues a diverse range of funding opportunities to ensure the ongoing success and expansion of these services. We are committed to maintaining strong relationships with our community and funding partners. We will continue to explore avenues for financial support to ensure the sustainability of our programs beyond the funding period.

By combining national support with local community engagement, we are confident in our ability to continue offering housing, case management, and eviction prevention services to families in need. Our ongoing efforts to secure funds through various channels will allow us to meet the needs of the families we serve and strengthen the impact of our program.

• Identify sources of any leveraged funds which are currently committed to the organization for this project (attached commitment letters).

While we do not currently have any formal letters of support to submit with this request, we are pleased to highlight the strong and growing donor base that supports our program. Over the past year, our donor network has expanded significantly, providing a solid foundation for the sustainability of our services. This growth reflects the increasing recognition of the value and impact of our programs within the community.

Additionally, we have been actively writing and successfully receiving grants to further fund our work. These awards, both from local foundations and national grant-making organizations, enable us to maintain and expand the services we offer to families in need. Our team is dedicated to continuously identifying and pursuing new grant opportunities to ensure the long-term financial health of the program.

Programming Timeline

Start Date	Proposed Activity	Accomplished Task	End Date
March 2025	Property is Acquired	Money allotment drawn down, building renovations begin for family housing. Site planning is mapped out for individual cottage homes.	June 2025
April 2025	Program Support/Training	Programming personnel are onboarded and training is implemented.	May 2025
July 2025	Program Enrollment/Family Move-In	Families are referred, accessed and enrolled. They are welcomed onsite and dwell at Family Promise (SRC)	August 2025
August 2025	Programming Ongoing	Families receive temporary and long term housing support, case management, coaching, mentoring, career planning, mental health care & social services	March 2026
December 2025	Midyear Program Review	All aspects of Family Housing and Stability Program will be accessed. Adjustments will be made. Families who are not yet ready to graduate, will continue to receive care, coaching and support.	January 2026
March 2026	Family Graduations and Permanent Placements	Families who have been with us for the year and have completed their success plan will be recognized, their support teams will be honored and families will be transitioned to permanent housing,	March 2026
April 2026	End Year Program Review	All aspects of Family Housing and Stability Program will be accessed. Restructuring and program revamp will be initiated. Families who are not yet ready to graduate, will continue to receive care, coaching and support.	Mary 2026
May 2026	Cottage Homes Added	Cottage Homes will be brought/built onsite to provide independent housing support for families	August 2026
June 2026	Program Support/Training	Programming personnel support will be retrained and mobilized for Phase II.	July 2026
July 2026	Program ReLaunch	New families are enrolled, arrive and begin dwelling at Family Promise (SRC). Families from previous enrollment will continue to receive support.	August 2026

Year to Year Actual
Projected Budget TY2025

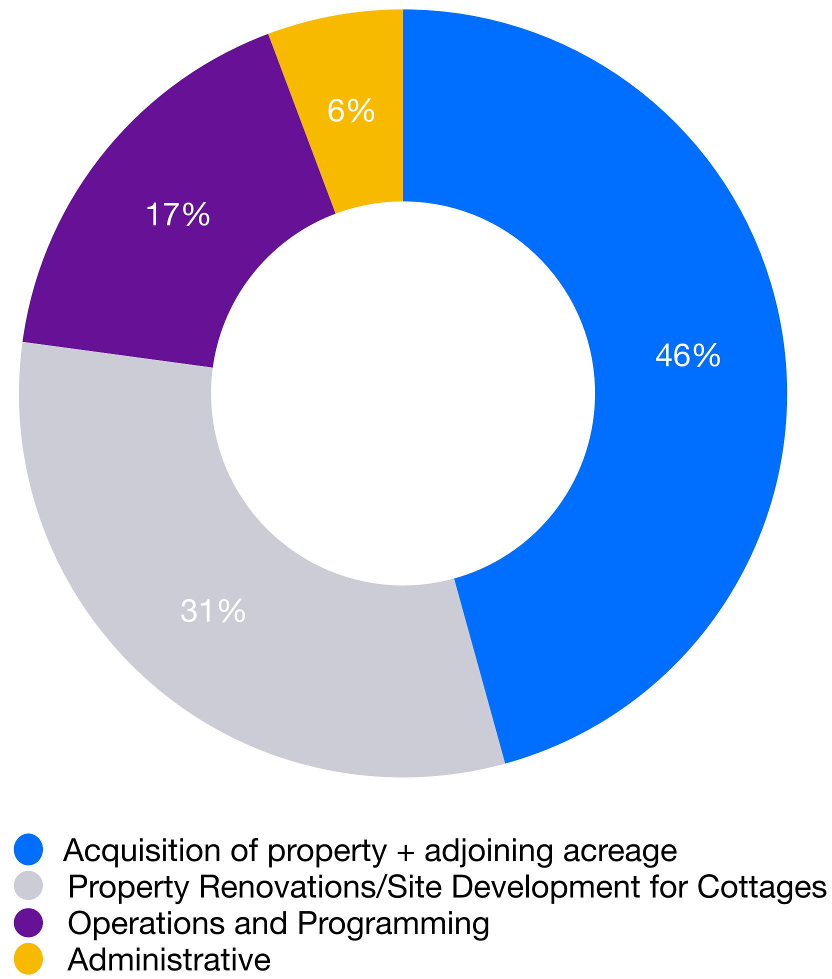
Account Number	Account Name	01/01/2022 - 12/31/2022	01/01/2023 - 12/31/2023	01/01/2024 - 10/31/2024	Projected Budget 2025
Income					
4000	Donations/Contributions				
4001	Donations - Individual Direct	8,928.92	45,410.97	30,443.36	50,000.00
4002	Donations - Individual Indirect	202.00	58.62	1.00	200.00
4003	Donations - Business	0.00	800.00	4,538.00	5,000.00
4004	Donations - Religious Institutions	7,400.00	13,228.22	75,179.69	80,000.00
4005	Donations - Civic Groups (Organizations)	5,550.00	1,000.00	1,000.00	3,000.00
4006	Donations - Foundation/Trust Giving	1,000.00	1,000.00	19,250.00	20,000.00
4007	Donations - Government	0.00	0.00	5,700.00	6,000.00
	Total 4000 - Donations/Contributions	23,080.92	61,497.81	136,112.05	164,200.00
4100	Grants				
4101	Grants - Direct	7,500.00	14,210.89	97,366.02	100,000.00
	Total 4100 - Grants	7,500.00	14,210.89	97,366.02	100,000.00
4700	Fundraising & Events Revenue				
4701	F&E - Ticket Sales	0.00	1,299.70	0.00	30,000.00
	Total 4700 - Fundraising & Events Revenue	0.00	1,299.70	0.00	30,000.00
4900	Other Revenue				
4903	Other - Interest Earned	252.65	569.59	728.19	800.00
4906	Other - Unrealized Holding Gain/Loss on Marketable Securities	0.00	0.00	454.89	300.00
	Total 4900 - Other Revenue	252.65	569.59	1,183.08	1,100.00
	Total Income	**30,833.57**	**77,577.99**	**234,661.15**	**295,300.00**
Expense					
5000	Payroll Wages				
5001	Wages - Management	23,750.00	34,451.50	54,692.27	67,000.00
5002	Wages - Manager Support Staff	0.00	0.00	8,078.00	55,000.00
	Total 5000 - Payroll Wages	23,750.00	34,451.50	62,770.27	122,000.00
5100	Payroll Expenses				
5101	Payroll - Employer Taxes	1,816.88	3,497.62	5,179.95	6,000.00
5102	Payroll - Processing	300.00	900.00	1,011.58	1,100.00
	Total 5100 - Payroll Expenses	2,116.88	4,397.62	6,191.53	7,100.00
6000	Program Specific Expenses				
6001	Program - Guest Expense Fund	0.00	0.00	620.44	1,000.00
6002	Program - Hotel Housing	0.00	0.00	2,090.33	2,000.00
6003	Program - Furniture	0.00	0.00	6,864.21	5,000.00
6004	Program - Supplies	0.00	0.00	6,129.38	10,000.00
6005	Program - Computer Lab	0.00	0.00	1,242.78	1,000.00
6006	Program - Housing Stabilization	0.00	19,829.56	14,368.98	25,000.00
6007	Program - Family Provisions	0.00	0.00	1,290.90	1,300.00
6090	Program - Contractors	0.00	750.00	1,250.00	1,300.00
	Total 6000 - Program Specific Expenses	0.00	20,579.56	33,857.02	46,600.00
7100	Advertising & Marketing Expenses				
7101	A&M - Advertising	0.00	20.00	857.31	1,000.00
7102	A&M - Promotional Materials	0.00	582.07	200.54	200.00
7103	A&M - Website	133.99	277.99	217.19	8,000.00
7104	A&M - Capacity Building	0.00	41.05	973.06	1,000.00
	Total 7100 - Advertising & Marketing Expenses	133.99	921.11	2,248.10	10,200.00
7200	Board Expenses				
7201	Board - Meetings/Training	0.00	0.00	90.98	200.00
	Total 7200 - Board Expenses	0.00	0.00	90.98	200.00
7300	Fee Expenses				
7301	Fees - Bank Fees	0.00	0.00	48.48	50.00
7302	Fees - Credit Card Processing	101.54	333.77	274.91	300.00
7305	Fees - Affiliate Fees	0.00	0.00	1,500.00	1,500.00
7306	Fees - Stock Investor Fees	0.00	0.00	81.99	90.00

	Total 7300 - Fee Expenses	101.54	333.77	1,905.38	1,940.00
7400	Fundraising & Event Expenses				
7401	Fundraising - Food/Drinks	51.25	540.24	225.00	2,000.00
7402	Fundraising - Supplies	4.28	214.48	860.79	3,000.00
7405	Fundraising - Contractors	0.00	100.00	0.00	3,000.00
	Total 7400 - Fundraising & Event Expenses	55.53	854.72	1,085.79	8,000.00
7500	Insurance Expenses				
7501	Insurance - General Liability & D&O	127.50	552.50	686.76	700.00
7502	Insurance - Property	948.23	4,257.76	3,248.73	4,000.00
7504	Insurance - Workers Compensation	315.51	946.44	1,066.00	1,500.00
7505	Insurance - Auto	281.00	843.03	220.16	0.00
	Total 7500 - Insurance Expenses	1,672.24	6,599.73	5,221.65	6,200.00
7600	Office Expenses				
7601	Office - Apps/Software	103.99	107.96	446.00	500.00
7602	Office - Equipment	0.00	0.00	762.17	700.00
7603	Office - Furniture	0.00	0.00	458.99	500.00
7604	Office - Postage	234.60	102.00	150.85	200.00
7606	Office - Supplies	200.15	84.89	637.32	700.00
	Total 7600 - Office Expenses	538.74	294.85	2,455.33	2,600.00
7700	Operating Expenses				
7701	Operating - Dues & Subscriptions	194.77	48.40	818.00	900.00
7702	Operating - Licenses & Registrations	0.00	190.63	138.13	150.00
	Total 7700 - Operating Expenses	194.77	239.03	956.13	1,050.00
7800	Occupancy Expenses				
7801	Occupancy - Rent	0.00	0.00	7,517.24	14,400.00
7802	Occupancy - Telephone/Internet	13.75	0.00	0.00	0.00
7803	Occupancy - Utilities	0.00	0.00	2,862.56	5,000.00
7804	Occupancy - Repairs/Maintenance	0.00	4,824.16	191.02	200.00
7809	Occupancy - Other Rent	0.00	156.60	848.00	1,000.00
	Total 7800 - Occupancy Expenses	13.75	4,980.76	11,418.82	20,600.00
7900	Professional Fees Expenses				
7901	Prof Fees - Accounting	4,786.25	4,281.00	7,500.00	8,000.00
	Total 7900 - Professional Fees Expenses	4,786.25	4,281.00	7,500.00	8,000.00
8000	Training & Education Expenses				
8001	Training - Conferences, Conventions, Meetings	200.00	500.00	0.00	500.00
8002	Training - Staff Development	75.00	0.00	0.00	500.00
	Total 8000 - Training & Education Expenses	275.00	500.00	0.00	1,000.00
8100	Travel Expenses				
8101	Travel - Fuel/Miles Reimbursement	76.42	49.38	0.00	2,000.00
8102	Travel - Lodging	477.83	0.00	0.00	0.00
8103	Travel - Meals	320.00	0.00	0.00	0.00
8104	Travel - Transportation	667.80	0.00	0.00	0.00
	Total 8100 - Travel Expenses	1,542.05	49.38	0.00	2,000.00
8200	Vehicle Expenses				
8201	Vehicle - Fuel	0.00	0.00	54.60	0.00
8202	Vehicle - Maintenance/Repairs	0.00	0.00	256.61	0.00
	Total 8200 - Vehicle Expenses	0.00	0.00	311.21	0.00
8300	Volunteer Expenses				
8204	Volunteer - Background Checks	0.00	0.00	764.75	3,000.00
8301	Volunteer - Appreciation	0.00	0.00	96.10	2,000.00
	Total 8300 - Volunteer Expenses	0.00	0.00	860.85	5,000.00
8900	Depreciation Expenses				
8901	Depreciation - Office Equipment	0.00	0.00	238.75	300.00
8902	Depreciation - Vehicles	58.34	700.08	583.40	0.00
	Total 8900 - Depreciation Expenses	58.34	700.08	822.15	300.00
	Total Expense	**35,239.08**	**79,183.11**	**137,695.21**	**242,790.00**
	Net Income (Loss)	**-4,405.51**	**-1,605.12**	**96,965.94**	**52,510.00**

