Return of Organization Exempt From Income Tax

Form **990**

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

20 19

Open to Public Inspection

A F	or th	ne 201	9 calendar year, or tax year begin	ning 07/	01, 2019 ,	and end	ing		06/3	0 ,20 20		
B c	heck if a	pplicable:	C Name of organization FAMILY TREE, INC.					D Employer ide	entificatio	n number		
	Addre		Doing Business As					84-0730973				
	chang	-	Number and street (or P.O. box if mail is	not delivered to street address) [Room/suite	<u> </u>	E Telephone number				
	+	e change I return	3805 MARSHALL STREET	(303) 422-2133								
	+		City or town, state or province, country, a	and ZIP or foreign postal code				(303) 12	2 213			
	Amer	ninated nded	WHEAT RIDGE, CO 80033	a 2 o. 10.01g poota. 0000				G Gross receip	te ¢	9,014	496	
	returi Appli	n cation	F Name and address of principal officer:	SCOTT SHIELDS				H(a) Is this a grou			X No	
	pend	ing	3805 MARSHALL STREET,					subordinates H(b) Are all subord	?	\vdash	No	
_	Tay-ey	empt st	<u> </u>) 	4947(a)(1) o	r E	527			e instructions)		
<u>:</u>			WWW.THEFAMILYTREE.ORG) (Iliseit Ilo.)	4947 (a)(1) 0	'	021	H(c) Group exemp	•			
_				Association Other		L Year	of format	tion: 1976 M			CO	
	art I	_	mmary	, togodiation Carton p		1	01.1011114		01010 01 10	- gai a o o . o .		
			y describe the organization's mission or	most significant activities	FAMILY	TREE	PROVI	DES				
ą	1		OVATIVE, LIFE-CHANGING SE									
anc			LD ABUSE, DOMESTIC VIOLEN									
ern	2	Check	k this box	scontinued its operations	or disposed	d of more t	 han 25%	of its net assets				
Governance	3		per of voting members of the governing	•	•				3		12.	
∞	4	Numb	per of independent voting members of t	he governing body (Part V	I. line 1b)				4		12.	
ties	5	Total	number of individuals employed in cale	ndar vear 2019 (Part V. lin	ne 2a)				5		178.	
Activities &	6		number of volunteers (estimate if necess						6		724.	
Ä	7a	Total	unrelated business revenue from Part V	III, column (C), line 12					7a	-3	3,201	
			nrelated business taxable income from I						7b	-3	3,201	
ø								Prior Year		Current Y	ear	
	8	Contr	ibutions and grants (Part VIII, line 1h)				٦ 🗀	7,965,73	4.	6,323	3,025.	
ů	9	Progra	am service revenue (Part VIII, line 2g)		l cost	_		1,866,21	9.	2,196	5,902.	
Revenue	10		tment income (Part VIII, column (A), line		PUBLIC IN	SPECTION	1	23,68	0.	102	2,394	
œ	11		revenue (Part VIII, column (A), lines 5,				7	303,05	8.	237	7,899	
	12		revenue - add lines 8 through 11 (must				-	10,158,69	1.	8,860	7,220.	
	13	Grant	s and similar amounts paid (Part IX, colu	ımn (A), lines 1-3)				1,421,52	3.	1,590	0,901	
	14	Benef	fits paid to or for members (Part IX, colu	mn (A), line 4)					0.		0	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)						4,522,025.			2 , 977.	
Expenses	16a	Profe	ssional fundraising fees (Part IX, column	(A), line 11e)					0.	39	9,732	
×be	b	Total	fundraising expenses (Part IX, column (I	D), line 25) ▶	169,292.							
Ш	17	Other	expenses (Part IX, column (A), lines 11	a-11d, 11f-24e)				991,50			7,949	
	18	Total	expenses. Add lines 13-17 (must equal	Part IX, column (A), line 2	5)			6,935,05			L,559.	
	19	Rever	nue less expenses. Subtract line 18 from	line 12				3,223,63	5.	678	3,661	
s or							Begin	ning of Current Y		End of Yea		
set	20	Total	assets (Part X, line 16)					8,120,25			3,641	
Net Assets or Fund Balances	21		liabilities (Part X, line 26)					1,014,20			<u>4,805</u> .	
			ssets or fund balances. Subtract line 21	from line 20				7,106,05	7.	7,798	3,836	
	rt II		gnature Block									
Un	der pei e, corre	nalties o ect, and	of perjury, I declare that I have examined thi complete. Declaration of preparer (other than	s return, including accompa officer) is based on all inforn	nying schedul nation of whic	es and stat h preparer	tements, a has any ki	and to the best of nowledge.	my know	ledge and b	elief, it is	
Sig	ın		Signature of officer					Date				
He			Signature of officer					Date				
			Type or print name and title									
		<u> </u>	Type or print name and title (Type preparer's name	Preparer's signature		Date			; PTIN			
Paid	t		7	i Toparei o oigilature		Date		Check	"			
Pre	parer		M R SMITH CPA					self-employe	90 PU 44-01	0958966		
Use	Only		s name BKD, LLP					T IIIII O E II V				
N/ a:	, th = !		s address 111 SOUTH TEJON, SUITE 8					1 110110 1101		71-4290	<u> </u>	
			scuss this return with the preparer show		<u>'</u>					X Yes Form 99	No No	
ror	rape	rwork	Reduction Act Notice, see the separat	e instructions.						Form 991	J (2019)	

