

Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning and ending

Family Promise of Barry County Inc 81-2348698

Net Asset / Fund Balance at Beginning of Year 108,945

Revenue 98,595

Program service revenue 56
Investment income
Capital gain / loss
Fundraising / Gaming: 18,350
Gross revenue 9,986
Direct expenses 8,364
Net income 107,015

Expenses 117,075
Program services
Management and general
Fundraising
Total expenses -10,060
Excess / (deficit)
Changes

Net Asset / Fund Balance at End of Year 98,885

Table with 2 columns: Reconciliation of Revenue, Reconciliation of Expenses. Rows include Total revenue per financial statements, Less: Unrealized gains, Donated services, Recoveries, Other, Plus: Investment expenses, Other, Total revenue per return.

Balance Sheet table with columns: Beginning, Ending, Differences. Rows include Assets (125,554, 116,471, -10,060), Liabilities (16,609, 17,586), Net assets (108,945, 98,885).

Miscellaneous Information
Amended return
Return / extended due date 11/15/22
Failure to file penalty

Form 2848

Power of Attorney and Declaration of Representative

Family Promise of Barry County Inc 81-2348698

269-953-6189
Daytime telephone number
Plan number (if applicable)

Power of Attorney
Katherine K. Sheldon [Walker, Fluke]
8700 Gull Rd
Richland MI 49083

Check if to be sent copies of notices and communications
Name and address
Check if new Address

(Note: IRS sends notices and communications to only two representatives.)
Check if new Address
Telephone No.
Fax No.

3 Acts authorized (you are required to complete line 3). Except for the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts I can perform with respect to the tax matters described below.

4 Specific use not recorded on the Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See Line 4, Specific Use Not Recorded on CAF in the instructions.

5a Additional acts authorized. In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information):
Access my IRS records via an Intermediate Service Provider
Authorize disclosure to third parties
Substitute or add representative(s)
Sign a return.

For Privacy Act and Paperwork Reduction Act Notice, see the instructions. Form 2848 (Rev. 1-2021)

Specific acts not authorized. My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.

Remotion/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this form.

Taxpayer declaration and signature. If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are signing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify I have the legal authority to execute this form on behalf of the taxpayer.

Signature: Jason Watson, Date: 08/16/22, Title: Treasurer, Print name of taxpayer from line 1 if other than individual: Family Promise of Barry County Inc

Part II Declaration of Representative

I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service. I am subject to regulations in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service.

- 1 am one of the following:
a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
b Certified Public Accountant—a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.
c Enrolled Agent—enrolled as an agent by the IRS per the requirements of Circular 230.
d Officer—a bona fide officer of the taxpayer organization.
e Full-Time Employee—a full-time employee of the taxpayer.
f Family Member—a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the IRS is limited by section 10.3(d) of Circular 230).
h Unenrolled Return Preparer—Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). See Special Rules and Requirements for Unenrolled Return Preparers in the Instructions for additional information.
k Qualifying Student or Law Graduate—receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student, or law graduate working in a LTC or STCP. See instructions for Part II for additional information and requirements.
r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d)).

Part III POWER OF ATTORNEY, REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.

Table with 4 columns: Designation, Licensing jurisdiction, Bar, license, certification, registration, or enrollment number, Signature, Date. Row 1: 1101023575, 08/16/22

Name and title of officer or person subject to tax: Jason Watson, Treasurer

Type of Return and Return Information: 10a Form 8038-CP check here, 11a Form 990 check here, 12a Form 990-EZ check here, 13a Form 1120-POL check here, 14a Form 990-PF check here, 15a Form 8868 check here, 16a Form 990-T check here, 17a Form 4720 check here, 18a Form 5227 check here, 19a Form 5330 check here, 10a Form 8038-CP check here

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return, Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

I authorize Walker, Flake & Sheldon, PLLC to enter my PIN 48698 as my signature. ERO firm name: Walker, Flake & Sheldon, PLLC

Certification and Authentication: ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Date: 08/16/22

ERO's signature: Date: 08/16/22. Do Not Submit This Form to the IRS Unless Requested To Do So. For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Department of the Treasury Internal Revenue Service

Form 990-EZ (2021)

Family Promise of Barry County Inc 81-2348698

2021

Balance Sheets (see the instructions for Part II)

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

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

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	98,595
2	Program service revenue including government fees and contracts	0
3	Membership dues and assessments	0
4	Investment income	0
5a	Gross amount from sale of assets other than inventory	56
5b	Less: cost or other basis and sales expenses	0
5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	56
6	Gaming and fundraising events:	
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	0
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)	18,350
c	Less: direct expenses from gaming and fundraising events	9,986
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	8,364
7a	Gross sales of inventory, less returns and allowances	0
7b	Less: cost of goods sold	0
7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	0
8	Other revenue (describe in Schedule O)	0
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	107,015
10	Grants and similar amounts paid (list in Schedule O)	0
11	Benefits paid to or for members	78,399
12	Salaries, other compensation, and employee benefits	7,128
13	Professional fees and other payments to independent contractors	12,643
14	Occupancy, rent, utilities, and maintenance	566
15	Printing, publications, postage, and shipping	18,339
16	Other expenses (describe in Schedule O)	117,075
17	Total expenses. Add lines 10 through 16	-10,060
18	Excess or (deficit) for the year (subtract line 17 from line 9)	108,945
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)	108,945
20	Other changes in net assets or fund balances (explain in Schedule O)	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20	98,885

Part II 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

What is the organization's primary exempt purpose?