Monthly Spending Plan/Proposed Drawdown Schedule

Proposed Drawn	
March 2025— Facility Purchase	$800,000
April 2025— Facility Renovation/Site Planning	$275,000
May 2025— Operation and Programming	$75,000
June 2025— Programming/Admin Support	$18,750
July 2025— Programming/Admin Support	$6,250
August 2025— Programming/Admin Support	$6,250
September 2025— Operation and Programming	$75,000
October 2025— Programming/Admin Support	$12,500
November 2025— Programming/Admin Support	$6,250
December 2025— Programming/Admin Support	$6,250
January 2025— Operation and Programming	$75,000
February 2026— Programming/Admin Support	$6,250
March 2026— Programming/Admin Support	$12,500
April 2026—Cottages Purchase	$275,000
May 2026— Operation and Programming	$75,000
June 2026— Programming/Admin Support	$12,500
July 2026— Programming/Admin Support	$6,250
August 2026— Programming/Admin Support	$6,250
Total income	**$1,750,000**

Money Spending Plan Graph



Money Spending Plan	
Acquisition of property + adjoining acreage	$800,000
Property Renovations/Site Development for Cottages	$550,000
Operations and Programming	$300,000
Administrative	$100,000
Total expenses	**$1,750,000**

Revenue vs. Expense	
ARPA Dollars Remaining After Allotment	$0

Family Promise of Escambia County

LEASE AGREEMENT

This LEASE AGREEMENT is made and entered into this 13 day of Feb, 2024, by and between FIRST UNITED METHODIST CHURCH OF PENSACOLA, FLORIDA, INC, a Florida not-for-profit corporation, whose address is 6 East Wright Street, Pensacola, Florida 32501 ("Lessor") and FAMILY PROMISE OF ESCAMBIA COUNTY, INC., a Florida not-for-profit corporation, whose address is 901 East Gadsden Street, Pensacola, Florida 32501 ("Lessee").

WITNESSETH:

FOR AND IN CONSIDERATION OF the mutual covenants and agreements hereinafter set forth, Lessor does hereby lease, demise, and let unto the Lessee, and Lessee does hereby lease from Lessor, the "Leased Premises" (hereinafter defined) upon the following terms and conditions:

I. LEASED PREMISES

1.01 As used herein, the term "Leased Premises" shall mean and refer to that certain parcel of real property and all improvements thereon located at 22 East Belmont Street, Pensacola, Florida, being Escambia County Property Appraiser Parcel ID No. 000S009010024010 (the "Leased Premises"); provided that Lessor reserves the right for persons attending events at First United Methodist Church to park vehicles on the parking lot of the Leased Premises.

II. LEASE TERM

2.01 The term of this Lease (the "Lease Term") shall be for a period of three (3) years commencing on February 1, 2024, and expiring at midnight on January 31, 2027; provided that either party may terminate this Lease upon not less than thirty (30) days' prior written notice to the other party. In addition, the parties agree to re-evaluate this Lease, the "Rent" (hereinafter defined), and the other terms of this Lease every six (6) months in order to determine, in good faith, whether an increase in Rent or any other change in the other terms of this Lease is warranted. Lessee acknowledges that the current Rent is substantially less than fair market rent for the Leased Premises and agrees to increase the Rent payable under this Lease if, as, and when financially feasible.

III. RENT AND SECURITY DEPOSIT

3.01 Commencing on the fifteenth (15th) day of February, 2024and continuing on the same day of each calendar month thereafter for the remainder of the Lease Term, Lessee shall pay to Lessor, without demand, deduction or setoff, monthly rent ("Rent"), in advance, in the amount of One Thousand and 00/100 Dollars ($1,000.00) per month. Each monthly payment of Rent shall be for the calendar month during which such monthly Rent Payment is due (e.g., the Rent payment due on February 15, 2024, is for the month of February 2024).

3.02 No security deposit is required.

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IV. USE AND OPERATION OF LEASED PREMISES

4.01 Lessee shall use and operate the Leased Premises only for the conduct of its non-profit business and for no other purpose except as permitted in writing by Lessor in its sole discretion; provided that Lessee's clients will not be permitted to reside overnight in the Leased Premises without Lessor's prior written consent.

V. CONDITION AND MAINTENANCE OF LEASED PREMISES; ALTERATIONS

5.01 Lessee acknowledges and agrees that Lessee accepts the Leased Premises AS IS, WHERE IS AND WITH ALL FAULTS.

2. During the Lease Term, the Lessor shall provide pest control and lawn maintenance for the Leased Premises at the Lessor's sole cost and expense. Further, commencing on February 1, 2024, Lessor, at its sole cost and expense, shall keep and maintain the heating, air conditioning, and ventilation ("HVAC") system in good working condition. Lessor reserves the right to provide regular maintenance to the HVAC system, and Lessee agrees to give Lessor and its contractors access to the Leased Premises occasionally for such purpose.

5.03 During the Lease Term, except as otherwise provided in Section 5.02, Lessee, at Lessee's sole cost and expense, shall keep and maintain the entire Leased Premises in good, clean, and orderly condition and shall promptly make all necessary replacements to it without limitation plumbing, electrical, and mechanical. Lessee shall not do or suffer any waste, damage, disfigurement, or injury to the Leased Premises or any portion thereof. Upon termination of this Lease for any reason, Lessee shall surrender to Lessor the Leased Premises in good order and repair except for reasonable wear and tear. In the case of a natural disaster, the Lessor takes all responsibility for repairs and replacement of the property. All capital replacements and repairs are the responsibility of the Lessor.

5.04 Lessee shall not cause, suffer, or permit the use, generation, release, manufacture, production, processing, storage, or disposal of any Hazardous Substance on or from the Leased Premises, except as specifically disclosed to and approved by Lessor in writing. As used herein, the term "Hazardous Substances" shall include any and all substances declared to be hazardous or toxic, or otherwise prohibited or regulated, under any law or regulation now or hereafter enacted or promulgated by any governmental authority having jurisdiction with respect to the Leased Premises. Lessee shall indemnify and hold Lessor harmless from and against any and all liability, loss, damage, cost, and expense, including without limitation reasonable attorneys' fees, resulting from any violation of this provision by Lessee. This indemnification provision shall survive the expiration or termination of this Lease.

5.05 Lessee shall make no exterior or interior alterations, changes, or improvements in or to the Leased Property without the prior written approval of Lessor. Without limiting the generality of the foregoing, no interior walls shall be painted, altered, removed, added, or relocated without the prior written consent of Lessor. All such alterations, changes, and improvements approved by Lessor shall be performed by duly licensed, insured, and bonded contractors who must be approved in advance by Lessor. All such alterations, changes, and improvements approved by Lessor shall be made by Lessee at its sole cost and expense and shall be accomplished in a good and workmanlike manner in compliance with all applicable laws, permits, and building regulations. Further, prior to the commencement of any such work, Lessee shall procure and provide to Lessor all permits required for such work. Lessee hereby completely and fully indemnifies Lessor against all statutory construction liens and all other liens or claims which may arise in connection with the making of alterations, changes or improvements to the Leased Property; provided, however, that no person or party providing labor or materials with respect to such alterations, changes or improvements made by Lessee shall be entitled to claim, assert, or record any lien therefor upon the Leased Property. Except as otherwise agreed by Lessor in writing, only the equipment and trade fixtures installed in the Leased Property by Lessee and paid for by Lessee may be removed by Lessee upon the expiration of the Lease; provided, however, that Lessee shall promptly repair all damage caused by the installation and removal thereof and provided further that Lessee shall have fully performed all of the covenants and agreements to be performed by Lessee under the provisions of this Lease. The provisions of this Section shall survive the expiration or earlier termination of this Lease.

VI. UTILITIES AND SERVICES

6.01 During the Lease Term, Lessee shall pay for all electrical, gas, internet, garbage/trash removal and other utilities and services used or consumed upon the Leased Premises, as well as all water and sewer charges related to the Leased Premises and shall also pay all charges made for the installation of new or additional connections or modifications in such services and utilities made during the Lease Term.

VII. TAX ON RENT

7.01 Concurrently with the payment of monthly rent hereunder, and in addition thereto, Lessee shall pay to Lessor all Florida sales tax due and payable with respect to such rent. All such taxes, levies and charges shall, for the purposes of this Lease, be deemed to be additional rent. Notwithstanding the foregoing, Lessee represents to Lessor that Lessee is exempt from such sales tax. Upon Lessor's requests from time to time, shall provide to Lessor a copy of Lessee's current sales tax certificate of exemption issued by the Florida Department of Revenue. No sales tax shall be payable by Lessee with respect to Rent paid during any time period with a valid sales tax certificate of exemption is in effect.

VIII. PROPERTY TAXES

8.01 The Leased Premises currently are exempt from ad valorem property taxes. In the event that this Lease or Lessee's use of the Leased Premises results in the denial of such exemption by the Escambia County Property Appraiser, Lessee shall pay, prior to delinquency, all real property ad valorem taxes and assessments levied or assessed by any lawful authority against the Leased Premises; provided that Lessee shall be entitled to contest the denial of such exemption at its own cost and expense; and provided further that Lessor shall pay that portion of the current year's real property ad valorem taxes, if any, accruing prior to the date of this Lease.

IX. CASUALTY INSURANCE

9.01 Lessor shall pay all premiums for and shall maintain in effect, with a reputable insurance company or companies satisfactory to Lessor, policies of property casualty insurance insuring the Leased Premises in such amounts and against such casualties as Lessor in its sole discretion determines from time to time.

X. LIABILITY INSURANCE AND INDEMNIFICATION

10.01 Lessee shall maintain for the mutual benefit of Lessor and Lessee comprehensive general public liability insurance against loss or liability for property damages and personal injuries suffered by reason of Lessee's use or occupancy of the Leased Premises, including without limitation any damage or injury caused by the act, omission, or negligence of Lessor or Lessee, or by others, or by catastrophe. Such comprehensive public liability insurance shall be in such amounts and shall include such endorsements as Lessor shall require, and Lessor shall be named as an additional insured under such comprehensive public liability insurance policy.

10.02 Lessee shall indemnify and hold harmless the Lessor from and against any and all claims, actions, damages, liabilities, costs, and expenses, including without limitation reasonable attorney's fees, suffered or incurred by Lessor arising from, out of, or in connection with, in whole or in part, any occurrence in, upon, or about the Leased Premises during the Lease Term; the occupancy or use of the Leased Premises or any part thereof by Lessee or Lessee's clients, guests, invitees, agents, contractors, employees, servants, subtenants, licensees or concessionaires; or any act or omission of Lessee or Lessee's clients, guests, invitees, agents, contractors, employees, servants, subtenants, licensees or concessionaires.

XI EMINENT DOMAIN

11.01 In the event that the Leased Premises or any portion thereof shall be taken for public or quasipublic use or condemned under eminent domain, Lessee shall not be entitled to claim or have paid to Lessee any compensation or damages whatsoever for or on account of any loss, injury, damage or taking of any right, interest or estate of Lessee, and Lessee hereby relinquishes and assigns to Lessor any rights to such damages; provided, however, that nothing herein contained shall be construed to prevent Lessee from asserting against the condemnor any separate claim for damages to Lessee occurring by reason of said condemnation, including without limitation loss or damage to leasehold improvements, personal property, business, fixtures, goodwill, cost of removing fixtures or equipment or loss of future profits.

11.02 In the event of any such taking or condemnation referred to in Paragraph 11.01, then if and when there is an actual taking, in whole or in part, of physical possession of the Leased Premises which shall render the Leased Premises unfit for use by Lessee, Lessee may terminate this Lease. In the event there is a partial taking of the Leased Premises, but this Lease is not terminated as herein provided, then this Lease shall continue in full force and effect without abatement or reduction in rent.

XII. SUBORDINATION

12.01 This Lease and the leasehold estate of Lessee in the Leased Premises is and shall be subject and subordinate to any and all mortgages now existing or hereafter placed by Lessor on the Leased Premises or any part thereof. The subordination hereby effected shall be operative immediately and shall be selfexecuting; nevertheless, Lessee shall execute and deliver such further instrument or instruments as may be requested by Lessor from time to time, whether in favor of Lessor, a mortgagee or a third party, in order to evidence more fully the subordination of this Lease and the leasehold estate of Lessee herein provided.