Page 2 Form 990 (2019)

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	Х
1	Briefly describe the organization's mission: FAMILY TREE HELPS PEOPLE OVERCOME CHILD ABUSE, DOMESTIC VIOLENCE AND	
	HOMELESSNESS TO BECOME SAFE, STRONG AND SELF-RELIANT.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$3,450,209. including grants of \$1,445,364) (Revenue \$726,579) HOUSING AND FAMILY STABILIZATION SERVICES - SEE SCHEDULE O	
		_
4b	(Code:) (Expenses \$1,752,637. including grants of \$69,682) (Revenue \$691,191) DOMESTIC VIOLENCE SERVICES - SEE SCHEDULE O	
	JOMESTIC VIOLENCE SERVICES - SEE SCHEDULE O	
4c	(Code:) (Expenses \$1,279,742. including grants of \$57,207.) (Revenue \$786,084.) CHILD AND YOUTH SERVICES - SEE SCHEDULE O	
		_
4d	Other program services (Describe on Schedule O.) ATTACHMENT 1	
1 ^	(Expenses \$ 500,611. including grants of \$) (Revenue \$ 224,721.)	

Form **990** (2019)

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		3.7
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			Х
,	"Yes," complete Schedule D, Part I.	6		Λ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
}	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		- 1
	complete Schedule D, Part III	8		Х
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		
)	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			Х
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	X	Λ
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
١	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1		
u	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i>	1		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
а	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
,	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
	Did the ergonization report on Dort IV column (A) line 2 more than CE 000 of eggregate grants or other			
i	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			37
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		v	Х
,	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	16	Х	Х
7	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
7	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X	Х
7	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	17		
7 3	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	17 18		X
7 3 9	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	17 18 19 20a		X
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	17 18		X
7 8 9 0 a b	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	17 18 19 20a		X

Par	Checklist of Required Schedules (continued)		V	Na
	Did the approximation property areas then OF 000 of greate or other positions to be for deposition in dividuals and	\vdash	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	21	
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	21	
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	-		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
 0 u	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24	Х	
25.0	or IV, and Part V, line 1	34	Λ.	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		- 21
Ь	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	,		
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 178			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
- -a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country			
D	· · · · · · · · · · · · · · · · · · ·			
. .	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			Х
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	.		
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_	3.7	
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	roo, emor me amount or tax exempt mercet rooms a accurate daming me year.			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	154		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	The engineering meaning are record quantities and provide a contract of the co			
	Enter the amount of reserves on hand	140		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			7.7
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2019) FAMILY TREE, INC. 84-0730973 Page **6**

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Sect	ion A. Governing Body and Management			
			Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year	2		
та	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	_
b	Each committee with authority to act on behalf of the governing body?	8b	Х	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			х
Socti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	Code	<u> </u>	21
Seci	on B. Foncies (This Section Brequests information about policies not required by the internal Nevende	Code	Yes	No
40.	Did the comparison that have been been been been as a fifteen of	10a		X
	Did the organization have local chapters, branches, or affiliates?	IVa		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? • Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
D	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	4.01-		
Soct	organization's exempt status with respect to such arrangements?ion C. Disclosure	16b		
17 10	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1022 (1024 or 1024 A. if applicable), 900, and 900.	T (Ca-	tion 5	:01/~\
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O)	i (Sec	tion c	001(0)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	of inte	rest p	olicy,
20	and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and recor	de 🛌		
20	State the name, address, and telephone number of the person who possesses the organization's books and recordill S. FARNHAM 3805 MARSHALL ST. WHEAT RIDGE, CO 80033	JU -		

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Form 990 (2019) FAMILY TREE, INC. 84-0730973 Page 7