Help families achieve independence

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 Provide shelter and support to families in need through the housing and day center.

Line	Program Service	(a) Name and title	(b) Average hours per week devoted to position	(c) Compensation (M/ISC/ if not paid, enter -0-)	(d) Health benefits, pension plans, and deferred compensation	(e) Estimated amount of other compensation
30	Grants \$	Alisa Otto, President	3.00	0	0	0
30	Grants \$	Laura Munro, Vice President	2.50	0	0	0
30	Grants \$	Jason Watson, Treasurer	3.50	0	0	0
30	Grants \$	Robin Walters, Secretary	5.00	0	0	0
30	Grants \$	Jessica Troyer, Director	2.50	0	0	0
30	Grants \$	Kim Metzger, Director	2.50	0	0	0
30	Grants \$	Sue Iarghi, Director	2.50	0	0	0
30	Grants \$	Jacob Pratt, Director	2.50	0	0	0
30	Grants \$	Kelly Jenkins, Director	2.50	0	0	0
30	Grants \$	Maggie Isenhoff, Director	2.50	0	0	0

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

29 (Grants \$) If this amount includes foreign grants, check here

30 (Grants \$) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O)

32 Total program service expenses (add lines 28a through 31a)

33 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

Part IV Other Information

1 Website: www.bcfamilypromise.org

2 Tax-exempt status (check only one): 501(c)(3) 501(c) 501(c)(1) or 527 527 (Form 990)

3 Form of organization: Corporation Trust Association Other

4 Accounting Method: Cash Accrual Other (specify)

5 City or town, state or province, country, and ZIP or foreign postal code: Hastings, MI 49058

6 Employer identification number: 81-2348698

7 Telephone number: 269-953-6189

8 Group Exemption Number:

9 Check if the organization is not required to attach Schedule B (Form 990):

10 L. Add lines 5b, 6c, and 7a 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

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

Part V Other Information

12 Check if the organization used Schedule O to respond to any question in this Part V

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

Part VI Other Information

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

Part VII Other Information

15 Check if the organization used Schedule O to respond to any question in this Part VII

Part VIII Other Information

16 Check if the organization used Schedule O to respond to any question in this Part VIII

Part IX Other Information

17 Check if the organization used Schedule O to respond to any question in this Part IX

Part X Other Information

18 Check if the organization used Schedule O to respond to any question in this Part X

Part XI Other Information

19 Check if the organization used Schedule O to respond to any question in this Part XI

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

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	Yes	No	<input checked="" type="checkbox"/>
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	Yes	No	<input type="checkbox"/>
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	Yes	No	<input type="checkbox"/>
b	If "Yes" to line 35a, has the organization filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	35b	Yes	No	<input type="checkbox"/>
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	Yes	No	<input checked="" type="checkbox"/>
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	Yes	No	<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a			
b	Did the organization file Form 1120-POL for this year?	37b	Yes	No	<input checked="" type="checkbox"/>
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	Yes	No	<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b			
39	Section 501(c)(7) organizations. Enter:	39a			
a	Initiation fees and capital contributions included on line 9	39b			
b	Gross receipts, included on line 9, for public use of club facilities	39c			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911	40a			
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	Yes	No	<input checked="" type="checkbox"/>
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	40c	Yes	No	<input type="checkbox"/>
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	40d	Yes	No	<input type="checkbox"/>
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	Yes	No	<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed	41	None		
42a	The organization's books are in care of	42a	Jason Watson		
	2741 Quakerzix	42b	MI 49058		
	Located at	42c	MI 49058		
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	42c	Yes	No	<input type="checkbox"/>
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	Yes	No	<input type="checkbox"/>
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	<input type="checkbox"/>
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	Yes	No	<input checked="" type="checkbox"/>
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	Yes	No	<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?	44c	Yes	No	<input checked="" type="checkbox"/>
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	Yes	No	<input type="checkbox"/>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	Yes	No	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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

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

47	Did the organization engage in lobbying activities or have a section 501(b) election in effect during the year? If "Yes," complete Schedule C, Part II	47	Yes	No	<input checked="" type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	Yes	No	<input checked="" type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	Yes	No	<input checked="" type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	49b	Yes	No	<input checked="" type="checkbox"/>
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."	50			
	(a) Name and title of each employee	(b) Average annual base salary (Form W-2/1099-MISC) devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, pension, and deferred compensation	(e) Estimated amount of other compensation
	None				
f	Total number of other employees paid over \$100,000	f	None		
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."	51			
	(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	d	None		
52	Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	52	Yes	No	<input checked="" type="checkbox"/>

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
	Jason Watson	
	Signature of preparer	Date
	Katharine K. Sheldon	08/16/22

Treasurer	Print/preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Walker, Fluke & Sheldon, PLC		08/16/22	<input type="checkbox"/>	8100022438
	525 W. Apple Street				38-3639675
	Hastings, MI 49058				
	Phone no.	269-945-9452			

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