12.02 Lessee agrees that in the event of the foreclosure of any mortgage now existing or hereafter placed on the Leased Premises, Lessee shall attorn to the mortgagee and its successors or assigns or to the purchaser under such foreclosure.

XIII. BANKRUPTCY OR RECEIVERSHIP

13.01 To secure Lessor more effectively against loss of Rent and other payments herein provided to be made by Lessee, it is mutually agreed that the filing by, on behalf of or against Lessee of any petition or pleading to declare Lessee a bankrupt or debtor whether voluntary or involuntary, under any bankruptcy, receivership, reorganization or similar law or act; or the commencement in any court or tribunal of any proceeding, voluntary or involuntary, to declare Lessee insolvent or unable to pay its debts; or the appointment by any court or under any law of a receiver, trustee or other custodian of the property, assets or business of Lessee; or the assignment by Lessee of all or any part of its property or assets for the benefit of creditors; or the levy or attempted levy of execution, attachment or other taking of property, assets or the leasehold interest of Lessee by process of law or otherwise in satisfaction of any judgment, debt or claim, shall, at the option of Lessor, operate as a default under this Lease immediately and without prior notice and without prejudice to Lessor's right to prosecute any other remedy which it may have for a breach of this Lease.

XIV. DEFAULT

14.01 If Lessee shall vacate the Leased Premises or abandon the same; or if Lessee shall default in the payment of Rent or other charges herein reserved or provided or in any installment thereof; or if Lessee shall become bankrupt or insolvent; or if Lessee shall default in any of the other covenants herein contained to be kept, observed or performed by Lessee; then and in any such event Lessor at its option may terminate this Lease and recover from Lessee all unpaid Rent accruing prior to Lessee's surrender of possession of the Leased Premises in accordance with this Lease and Lessee's removal of all of its personal property from the Leased Premises, plus one month's additional Rent, or may, without terminating this Lease, enter and repossess the Leased Premises, remove Lessee's property and signs therefrom, and relet the same for such rent and upon such terms as shall be satisfactory to Lessor without such reentry and repossession working a forfeiture of the rents to be paid and the covenants to be performed by Lessee during the term hereof. For the purpose of such reletting, Lessor shall be entitled to make any repairs, changes, alterations or additions in or to the Leased Premises that may be necessary or convenient, and Lessor shall be entitled to recover from Lessee the cost of such repairs, changes, alterations and additions; the expenses of such reletting; and the difference in value between the rent which would be payable by Lessee hereunder for the remainder of the term of this Lease and the value of the rent to be realized from such reletting.

14.02 No remedy herein or otherwise conferred upon or reserved to Lessor shall be considered exclusive of any other remedy, but the same shall be distinct, separate and cumulative and shall be in addition to every other remedy given hereunder or now or hereafter existing at law or in equity or by statute; and every power and remedy given by this Lease to Lessor may be exercised from time to time as often as occasion may arise or as may be deemed expedient. Further, no delay or omission of Lessor to exercise any right or power arising from any default on the part of Lessee shall impair any such right or power or shall be construed to be a waiver of any such default or an acquiescence therein.

XV. QUIET ENJOYMENT

15.01 Lessor hereby covenants and agrees that if Lessee shall perform all of the covenants and agreements herein stipulated to be performed on Lessee's part, Lessee shall at all times during the continuance of this Lease have the peaceable and quiet enjoyment and possession of the Leased Premises without any manner of hindrance from Lessor or any person or persons lawfully claiming the Leased Premises, save and except in the event of the taking of the Leased Premises or any portion thereof by public or quasipublic authority.

XVI. MISCELLANEOUS

16.01 Lessee shall pay as additional rent all sums of money or charges required to be paid by Lessee under this Lease, whether or not the same be designated "additional rent". If such amounts or charges are not paid at the time provided in this Lease, they shall nevertheless, if not paid when due, be collectible as additional rent with any installment of rent thereafter due hereunder, but nothing herein contained shall be deemed to suspend or delay the payment of any amount of money or charge at the time the same becomes due and payable hereunder or to limit any other remedy of Lessor under the terms of this Lease or under any applicable law for the collection of any or all of such sums.

16.02 Lessee shall not assign this Lease, in whole or in part, or any interest in this Lease, nor sublease all or any portion of the Leased Premises without Lessor's prior written consent.

16.03 The terms, covenants and conditions contained in this Lease shall bind Lessor and Lessee and their respective successors and assigns and shall inure to the benefit of Lessor and Lessee and to their respective assigns.

16.04 This Lease shall be governed and construed in accordance with the laws of the State of Florida.

16.05 This Lease constitutes the parties' entire understanding and agreement concerning the Leased Premises, and all prior negotiations and agreements with respect thereto are hereby superseded. This Lease may not be modified or amended except by a written instrument signed by the parties hereto.

16.06 Pursuant to Section 404.056(a) of the Florida Statutes, Lessor and Lessee hereby acknowledge receipt of the following notification:

> RADON GAS: Radon is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may present

health risks to persons who are exposed to it over time. Levels of radon that exceed federal and state guidelines have been found in buildings in Florida. Additional information regarding radon and radon testing may be obtained from your county public health unit.

16.07 In the event of a default by Lessee under any of the terms and conditions of this Lease, Lessee shall pay to Lessor all costs and expenses reasonably incurred by Lessor to enforce its rights and remedies under this Lease, including without limitation reasonable attorneys' fees and expenses and court costs, including those related to appellate proceedings, whether or not any action is filed or prosecuted to judgment.

IN WITNESS WHEREOF, Lessor and Lessee have caused this instrument to be executed in their respective names and their respective seals to be affixed hereto as of the day and year first above written.

Signed, sealed and delivered
in the presence of:

Kelsey J. Seager
Print Name: Kelsey Seager

Print Name: ____________

Print Name: ____________

Jennifer Lusher
Print Name: Jennifer Lusher

LESSOR:
FIRST UNITED METHODIST CHURCH OF PENSACOLA, FLORIDA, INC., a Florida not-for-profit corporation

By: Brandon Burns
Print Name: Brandon Burns
Title: Executive Pastor

LESSEE:
FAMILY PROMISE OF ESCAMBIA COUNTY, INC., a Florida not-for-profit corporation

By: 2/9/2024
Print Name: Jennifer Lusher
Title: Executive Director

SANTA ROSA COUNTY
PROPERTY APPRAISER

Greg S. Brown II
CFA

Viewing Parcel: 21-2N-28-0000-02500-0000

Parcel Information

Parcel Number:	21-2N-28-0000-02500-0000
Situs/Physical Address:	6225 DIXIE RD, MILTON, 32570
Property Usage:	CLUBS/LODGES/UNION HALLS (007700)
Section-Township-Range:	21-2N-28
Tax District:	SKYLINE
2024 Certified Millage Rate :	11.3748
Acreage:	5
Exemptions:	
Brief Legal Description:	*DESCRIPTION PER DEED 2017* COM SW CORN OF BLK 5 FOREST GROVE SUB THN W 1178.25 FT TO N R/W OF DIXIE RD THN S 50 FT FOR POB & CONT 660 FT THN E PARALLEL TO RD 330 FT THN N 660 FT TO S R/W THN W ON R/W 330 FT TO POB SBJT TO N 200' GP ESMNT AS DES IN OR 3629 PG 1952 (INCLDS #6.8)

Owner Information

Owner:	DOMUS DEI LLC TRUSTEE
Additional:	6225 DIXIE ROAD TRUST
Street:	3812 SAN LORENZO DR
City, State, Zip & Country:	PUNTA GORDA, FL 33950-7811

Valuation

	2022 Certified	2023 Certified	2024 Certified
Building Value	$290,932	$382,669	$385,289
Extra Feature Value	$4,002	$4,002	$4,002
Land Value	$76,800	$76,800	$120,000
Land Agricultural Value	$0	$0	$0
Agricultural (Market) Value	$0	$0	$0
Just (Market) Value	$371,734	$463,471	$509,291
Co. Assessed Value	$371,734	$408,907	$449,798
Exempt Value	$0	$0	$0
Co. Taxable Value	$371,734	$408,907	$449,798

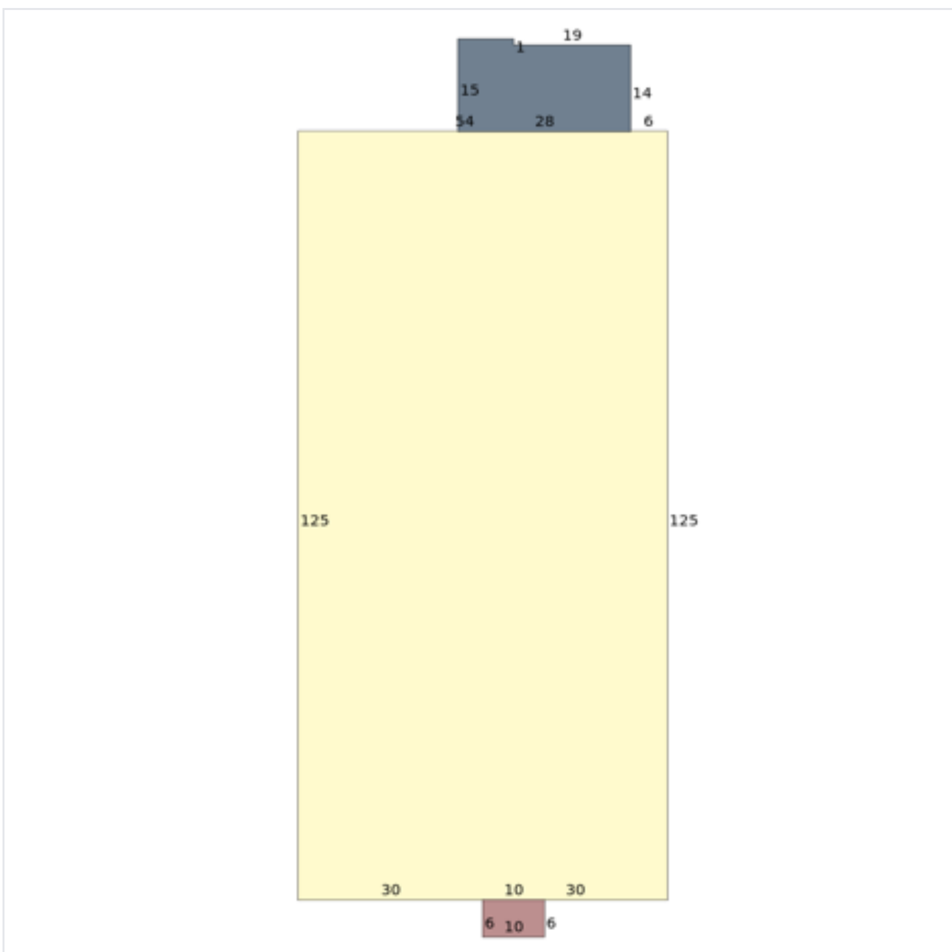
Buildings

Building 1

Type	CLUBS/LODGES/UNION HALLS
Total Area	7961
Heated Area	7500
Exterior Walls	WOOD FRAME STUCCO, MODULAR METAL
Roof Cover	METAL OVER DECKING
Interior Walls	DRYWALL
Foundation	MONOLITHIC
Frame	STEEL
Floor	STONE, CARPET
Heat Type	FORCED AIR DUCT
A/C Type	CENTRAL
Bathrooms	6
Bedrooms	0
Stories	1
Actual Year Built	2001
Effective Year Built	2001

Current Traverse

Use: CLUBS/LODGES/UNION HALLS (007700)

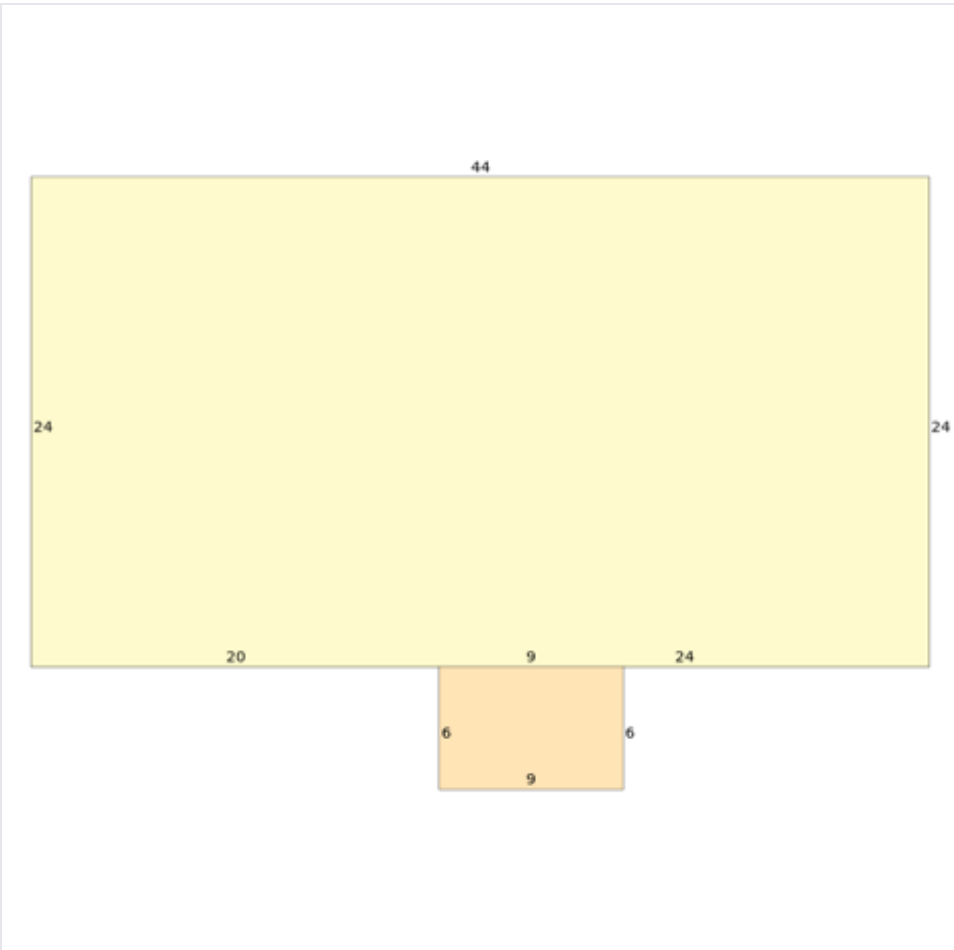


Building 2

Type	MOBILE HOME < 1992
Total Area	1110
Heated Area	1056
Exterior Walls	MODULAR METAL
Roof Cover	MODULAR METAL
Interior Walls	PLYWOOD
Foundation	
Frame	WOOD FRAME
Floor	VINYL
Heat Type	FORCED AIR DUCT
A/C Type	CENTRAL
Bathrooms	2
Bedrooms	1
Stories	1
Actual Year Built	1986
Effective Year Built	1986

Current Traverse

Use: MOBILE HOME < 1992 (000220)

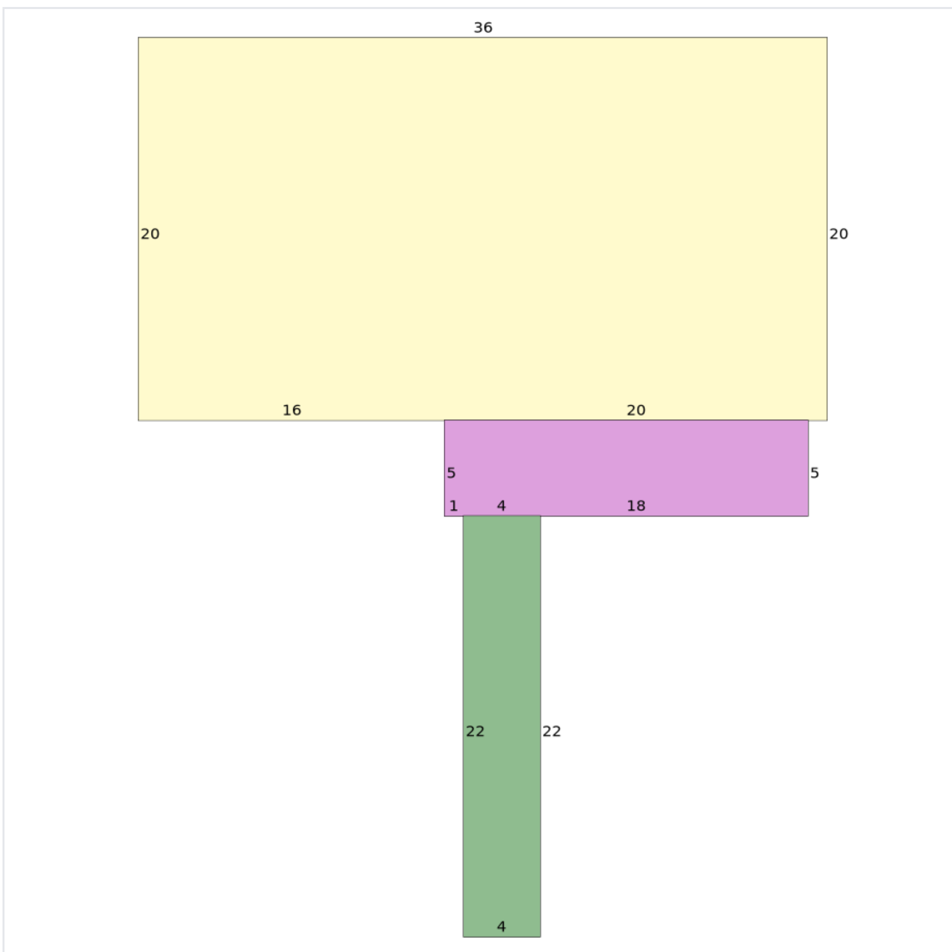


Building 3

Type	MODULAR CLASSROOMS
Total Area	903
Heated Area	720
Exterior Walls	VINYL SIDING
Roof Cover	ASPHALT SHINGLE
Interior Walls	PLYWOOD
Foundation	OFF GRADE
Frame	WOOD FRAME
Floor	CARPET
Heat Type	FORCED AIR DUCT
A/C Type	CENTRAL
Bathrooms	0
Bedrooms	0
Stories	1
Actual Year Built	1992
Effective Year Built	1992

Current Traverse

Use: MODULAR CLASSROOMS (007202)

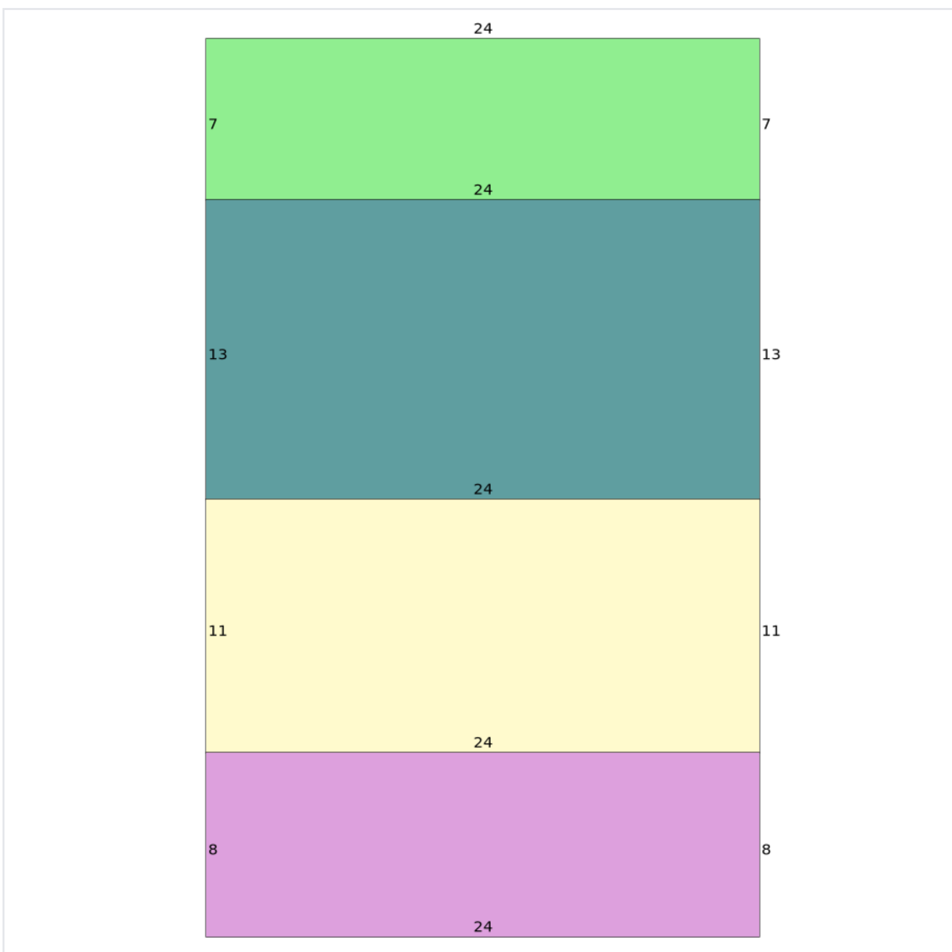


Building 4

Type	SINGLE FAMILY - STORAGE/BARN
Total Area	936
Heated Area	
Exterior Walls	PREFAB PANEL
Roof Cover	MODULAR METAL
Interior Walls	PLYWOOD
Foundation	OFF GRADE
Frame	WOOD FRAME
Floor	VINYL
Heat Type	
A/C Type	
Bathrooms	0
Bedrooms	0
Stories	1
Actual Year Built	2000
Effective Year Built	2000

Current Traverse

Use: SINGLE FAMILY - STORAGE/BARN (000184)



Land

Land Code	Description	Frontage	Depth	Unit Type	Land Units	Land Value
007700	CLUB	0		AC	5	$120,000

Zoning

Source	Code	Description
County	RR1	Rural Residential Single Family

Extra Features

Description	Number of Items	Units	Year	Extra Feature Value
GAZEBO	1	1 UT	2002	$1,000
GREENHOUSE	1	1 UT	1986	$1
SHED	1	1 UT	2007	$1
SHED	1	2 UT	1986	$3,000

Sales

Multi-Parcel	Sale Date	Sale Price	Instrument	Book / Page	Qualification	Sale Type	Grantor	Grantee
Y	06/01/2017	$100	WD	3629/1952	U	I	HOLD THIS INC	DOMUS DEI LLC TRUSTEE FOR 6225 DIXIE RD TRUST
Y	05/26/2017	$100,000	DD	3628/630	U	I	THE ARC SANTA ROSA INC	HOLD THIS INC
N	06/27/2006	$100	QD	2619/1856	U	I	BLACKWATER ACTIVITY CENTER INC	THE ARC SANTA ROSA INC
N	05/01/1989	$100	QD	1019/783	U	I		BLACKWATER ACTIVITY CENTER INC
N	11/01/1978	$100	WD	457/824	U	V		

Map

DISCLAIMER

The Santa Rosa County Property Appraiser and staff are constantly working to provide and publish the most current and accurate information possible. No warranties, expressed or implied, are provided for the data herein, its use, or its interpretation. The current assessed values as viewed herein are 2024 Certified Values. The data elements are current as of October 8, 2024. Users must remember that the primary use of the assessment data contained herein is general, public information. No responsibility or liability is assumed for inaccuracies or errors.

Search Permit Applications

Required

Select Jurisdiction: You can select default values for country, state, and jurisdiction in your account. If selected, these filters will be automatically set when you log in.

Country: United States

State: Florida

Jurisdiction: Santa Rosa County

Project Type: Permit

Click here for advanced reporting or bulk downloads (https://www.mygovernmentonline.org/reports/#276). Otherwise, continue below.

Suggested

Please fill out only one of the suggested categories for best results. At least one suggested field must be filled out in order to search.

Project #:

OR

Street Number: 6225

Street Name: Dixie Rd

OR

Parcel Number:

Ex: Less information will return more results. If the address you are looking for is 123 North Smith Street, put "123" in the Street Number box and "Smith" in the Street Name box.

Optional Only used to narrow down a large list of permits

Search

2012-2396-000-E-0

+ Add to my account

Request Inspection

Jurisdiction: Santa Rosa County

Type: Imported Fee

Create Date: 2012-05-18T07:42:20

Status: Closed/Complete

Business
Applicant

Physical Address
6225 DIXIE RD
32570 MILTON, FL
Mailing Address
,

Lot Number
SubDivision
Square Footage
0

Description
>>DESIGNATION: Commercial >>WORKTYPE: Electrical (C)

2017-4013-000-E-0
ARC SANTA ROSA

+ Add to my account

Request Inspection

Jurisdiction: Santa Rosa County

Type: Imported Fee

Create Date: 2017-06-16T11:46:03

Status: Closed/Complete

Business
Applicant

Physical Address
6225 DIXIE RD TSP 2
32570 MILTON, FL
Mailing Address
,

Lot Number
SubDivision
Square Footage
0

Description
>>DESIGNATION: Commercial >>WORKTYPE: Electrical (C)

2017-4013-000-E-1
ARC SANTA ROSA

+ Add to my account

Request Inspection

Jurisdiction: Santa Rosa County

Type: Imported Fee

Create Date: 2017-06-16T11:46:03

Status: Closed/Complete

Business
Applicant

Physical Address
6225 DIXIE RD TSP 3
32570 MILTON, FL
Mailing Address
,

Lot Number
SubDivision
Square Footage
0

Description
>>DESIGNATION: Commercial >>WORKTYPE: Electrical (C)

2017-4013-000-E-9
ARC SANTA ROSA

+ Add to my account

Request Inspection

Jurisdiction: Santa Rosa County

Type: Imported Fee

Create Date: 2017-06-16T11:46:03

Status: Closed/Complete

Business
Applicant

Physical Address
6225 DIXIE RD TSP 1
32570 MILTON, FL
Mailing Address
,

Lot Number
SubDivision
Square Footage
0

Description
>>DESIGNATION: Commercial >>WORKTYPE: Electrical (C)

RESIDENTIAL **Agent Full - For Agents Only. Do Not Distribute to Clients.**

MLS #643748
Prop Type: RD
List Price: $800,000
Status: Active
Last Change: 8/12/2024
List Date: 4/13/2024
Address: 6225 DIXIE RD
MILTON FL 32570
Approx Main Sqft 7,500
Approx Detached Sqft
Total Living Sqft 7,500
County: SANTA ROSA
Subdivision: FOREST GROVE
 # Bedrooms: 7 **Year Built:** 2001
 # Full Baths: 1 **# Half Baths:** 5
Condo Name:
Parcel # 21-2N-28-0000-02500-0000
Construction Status: RESALE
Occupancy Status VAC

Legal: DESCRIPTION PER DEED 2017*COM SW CORN OF BLK 5 FOREST GROVE SUB THN W 1178.25 FT TON R/W OF DIXIE RD THN S 50 FT FOR POB & CONT 660 FT THN E PARALLEL TO RD 330 FT THN N 660 FT [illegible]

Dir: From Hwy 90 turn onto Dogwood drive, drive 3.6 miles to the end And turn left onto Stewart St. Go 0.2 miles and turn left onto Oakland. Make 1st left onto Aspen. Go to end and turn right onto Dixie Rd. Property will be on left

Schedule a Showing

Virtual Tour: **Media:** **Client Hit Count:** 7

Property Description

Opportunity to own a very unique 5 acre property. Past use was educational facility. It can be used as a single family home, and what a great property for a family compound. Main building is a metal and stucco front with 7500 sq ft living area + covered back porch. There are numerous buildings on the property; 30x20 portable school room with 1/2 bath, 720 sq' 44x24 mobile home with 2 1/2 baths & screen porch, 1056 sq' 24x24, and an adorable blue wood building with both front and back porches. Huge professional Greenhouse and yard building + Gazebo. There are rv power poles on property as well. Also, located on the property is an income producing blueberry patch with well and sprinkler. Schedule an appointment to see all the possibilities this property offers.

Agent Notes Please contact LA, Mitzi Goldstein (850)501-6261 for showing instructions and codes. 2 acre parcel next door that can be purchased with property for $110,000. Parcel Number: 21-2N-28-0000-00608-0000

As Is Disclaimer AS IS

Elem: W. H. RHODES **Interm**
Middle: KING **High:** MILTON
LOT LOCATION INTERIOR, PAVED ROAD
ZONING RES SINGLE
Acreage: 5.000000 **Lot Size:** 350x660
PARKING CIRCULAR DRIVEWAY, DRIVE ONLY

Water Frontage

ROOM TYPE	LVL	DIMENSIONS
Living Room	1	53'4X34'5
Office/Study	1	21'1x14'3
Office/Study	1	21'2x15'3
Kitchen	1	22'3x15'
Laundry/Utility	1	22x7'7
Kitchen	1	15'10x9'9

STYLE TRADITIONAL
ROOF GABLE
WATER/SEWER PUBLIC WATER, SEPTIC TANK
HEATING CENTRAL ELECTRIC
ELECTRICAL COPPER WIRING
EXTERIOR CHAIN LINK, COVERED PATIO, GREEN HOUSE, GUEST HOUSE, HANDICAP PROVISION, IRRIGATION WELL, SPRINKLER
INTERIOR ADD'L STORAGE, CABLE AVAILABLE, HANDICAP PROVISIONS, HIGH SPEED INTERNET AVAIL, LAUNDRY INSIDE, WALK-IN CLOSET
ENERGY DOUBLE PANE, INSULATED CEILINGS, INSULATED WALLS
DINING TYPE KITCHEN/DINING COMBO
SPECIAL USE ROOMS /AREAS OFFICE/STUDY

CONSTRUCTION STEEL
FLOORS TERRAZZO, W/W CARPET
POOL NONE
WATER HEATER ELECTRIC
COOLING 2+ UNITS, CENTRAL ELECTRIC

SPECIAL SALE TYPE AS IS
Assn NONE
Rent Restrictions U
Land Lease
Lease Expire Date
Assoc Fee (per year)
Monthly Rent
Sale Subject to Lease No
HOME WARRANTY NEGOTIABLE
FINANCING CASH, CONVENTIONAL, EXCHANGE, FmHA FARMERS HOME ADMIN, OWNER

LstOff: Salomon-Goldstein Properties, LLC - OFC: 850-501-6262
LstAgt: MITZI GOLDSTEIN - CELL: 850-501-6261
LstAgt Email: mitzigold1@gmail.com
Co-Off:
Co-Agt:
List Type: EXCLUSIVE RIGHT OF SALE **LtdServ:** N
Agency Relationship: TRANSACTION BROKER **Sellers Ph:**
Sellers: Domus Dei
List Team - Team Name

SHOWING: APPOINT ONLY, CALL BROKER, TEXT LISTING AGENT

Sold Price: **DOM/CDOM:** 266 / 266 **Buyer Name:**
Closed Date: **DUC:** **Mortgage Type:**
Contract Date: **Sale Factors:**
SellingOff: **SellAgt:**
CoSellOff: **CoSellAgt:**

SANTA ROSA COUNTY
PROPERTY APPRAISER

Greg S. Brown II
CFA

Viewing Parcel: 21-2N-28-0000-00608-0000

Parcel Information

Parcel Number:	21-2N-28-0000-00608-0000
Situs/Physical Address:	
Property Usage:	VACANT - INSTITUTIONAL (007000)
Section-Township-Range:	21-2N-28
Tax District:	SKYLINE
2024 Certified Millage Rate :	11.3748
Acreage:	2.03
Exemptions:	
Brief Legal Description:	*DESCRIPTION PER DEED 2017* COM SW CORN OF BLK 5 FOREST GROVE SUB THN S0*0'W 50 FT TO S R/W OF DIXIE RD THN N90*0'W ON RD 1178.25 FT TO POB THN S0 *0'W 660 FT THN N90*0'W 142.77 FT THN N1*11'44"E ON W SEC LN 660.14 FT THN S90*0'E 128.99 FT TO POB AS DES IN OR 3629 PG 1952 (INCLDS #25) LESS & EXCEPT LAND THAT MAY LIE W OF BNDRY LN AGRMNT DES IN OR 2086 PG 890

Owner Information

Owner:	DOMUS DEI LLC TRUSTEE
Additional:	6225 DIXIE ROAD TRUST
Street:	3812 SAN LORENZO DR
City, State, Zip & Country:	PUNTA GORDA, FL 33950-7811

Valuation

	2022 Certified	2023 Certified	2024 Certified
Building Value	$0	$0	$0
Extra Feature Value	$0	$0	$0
Land Value	$48,720	$48,720	$48,720
Land Agricultural Value	$0	$0	$0
Agricultural (Market) Value	$0	$0	$0
Just (Market) Value	$48,720	$48,720	$48,720
Co. Assessed Value	$29,721	$32,693	$35,962
Exempt Value	$0	$0	$0
Co. Taxable Value	$29,721	$32,693	$35,962

Buildings

No available data

Land

Land Code	Description	Frontage	Depth	Unit Type	Land Units	Land Value
007000	VACANT - INSTITUTIONAL	0		AC	2.03	$48,720

Zoning

Source	Code	Description
County	RR1	Rural Residential Single Family

Extra Features

Description	Number of Items	Units	Year	Extra Feature Value
		No available data		

Sales

Multi-Parcel	Sale Date	Sale Price	Instrument	Book / Page	Qualification	Sale Type	Grantor	Grantee
Y	06/01/2017	$100	WD	3629/1952	U	I	HOLD THIS INC	DOMUS DEI LLC TRUSTEE FOR 6225 DIXIE RD TRUST
Y	05/26/2017	$100,000	DD	3628/630	U	I	THE ARC SANTA ROSA INC	HOLD THIS INC
N	06/27/2006	$100	QD	2619/1858	U	I	BLACKWATER ACTIVITY CENTER INC	THE ARC SANTA ROSA INC
N	05/01/1989	$12,500	WD	1019/773	Q	V		BLACKWATER ACTIVITY CENTER INC

Map

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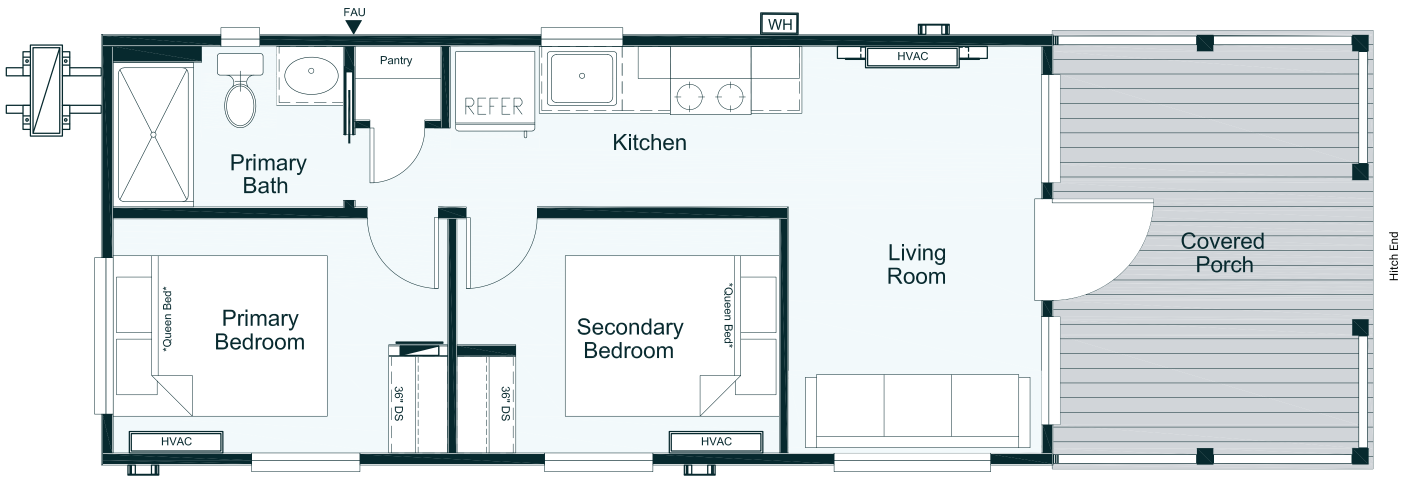
Clayton
Park
Models

Cumberland

398 sq. ft. | 14x40

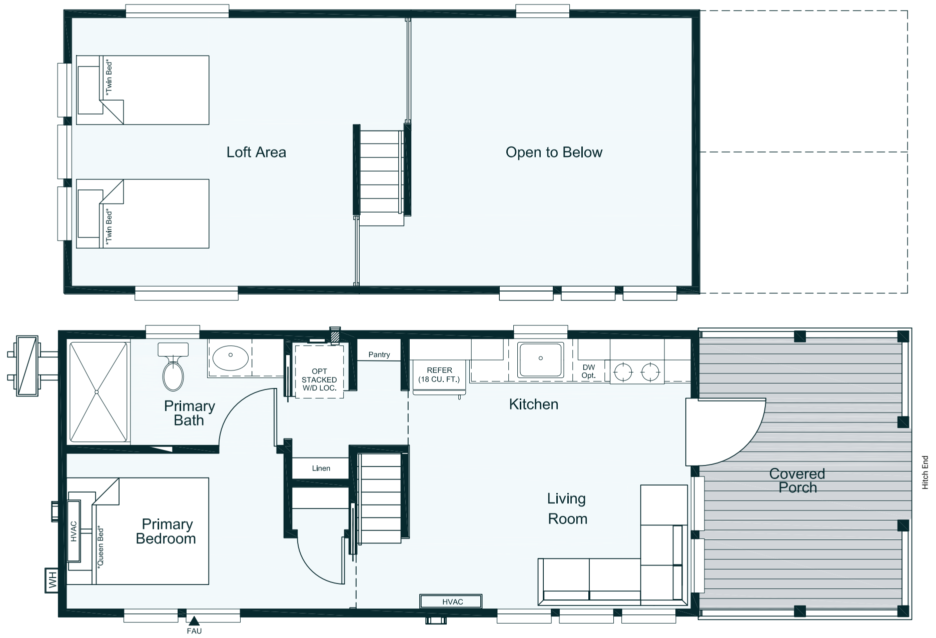
4



Sipsey

398 sq. ft. | 13x38

6



DIVISION OF CONSUMER SERVICES
(850) 410-3800

THE RHODES BUILDING
2005 APALACHEE PARKWAY
TALLAHASSEE, FLORIDA 32399-6500

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
COMMISSIONER NICOLE "NIKKI" FRIED

May 20, 2021 **Refer To: CH62257**

FAMILY PROMISE OF ESCAMBIA COUNTY, INC.
901 E GADSDEN ST
PENSACOLA, FL 32501-4073

RE: FAMILY PROMISE OF ESCAMBIA COUNTY, INC.
REGISTRATION#: CH62257
EXPIRATION DATE: May 12, 2022

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Karen Sampson
Regulatory Consultant
850-410-3712
Fax: 850-410-3804
E-mail: karen.sampson@fdacs.gov

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

DEPARTMENT OF THE TREASURY

Date: JAN 15 2020

FAMILY PROMISE OF ESCAMBIA COUNTY
INC
901 E GADSDEN STREET
PENSACOLA, FL 32501

Employer Identification Number:
83-4620136
DLN:
29053322322049
Contact Person:
DIANE L SUTTON ID# 17189
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
January 1, 2019
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part 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.

FAMILY PROMISE OF ESCAMBIA COUNTY

Sincerely,

Stephen A. Martin

Director, Exempt Organizations
Rulings and Agreements

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Family Promise of Escambia County, Inc

2 Business name/disregarded entity name, if different from above.

Family Promise of Escambia; Family Promise of the Emerald Coast

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☑ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . ________

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ________

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) ________

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) ________

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

22 E Belmont Street

Requester's name and address (optional)

6 City, state, and ZIP code

Pensacola FL 32501

7 List account number(s) here (optional)

Part I **Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

___ – __ – ____

or

Employer identification number

8 3 – 4 6 2 0 1 3 6

Part II **Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person** **Date** 1/1/2025

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form, as it may be made public.
Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning January 01 **, 2022, and ending** December 31 **, 20** 22

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
FAMILY PROMISE OF ESCAMBIA COUNTY

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
901 E GADSDEN ST

City or town, state or province, country, and ZIP or foreign postal code
PENSACOLA, FL 32501-4073

D Employer identification number
83-4620136

E Telephone number
850-433-0014

F Group Exemption Number

G Accounting Method: ☑ Cash ☐ Accrual Other (specify):

I Website: https://www.familypromiseofescambia.org/

J Tax-exempt status (check only one) — ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ☐ if the organization is **not** required to attach Schedule B (Form 990).

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other:

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . $ 30,834

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	30,581
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	
	4	Investment income			4	253
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less: cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)			5c	
	6	Gaming and fundraising events:				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a			
	b	Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b			
	c	Less: direct expenses from gaming and fundraising events	6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less: cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)			7c	
	8	Other revenue (describe in Schedule O)			8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	30,834
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	25,567
	13	Professional fees and other payments to independent contractors			13	4,786
	14	Occupancy, rent, utilities, and maintenance			14	
	15	Printing, publications, postage, and shipping			15	235
	16	Other expenses (describe in Schedule O)			16	4,652
	17	**Total expenses.** Add lines 10 through 16			17	35,240
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)			18	(4,406)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	96,983
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	3,683
	21	Net assets or fund balances at end of year. Combine lines 18 through 20			21	96,260

Part II **Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II . . . ☑

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	96,983	22	87,890
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	0	24	8,459
25	**Total assets**	96,983	25	96,349
26	**Total liabilities** (describe in Schedule O)	0	26	89
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	96,983	27	96,260

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . ☑

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	See Schedule O (Grants $ 0) If this amount includes foreign grants, check here ☐	28a	0
29	See Schedule O (Grants $) If this amount includes foreign grants, check here ☐	29a	
30	See Schedule O (Grants $) If this amount includes foreign grants, check here ☐	30a	
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a)	32	0

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Susan Clark Board Member	1	0	0	0
MD Dan Sontheimer Past President	1	0	0	0
Kathie Jeffcoat Vice President	1	0	0	0
Travis Tompkins Board Member	1	0	0	0
Al Henderson Treasurer	1	0	0	0
Vanessa Phillips Board Member	1	0	0	0
Rev Jack Hinnen Secretary	1	0	0	0
Michelle Luckett President	1	0	0	0

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V . ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	☐	☑
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	☐	☑
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	☐	☑
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	☐	☐
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	☐	☑
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	☐	☑
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions — 37a: 0			
b	Did the organization file **Form 1120-POL** for this year?	37b	☐	☑
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	☐	☑
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved — 38b:			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 — 39a:			
b	Gross receipts, included on line 9, for public use of club facilities — 39b:			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: ________; section 4912: ________; section 4955: ________			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	☐	☑
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	☐	☑

41 List the states with which a copy of this return is filed: FL

42a The organization's books are in care of: Allen Nonprofit Accounting Telephone no. 850-270-8887

Located at: 2274 Salem Rd SE, 106-1124, Conyers, GA ZIP + 4 30013

			Yes	No
b	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)? If "Yes," enter the name of the foreign country: ________ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	☐	☑
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ________	42c	☐	☑

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year — 43:

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	☐	☑
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	☐	☑
c	Did the organization receive any payments for indoor tanning services during the year?	44c	☐	☑
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	☐	☐
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	☐	☑
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	☐	☑

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	☐	☑

Part VI **Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	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	47	☐	☑
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	☐	☑
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	☐	☑
b	If "Yes," was the related organization a section 527 organization?	49b	☐	☐

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	**(b)** Average hours per week devoted to position	**(c)** Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	**(d)** Health benefits, contributions to employee benefit plans, and deferred compensation	**(e)** Estimated amount of other compensation
NONE				

f Total number of other employees paid over $100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	**(b)** Type of service	**(c)** Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ☑ Yes ☐ No

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 09/13/2023

Kathie Jeffcoat President

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Angel Allen		09/13/2023		P00268452
Firm's name Allen Nonprofit Accounting			Firm's EIN 84-4684018	
Firm's address 2274 Salem Rd SE, Ste 106-1124, Conyers, Georgia (GA), 30013			Phone no. 850-270-8887	

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☑ No

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	Employer identification number
FAMILY PROMISE OF ESCAMBIA COUNTY	83-4620136

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? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(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.")						
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						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2018	**(b)** 2019	**(c)** 2020	**(d)** 2021	**(e)** 2022	**(f)** Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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						

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** . . . . ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . **14** %

15 Public support percentage from 2021 Schedule A, Part II, line 14 . . . . **15** %

16a **33 1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . ☐

b **33 1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . ☐

17a **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . ☐

b **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . ☐

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 . . . . ☐

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.")			32,948	65,837	30,581	129,366
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			32,948	65,837	30,581	129,366
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.)						129,366

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			32,948	65,837	30,581	129,366
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.)				97		97
13 **Total support.** (Add lines 9, 10c, 11, and 12.)			32,948	65,934	30,581	129,463

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** ☑

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 ☐

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 ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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.*	**1**	☐	☐
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).*	**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.*	**3a**	☐	☐
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.*	**3b**	☐	☐
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.*	**3c**	☐	☐
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.*	**4a**	☐	☐
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.*	**4b**	☐	☐
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.*	**4c**	☐	☐
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).*	**5a**	☐	☐
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?	**5b**	☐	☐
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	**5c**	☐	☐
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.***	**6**	☐	☐
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).*	**7**	☐	☐
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).*	**8**	☐	☐
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.***	**9a**	☐	☐
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.***	**9b**	☐	☐
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.***	**9c**	☐	☐
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.*	**10a**	☐	☐
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.)*	**10b**	☐	☐

Part IV Supporting Organizations *(continued)*

			Yes	No
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?	**11a**	☐	☐
b	A family member of a person described on line 11a above?	**11b**	☐	☐
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI****.*	**11c**	☐	☐

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

			Yes	No
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.*	**2a**	☐	☐
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**	☐	☐
3	Parent of Supported Organizations. ***Answer lines 3a and 3b below.***			
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****.*	**3a**	☐	☐
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.*	**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 (*explain in detail in **Part VI***):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

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 ☐ 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—*provide details in* ***Part VI***)	5	
6	Other distributions (*describe in* ***Part VI***). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). 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—*explain in* ***Part VI***). 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, *explain in* ***Part VI***. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. 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 . . .			

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization: FAMILY PROMISE OF ESCAMBIA COUNTY

Employer identification number: 83-4620136

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☑ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33$\frac{1}{3}$% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . $

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization	Employer identification number
FAMILY PROMISE OF ESCAMBIA COUNTY	83-4620136

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Perdido Bay United Methodist Church 13660 Innerarity Point Rd Pensacola, FL-32507	$ 7,300	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	Armstrong Foundation PO Box 3001 Lancaster, PA-17604	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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	Employer identification number
FAMILY PROMISE OF ESCAMBIA COUNTY	83-4620136

#1: FormAndLineReferenceDesc: Part I, line 16

Payroll Processing

$300.00

Website

$134.00

Credit Card Processing

$102.00

Fundraising Food & Drinks

$51.00

Fundraising Supplies

$4.00

Name of the organization	Employer identification number
FAMILY PROMISE OF ESCAMBIA COUNTY	83-4620136

#1: FormAndLineReferenceDesc: Part I, line 16

Insurance - General Liability & D&O	$128.00
Insurance - Property	$948.00
Insurance - Workers Compensation	$316.00
Insurance - Auto	$281.00
Office - Apps & Software	$104.00

Name of the organization	Employer identification number
FAMILY PROMISE OF ESCAMBIA COUNTY	83-4620136

#1: FormAndLineReferenceDesc: Part I, line 16

Office - Supplies	$200.00
Operating - Dues & Subscriptions	$195.00
Training - Conferences, Conventions, Meetings	$200.00
Training - Staff Development	$75.00
Travel - Fuel/Miles Reimbursement	$76.00

Name of the organization	Employer identification number
FAMILY PROMISE OF ESCAMBIA COUNTY	83-4620136

#1: FormAndLineReferenceDesc: Part I, line 16

Travel - Lodging	$478.00
Travel - Meals	$320.00
Travel - Transportation	$668.00
Depreciation - Vehicles	$58.00
Telephone/Internet	$14.00

Name of the organization	Employer identification number
FAMILY PROMISE OF ESCAMBIA COUNTY	83-4620136

#1: FormAndLineReferenceDesc: Part I, line 20

Description :	Explanation:	Amount
Additional PayPal Contributions	Additional PayPal Contributions	$3683.00

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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▶ 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 ESCAMBIA COUNTY

Employer identification number
83-4620136

#1: FormAndLineReferenceDesc: Part II, line 24	**BOY Amount :**	**EOY Amount :**
Prepaid Expenses	$0	$5017.00
Organization's share of assets	$0	$3442.00

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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▶ 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 ESCAMBIA COUNTY

Employer identification number: 83-4620136

#1: FormAndLineReferenceDesc: Part II, line 26

	BOY Amount :	EOY Amount :
Credit Card	$0	$89.00

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization	Employer identification number
FAMILY PROMISE OF ESCAMBIA COUNTY	83-4620136

#1: FormAndLineReferenceDesc: Part III

The mission of Family Promise of Escambia County is to help stabilize low-income families experiencing homelessness in Escambia County, Florida with a community-based response. Through a collaborative effort with local faith-based organizations, social service agencies, and other community stakeholders, our agency provides homeless families nightly lodging and other supportive wrap-around services to help them achieve sustainable independence.

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	Employer identification number
FAMILY PROMISE OF ESCAMBIA COUNTY	83-4620136

#2: FormAndLineReferenceDesc: Part III, line 28

One of the most important parts of the Family Promise model is the day center which is centrally located and on a bus route. Staff will provide daily transportation for families to the day center where they will have access to showers, laundry facility, childcare, internet access, assistance seeking employment, and case management services. The Family Promise Day Center will also provide children with a central location for efficient school transportation, avoiding the potential embarrassment of being homeless.

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	Employer identification number
FAMILY PROMISE OF ESCAMBIA COUNTY	83-4620136

Form And Line Reference: Program Service Accomplishments (Part III), Line 28

Family Promise does this work through intentional inter-denominational partnership with local churches. Of whom, we currently have 6 partners and project having over 10 by the end of the year. These local churches will support the work by assisting with financial and volunteer support, the overnight housing of families, the providing of meals, financial and life skill training, mentorship and general case management.

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	Employer identification number
FAMILY PROMISE OF ESCAMBIA COUNTY	83-4620136

Form And Line Reference: Program Service Accomplishments (Part III), Line 28

One in 30 children in the United States experiences homelessness - 4000+ in our county - each year! Children impacted by homelessness are eight times more likely to repeat a grade, seven times more likely to attempt suicide, and forty-seven (47%) suffer from anxiety, depression, or withdrawal. By collaborating with community stakeholders and providing stable housing, Family Promise of Escambia County's goal is to be effective and impactful in reducing these statistics.

Family Promise of Escambia County
Budget: Year to Date
for the period of 01/01/2023 to 12/31/2023

Account Number	Account Name	Actual	YTD Budget	Difference
Income				
4000	Donations/Contributions	$0.00	$0.00	$0.00
4001	Donations - Individual Direct	$45,410.97	$30,000.00	$15,410.97
4002	Donations - Individual Indirect	$58.62	$5,000.00	$-4,941.38
4003	Donations - Business	$800.00	$0.00	$800.00
4004	Donations - Religious Institutions	$13,228.22	$26,000.00	$-12,771.78
4005	Donations - Civic Groups (Organizations)	$1,000.00	$3,000.00	$-2,000.00
4006	Donations - Foundation/Trust Giving	$1,000.00	$5,000.00	$-4,000.00
Total for 4000 - Donations/Contributions		$61,497.81	$69,000.00	$-7,502.19
4100	Grants	$0.00	$0.00	$0.00
4101	Grants - Direct	$14,210.89	$190,000.00	$-175,789.11
4102	Grants - Indirect	$0.00	$500.00	$-500.00
Total for 4100 - Grants		$14,210.89	$190,500.00	$-176,289.11
4600	In Kind	$0.00	$0.00	$0.00
4602	IK - Marketing	$0.00	$2,500.00	$-2,500.00
4603	IK - Furniture	$0.00	$3,000.00	$-3,000.00
4605	IK - Occupancy	$0.00	$893,061.00	$-893,061.00
4606	IK - Repairs/ Maintenance	$0.00	$5,000.00	$-5,000.00
4607	IK - Utilities	$0.00	$9,000.00	$-9,000.00
4608	IK - Supplies	$0.00	$4,000.00	$-4,000.00
4609	IK - Volunteers	$0.00	$187,075.20	$-187,075.20
Total for 4600 - In Kind		$0.00	$1,103,636.20	$-1,103,636.20
4700	Fundraising & Events Revenue	$0.00	$0.00	$0.00
4701	F&E - Ticket Sales	$1,299.70	$5,000.00	$-3,700.30
4703	F&E - Donations	$0.00	$2,000.00	$-2,000.00
Total for 4700 - Fundraising & Events Revenue		$1,299.70	$7,000.00	$-5,700.30
4900	Other Revenue	$0.00	$0.00	$0.00
4903	Other - Interest Earned	$569.59	$0.00	$569.59
Total for 4900 - Other Revenue		$569.59	$0.00	$569.59
Total Income		$77,577.99	$1,370,136.20	$-1,292,558.21
Expense				

Account Number	Account Name	Actual	YTD Budget	Difference
5000	Payroll Wages	$0.00	$0.00	$0.00
5001	Wages - Management	$34,451.50	$60,000.00	$-25,548.50
5003	Wages - Case Manager	$0.00	$45,000.00	$-45,000.00
5004	Wages - Development Coordinator	$0.00	$30,000.00	$-30,000.00
5005	Wages - Driver	$0.00	$12,500.00	$-12,500.00
Total for 5000 - Payroll Wages		$34,451.50	$147,500.00	$-113,048.50
5100	Payroll Expenses	$0.00	$0.00	$0.00
5101	Payroll - Employer Taxes	$3,497.62	$11,062.50	$-7,564.88
5102	Payroll - Processing	$900.00	$1,800.00	$-900.00
5103	Payroll - Employee Appreciation	$0.00	$100.00	$-100.00
5104	Payroll - Employee Background Checks	$0.00	$240.00	$-240.00
Total for 5100 - Payroll Expenses		$4,397.62	$13,202.50	$-8,804.88
6000	Program Specific Expenses	$0.00	$0.00	$0.00
6001	Program - Guest Expense Fund	$0.00	$15,600.00	$-15,600.00
6003	Program - Furniture	$0.00	$2,020.00	$-2,020.00
6004	Program - Supplies	$0.00	$2,500.00	$-2,500.00
6005	Program - Computer Lab	$0.00	$2,760.00	$-2,760.00
6006	Program - Housing Stabilization	$19,829.56	$0.00	$19,829.56
6090	Program - Contractors	$750.00	$0.00	$750.00
Total for 6000 - Program Specific Expenses		$20,579.56	$22,880.00	$-2,300.44
7100	Advertising & Marketing Expenses	$0.00	$0.00	$0.00
7101	A&M - Advertising	$20.00	$2,000.00	$-1,980.00
7102	A&M - Promotional Materials	$582.07	$1,500.00	$-917.93
7103	A&M - Website	$277.99	$100.00	$177.99
7104	A&M - Capacity Building	$41.05	$0.00	$41.05
Total for 7100 - Advertising & Marketing Expenses		$921.11	$3,600.00	$-2,678.89
7200	Board Expenses	$0.00	$0.00	$0.00
7203	Board - Board Appreciation	$0.00	$500.00	$-500.00
Total for 7200 - Board Expenses		$0.00	$500.00	$-500.00
7300	Fee Expenses	$0.00	$0.00	$0.00
7301	Fees - Bank Fees	$0.00	$144.00	$-144.00

Account Number	Account Name	Actual	YTD Budget	Difference
7302	Fees - Credit Card Processing	$333.77	$139.50	$194.27
7305	Fees - Affiliate Fees	$0.00	$500.00	$-500.00
7306	Fees - Stock Investor Fees	$0.00	$500.00	$-500.00
Total for 7300 - Fee Expenses		$333.77	$1,283.50	$-949.73
7400	Fundraising & Event Expenses	$0.00	$0.00	$0.00
7401	F&E - Food/Drinks	$540.24	$0.00	$540.24
7402	F&E - Supplies	$214.48	$500.00	$-285.52
7405	F&E - Contractors	$100.00	$0.00	$100.00
Total for 7400 - Fundraising & Event Expenses		$854.72	$500.00	$354.72
7500	Insurance Expenses	$0.00	$0.00	$0.00
7501	Insurance - General Liability & D&O	$552.50	$510.00	$42.50
7502	Insurance - Property	$4,257.76	$3,792.93	$464.83
7504	Insurance - Workers Compensation	$946.44	$1,262.00	$-315.56
7505	Insurance - Auto	$843.03	$1,000.00	$-156.97
Total for 7500 - Insurance Expenses		$6,599.73	$6,564.93	$34.80
7600	Office Expenses	$0.00	$0.00	$0.00
7601	Office - Apps/ Software	$107.96	$246.00	$-138.04
7603	Office - Furniture	$0.00	$500.00	$-500.00
7604	Office - Postage	$102.00	$2,000.00	$-1,898.00
7605	Office - Printing	$0.00	$300.00	$-300.00
7606	Office - Supplies	$84.89	$4,000.00	$-3,915.11
Total for 7600 - Office Expenses		$294.85	$7,046.00	$-6,751.15
7700	Operating Expenses	$0.00	$0.00	$0.00
7701	Operating - Dues & Subscriptions	$48.40	$700.00	$-651.60
7702	Operating - Licenses & Registrations	$190.63	$90.00	$100.63
Total for 7700 - Operating Expenses		$239.03	$790.00	$-550.97
7800	Occupancy Expenses	$0.00	$0.00	$0.00
7802	Occupancy - Telephone/ Internet	$0.00	$1,800.00	$-1,800.00
7804	Occupancy - Repairs/ Maintenance	$4,824.16	$900.00	$3,924.16
7809	Occupancy - Other Rent	$156.60	$0.00	$156.60
Total for 7800 - Occupancy Expenses		$4,980.76	$2,700.00	$2,280.76
7900	Professional Fees Expenses	$0.00	$0.00	$0.00

Account Number	Account Name	Actual	YTD Budget	Difference
7901	Prof Fees - Accounting	$4,281.00	$10,100.00	$-5,819.00
Total for 7900 - Professional Fees Expenses		$4,281.00	$10,100.00	$-5,819.00
8000	Training & Education Expenses	$0.00	$0.00	$0.00
8001	Training - Conferences, Conventions, Meetings	$500.00	$2,000.00	$-1,500.00
8002	Training - Staff Development	$0.00	$3,500.00	$-3,500.00
Total for 8000 - Training & Education Expenses		$500.00	$5,500.00	$-5,000.00
8100	Travel Expenses	$0.00	$0.00	$0.00
8101	Travel - Fuel/Miles Reimbursement	$49.38	$1,000.00	$-950.62
8102	Travel - Lodging	$0.00	$3,000.00	$-3,000.00
8103	Travel - Meals	$0.00	$500.00	$-500.00
Total for 8100 - Travel Expenses		$49.38	$4,500.00	$-4,450.62
8200	Vehicle Expenses	$0.00	$0.00	$0.00
8201	Vehicle - Fuel	$0.00	$4,000.00	$-4,000.00
8202	Vehicle - Maintenance/ Repairs	$0.00	$2,000.00	$-2,000.00
8203	Vehicle - License/ Registrations	$0.00	$100.00	$-100.00
Total for 8200 - Vehicle Expenses		$0.00	$6,100.00	$-6,100.00
8300	Volunteer Expenses	$0.00	$0.00	$0.00
8204	Volunteer - Background Checks	$0.00	$13,000.00	$-13,000.00
8301	Volunteer - Appreciation	$0.00	$1,500.00	$-1,500.00
8302	Volunteer - Training	$0.00	$1,000.00	$-1,000.00
8303	Volunteer - Supplies	$0.00	$300.00	$-300.00
Total for 8300 - Volunteer Expenses		$0.00	$15,800.00	$-15,800.00
8900	Depreciation Expenses	$0.00	$0.00	$0.00
8902	Depreciation - Vehicles	$700.08	$0.00	$700.08
Total for 8900 - Depreciation Expenses		$700.08	$0.00	$700.08
9000	In Kind Expenses	$0.00	$0.00	$0.00
9002	IK - Marketing	$0.00	$2,500.00	$-2,500.00
9003	IK - Furniture	$0.00	$3,000.00	$-3,000.00
9005	IK - Occupancy	$0.00	$893,061.00	$-893,061.00
9006	IK - Repairs/ Maintenance	$0.00	$5,000.00	$-5,000.00
9007	IK - Utilities	$0.00	$9,000.00	$-9,000.00
9008	IK - Supplies	$0.00	$4,000.00	$-4,000.00
9009	IK - Volunteers	$0.00	$187,075.20	$-187,075.20

Family Promise of Escambia County
Budget: Year to Date
for the period of 01/01/2024 to 03/31/2024

Account Number	Account Name	Actual	YTD Budget	Difference
Income				
4000	Donations/Contributions	$0.00	$0.00	$0.00
4001	Donations - Individual Direct	$6,775.59	$0.00	$6,775.59
4003	Donations - Business	$2,800.00	$0.00	$2,800.00
4004	Donations - Religious Institutions	$1,500.00	$0.00	$1,500.00
4007	Donations - Government	$500.00	$0.00	$500.00
Total for 4000 - Donations/Contributions		$11,575.59	$0.00	$11,575.59
4100	Grants	$0.00	$0.00	$0.00
4101	Grants - Direct	$97,366.02	$0.00	$97,366.02
Total for 4100 - Grants		$97,366.02	$0.00	$97,366.02
4900	Other Revenue	$0.00	$0.00	$0.00
4903	Other - Interest Earned	$226.79	$0.00	$226.79
Total for 4900 - Other Revenue		$226.79	$0.00	$226.79
Total Income		$109,168.40	$0.00	$109,168.40
Expense				
5000	Payroll Wages	$0.00	$0.00	$0.00
5001	Wages - Management	$16,615.37	$0.00	$16,615.37
Total for 5000 - Payroll Wages		$16,615.37	$0.00	$16,615.37
5100	Payroll Expenses	$0.00	$0.00	$0.00
5101	Payroll - Employer Taxes	$1,460.08	$0.00	$1,460.08
5102	Payroll - Processing	$225.00	$0.00	$225.00
Total for 5100 - Payroll Expenses		$1,685.08	$0.00	$1,685.08
6000	Program Specific Expenses	$0.00	$0.00	$0.00
6001	Program - Guest Expense Fund	$420.44	$0.00	$420.44
6003	Program - Furniture	$5,440.35	$0.00	$5,440.35
6004	Program - Supplies	$32.04	$0.00	$32.04
6005	Program - Computer Lab	$322.49	$0.00	$322.49
6006	Program - Housing Stabilization	$757.26	$0.00	$757.26
6090	Program - Contractors	$450.00	$0.00	$450.00

Account Number	Account Name	Actual	YTD Budget	Difference
Total for 6000 - Program Specific Expenses		$7,422.58	$0.00	$7,422.58
7100	Advertising & Marketing Expenses	$0.00	$0.00	$0.00
7104	A&M - Capacity Building	$298.38	$0.00	$298.38
Total for 7100 - Advertising & Marketing Expenses		$298.38	$0.00	$298.38
7300	Fee Expenses	$0.00	$0.00	$0.00
7301	Fees - Bank Fees	$42.48	$0.00	$42.48
7302	Fees - Credit Card Processing	$55.80	$0.00	$55.80
7306	Fees - Stock Investor Fees	$19.18	$0.00	$19.18
Total for 7300 - Fee Expenses		$117.46	$0.00	$117.46
7400	Fundraising & Event Expenses	$0.00	$0.00	$0.00
7401	F&E - Food/Drinks	$225.00	$0.00	$225.00
7402	F&E - Supplies	$252.87	$0.00	$252.87
Total for 7400 - Fundraising & Event Expenses		$477.87	$0.00	$477.87
7500	Insurance Expenses	$0.00	$0.00	$0.00
7501	Insurance - General Liability & D&O	$127.50	$0.00	$127.50
7502	Insurance - Property	$1,059.78	$0.00	$1,059.78
Total for 7500 - Insurance Expenses		$1,187.28	$0.00	$1,187.28
7600	Office Expenses	$0.00	$0.00	$0.00
7601	Office - Apps/ Software	$76.95	$0.00	$76.95
7604	Office - Postage	$68.00	$0.00	$68.00
7606	Office - Supplies	$324.61	$0.00	$324.61
Total for 7600 - Office Expenses		$469.56	$0.00	$469.56
7700	Operating Expenses	$0.00	$0.00	$0.00
7701	Operating - Dues & Subscriptions	$426.50	$0.00	$426.50
Total for 7700 - Operating Expenses		$426.50	$0.00	$426.50
7800	Occupancy Expenses	$0.00	$0.00	$0.00
7801	Occupancy - Rent	$517.24	$0.00	$517.24
7804	Occupancy - Repairs/ Maintenance	$90.27	$0.00	$90.27
7809	Occupancy - Other Rent	$212.00	$0.00	$212.00
Total for 7800 - Occupancy Expenses		$819.51	$0.00	$819.51
7900	Professional Fees Expenses	$0.00	$0.00	$0.00
7901	Prof Fees - Accounting	$1,500.00	$0.00	$1,500.00
Total for 7900 - Professional Fees Expenses		$1,500.00	$0.00	$1,500.00

Account Number	Account Name	Actual	YTD Budget	Difference
8900	Depreciation Expenses	$0.00	$0.00	$0.00
8902	Depreciation - Vehicles	$175.02	$0.00	$175.02
Total for 8900 - Depreciation Expenses		$175.02	$0.00	$175.02
Total Expense		$31,194.61	$0.00	$31,194.61
Total		$77,973.79	$0.00	$77,973.79

FAMILY PROMISE OF ESCAMBIA COUNTY, INC.

FINANCIAL REPORT

DECEMBER 31, 2023

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Kim K. Enikeieff
Certified Public Accountant
Post Office Box 8754
Mobile, Alabama 36689
Telephone 251.591.1357

INDEPENDENT ACCOUNTANT'S REVIEW REPORT

To the Board of Trustees
Family Promise of Escambia County, Inc.
Pensacola, Florida

Report on the Financial Statements

I have reviewed the accompanying financial statements of Family Promise of Escambia County, Inc. (a nonprofit organization), which comprise the statement of assets, liabilities, and net assets - modified cash basis as of December 31, 2023, and the related statements of support, revenue, expenses and change in net assets - modified cash basis, statement of functional expenses – modified cash basis and cash flows – modified cash basis for the year then ended, and the related notes to the financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of entity management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, I do not express such an opinion.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement whether due to fraud or error.

Accountant's Responsibility

My responsibility is to conduct the review engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require me to perform procedures to obtain limited assurance as a basis for reporting whether I am aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. I believe that the results of my procedures provide a reasonable basis for my conclusion.

I am required to be independent of Family Promise of Escambia County, Inc. and to meet my other ethical responsibilities, in accordance with the relevant ethical requirements related to my review.

Accountant's Conclusion

Based on my review, I am not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in accordance with accounting principles generally accepted in the United States of America.

Basis of Accounting

I draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. My opinion is not modified with respect to this matter.

Kim K. Enikeieff

June 21, 2024

FAMILY PROMISE OF ESCAMBIA COUNTY, INC.

STATEMENT OF ASSETS, LIABILITIES AND NET ASSETS
MODIFIED CASH BASIS
December 31, 2023

ASSETS		
Current assets		
Cash	$	78,523
Investments		10,224
Prepaid expenses		3,166
Total current assets		91,913
Fixed assets		
Vehicle		3,500
Total property, plant and equipment		3,500
Less accumulated depreciation		(758)
Property, plant and equipment - net		2,742
Total assets	$	94,655
LIABILITIES AND NET ASSETS		
Current liabilities		
Accounts payable and accrued expenses	$	-
Total current liabilities		-
Net assets		
Without donor restrictions		76,955
With donor restrictions		17,700
Total net assets		94,655
Total liabilities and net assets	$	94,655

See accompanying notes and independent accountant's review report.

FAMILY PROMISE OF ESCAMBIA COUNTY, INC.

STATEMENT OF SUPPORT, REVENUES, EXPENSES AND CHANGE IN NET ASSETS
MODIFIED CASH BASIS
For the Year Ended December 31, 2023

	Without Donor Restrictions	With Donor Restrictions	Total
Support and revenue:			
Donations and grants	$ 69,559	$ 6,150	$ 75,709
Fundraising	1,300	-	1,300
Interest income	569	-	569
Total support and revenue	71,428	6,150	77,578
Net assets released from restrictions	-	-	-
Total support and revenue	71,428	6,150	77,578
Expenses:			
Program expenses	64,556	-	64,556
General and administrative	12,518	-	12,518
Fundraising	2,109	-	2,109
Total expenses	79,183	-	79,183
Change in net assets	(7,755)	6,150	(1,605)
Net assets, beginning of year	84,710	11,550	96,260
Net assets, end of year	$ 76,955	$ 17,700	$ 94,655

FAMILY PROMISE OF ESCAMBIA COUNTY, INC.

STATEMENT OF FUNTIONAL EXPENSES
MODIFIED CASH BASIS
For the Year Ended December 31, 2023

	Program Expenses	General and Administrative	Fundraising	Total Expenses
Salaries	$ 25,838	$ 8,613	$ -	$ 34,451
Payroll taxes	2,624	874	-	3,498
Fringe benefits	-	-	-	-
Total personnel	28,462	9,487	-	37,949
Advertising and marketing	-	-	921	921
Contractors	750	-	-	750
Dues and subscriptions	36	12	-	48
Events, food and drinks	-	-	855	855
Fees - credit card processing	-	-	333	333
Housing stabilization	19,830	-	-	19,830
Insurance	4,950	1,650	-	6,600
Licenses	191	-	-	191
Office expenses	221	74	-	295
Professional fees	3,886	1,295	-	5,181
Rent	157	-	-	157
Repairs and maintenance	4,824	-	-	4,824
Training	500	-	-	500
Travel	49	-	-	49
Total expenses before depreciation	63,856	12,518	2,109	78,483
Depreciation	700	-	-	700
Total expenses	$ 64,556	$ 12,518	$ 2,109	$ 79,183

See accompanying notes and independent accountant's review report.

FAMILY PROMISE OF ESCAMBIA COUNTY, INC.

STATEMENT OF CASH FLOWS
MODIFIED CASH BASIS
For the Year Ended December 31, 2023

Cash Flows from Operating Activities:	
Change in net assets	$ (1,605)
Adjustments to reconcile change in net assets to net cash used for operating activities:	
Depreciation	700
Donated stocks	(9,955)
Net realized and unrealized (gain) loss on investments	(269)
(Increase) decrease in:	
Prepaid expenses	1,851
Increase (decrease) in:	
Accounts payable and accrued expenses	(89)
Net cash used by operating activities	(9,367)
Net decrease in cash	(9,367)
Cash, beginning of year	87,890
Cash, end of year	$ 78,523

See accompanying notes and independent accountant's review report.

NOTES TO FINANCIAL STATEMENTS

Nature of Activities

Family Promise of Escambia County, Inc. (the Organization) was organized in 2018 to develop and provide comprehensive, holistic solutions for families facing homelessness. Families come to us in crisis; our approach of coordinated compassion helps them rebuild their lives with new skills and ongoing support to prepare them for a successful future.

The Organization is directed by an active Board of Directors whose members serve without compensation.

Summary of Significant Accounting Policies

Basis of accounting

The financial statements are prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles. That basis differs from generally accepted accounting principles in that revenue, including primarily contributions, are recognized when received instead of when promised and expenses are recognized when cash is disbursed rather that when the obligation is incurred.

Financial statement presentation and contributions

The Organization is required to report information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions.

Contributions received are recorded as net assets with donor restrictions or net assets without donor restrictions depending on the existence and or nature of any donor restrictions. Contributions for which donors have imposed restrictions, which limit the use of the donated assets, are reported as net assets with donor restrictions if the restrictions are not met in the same reporting period. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

Cash and cash equivalents

Cash and cash equivalents include cash in banks, certificates of deposit, and money market investments that are part of the Organization’s cash management portfolio. The Organization considers highly-liquid investments purchased with a maturity of three months or less to be cash equivalents.

Investments

Investments in marketable securities with readily determinable fair values and all investments in debt securities are reported at their fair values in the statement of financial position. Unrealized gains and losses are included in the change in net assets. Investment income and gains restricted by a donor are reported as increases in net assets without donor restrictions if the restrictions are met (either by passage of time or by use) in the reporting period in which the income and gains are recognized.

Summary of Significant Accounting Policies (continued)

Investments (continued)

The Organization values its financial assets and liabilities based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. A fair value hierarchy that prioritizes the inputs to valuation techniques is used to measure fair value. The hierarchy maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the most observable inputs be used when available. The hierarchy is broken down into the following three levels, based on the reliability of the inputs:

Level 1: Unadjusted quoted prices in active markets for identical assets or liabilities that are observable at the measurement date;

Level 2: Significant observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data; and

Level 3: Significant unobservable inputs for the asset or liability that reflect the reporting organization's own estimates about the assumptions that market participants would use in pricing the asset or liability.

Property and equipment

Property and equipment are recorded at cost. Property and equipment are depreciated using the straight-line method over their estimated useful lives. The Organization's policy is to capitalize capital acquisitions costing $1,000 or more. Depreciation expense was $700 in 2023.

Income taxes

The Organization is exempt from federal income taxes under Internal Revenue Code Section 501 (c) (3).

A policy for accounting for uncertainty in income taxes was adopted in prior years that require the Organization to determine whether it is more likely than not that a tax position will be sustained upon examination based on the technical merits of the position. The Organization has no uncertain tax positions that qualified for either recognition or disclosure in the financial statements at December 31, 2023.

Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Accordingly, actual results could differ from those estimates.

Donated materials

Donated materials or equipment, when received, are reflected as contributions in the accompanying statements at their estimated fair market values at the date of receipt.

Donated services

Contributions of donated services that create or enhance nonfinancial assets, or require specialized skills, and which would typically need to be purchased if not provided by donation, are recorded at their estimated fair values in the period received. Donated services not satisfying these criteria are not recognized in the statement of activities.

Summary of Significant Accounting Policies (continued)

Contributions

Contributions received are recorded as net assets with donor restrictions or net assets without donor restrictions depending on the existence or nature of any donor restrictions.

Cost allocation

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include compensation and benefits, which are allocated on the basis of estimates of time and effort. Insurance, utilities, repairs and maintenance expense, depreciation and interest are allocated on the basis of square footage.

Subsequent events

The Organization has evaluated subsequent events through June 21, 2024, the date which the financial statements were available to be issued.

Restrictions on Net Assets

Net assets with donor restrictions are available for the following purposes or periods at December 31:

	2023
Shelter	$ 1,700
Rotary Club of Pensacola	2,500
Gannett/USA Today	7,500
Moore – Day Center Rent	6,000
Total net assets with donor restrictions	$ 17,700

Investments

The following table set forth the Organization's investments by level within the fair value hierarchy, as of December 31:

2023

Fair value measurements using

	Level 1	Level 2	Level 3	Total
Cash	$ 10,224	$ -	$ -	$ 10,224
Total	$ 10,224	$ -	$ -	$ 10,224

Investments (continued)

Investment return for the year ended December 31 is summarized as follows:

	2023 Without Donor Restrictions
Interest and dividend income	$ 615
Net realized and unrealized	-
Administrative fees	(46)
Total	$ 569

Liquidity and Availability of Financial Assets

The following reflects the Organization's financial assets as of the balance sheet date, reduced by amounts not available for general use because of contractual or donor-imposed restrictions within one year of the balance sheet date.

	2023
Financial assets at year-end	$ 88,747
Less those unavailable for general expenditures within one year, due to:	
Donor-restrictions	17,700
Financial assets available to meet cash needs for general expenditures within one year	$ 71,047