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box,	unles	Pos neck ss pe	rson	e than one is both an tor/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)SCOTT SHIELDS	40.00									
CHIEF EXECUTIVE OFFICER	0.			Х				147,735.	0.	12,555
(2)JILL FARNHAM	40.00							,		,
CHIEF FINANCIAL OFFICER	0.			Х				117,222.	0.	7,730
(3)CINDY CRAGG	1.00									
PAST CHAIR	0.	Х		Х				0.	0.	0
(4)JULIA WEST	1.00									
DIRECTOR THROUGH 12/2019	0.	Х		Х				0.	0.	0
(5) TED CLIFTON	1.00									
CHAIR	0.	Х		Х				0.	0.	0
(6) WILLIAM A. CLAYTON	1.00									
DIRECTOR THROUGH 12/2019	0.	Х						0.	0.	0
(7)LINDA BECKER	1.00									
SECRETARY	0.	Х		Х				0.	0.	0
(8)MARK HUMPHREY	1.00									
DIRECTOR	0.	Х						0.	0.	0
(9) SCOTT PAYANT	1.00									
DIRECTOR	0.	Х						0.	0.	0
(10) AL SIMMONS	1.00									
DIRECTOR THROUGH 1/2020	0.	Х						0.	0.	0
(11) TIM PFEIFER	1.00									
TREASURER	0.	Х		Х				0.	0.	0
(12) CATHERINE HILDRETH	1.00									
DIRECTOR	0.	Х						0.	0.	0
(13) TAYLOR ROBERTSON	1.00									
DIRECTOR	0.	Х				L	L	0.	0.	0
(14)KAMI WELCH	1.00									
CHAIR ELECT	0.	Х		Х				0.	0.	0

Form **990** (2019)

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FAMILY TREE, INC.

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	yee	es,	and F	lig	hest Compensat	ed Employees (d	continued	Page)
(A) Name and title	(B) Average hours per week (list any hours for	(do i box, office	Pos heck ss pe	Position eck more than one s person is both an a director/trustee)			from the	(E) Reportable compensation from related organizations	Estim amou oth compe	nated unt of ner nsation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from organi and ro organi	ization elated
15) MONICA BUHLIG DIRECTOR	1.00	Х						0	0.		
16) AMBER BECKER	1.00	Α						0.	0.		
DIRECTOR	0.	Х						0.	0.		
17) CHERYL WINK	1.00										
DIRECTOR	0.	Х						0 .	0.		
		-									
		-									
1b Sub-total								264,957.	0.	2	0,285
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						>	264,957.	0.	2	0,285
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose					o re	eceived more than	\$100,000 of		
Teportable compensation from the organization											es No
3 Did the organization list any former office	or directo	or or	tri	ıcto	0	kov c	mn	lovoo or highes	t componented	I	es inc
employee on line 1a? If "Yes," complete Sched										3	Х
4 For any individual listed on line 1a, is the	sum of rep	ortab	ole d	com	per	satio	n ai	nd other compens	sation from the		
organization and related organizations gre								complete Scriedu	I C J IOT SUCH	4	Х
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	sati	on f	fron	n any	un			5	X
Section B. Independent Contractors	•										
Complete this table for your five highest com- compensation from the organization. Report of year.											
(A)								(B)		(C)	

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

FAMILY TREE, INC. 84-0730973 Form 990 (2019) Page 9

Part VIII Statement of Revenue

Par	τνιι	Check if Schedule O contains a resp	nonse or note to an	v line in this Part \	/111		
		Officer if Confedure O contains a resp	sonse of flote to aff	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a	11,966.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b)				
Y,G	С	Fundraising events 1c	119,603.				
iifts ar /	d	Related organizations 1d	I				
s, Hii	е	Government grants (contributions) 1e	4,830,646.				
ons Sil	f	All other contributions, gifts, grants,					
outi		and similar amounts not included above . 1f	1,360,810.				
뎚	g	Noncash contributions included in					
no		lines 1a-1f 1g	\$ 188,503.				
O B	h	Total. Add lines 1a-1f		6,323,025.			
4			Business Code				
vice	2a	CONTRACT FEES	624100	2,021,931.	2,021,931.		
Program Service Revenue	b	SERVICE FEES	624100	131,565.	131,565.		
m /en	С	HOMELESSNESS PROGRAM REVENUE	624100	43,406.	43,406.		
gra Re	d		_				
ò	е		-				
ш	f	All other program service revenue		2,196,902.			
	g	Total. Add lines 2a-2f		2,190,902.			
	3	Investment income (including dividend other similar amounts)		21,552.			21,552.
	4	Income from investment of tax-exempt be	. Г	0.			21,332.
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a 24,20	17.				
	b	Less: rental expenses 6b 21,12	17.				
	С	Rental income or (loss) 6c 3,08	30.				
	d	Net rental income or (loss)		3,080.		-3,201.	6,281.
	7a	Gross amount from (i) Securities					
		sales of assets					
		other than inventory 7a	187,682.				
e	b	Less: cost or other basis					
evenue		and sales expenses 7b	106,840.				
Şe,	С	Gain or (loss) 7c	80,842.				
erl	d	Net gain or (loss)	<u> ▶</u>	80,842.			80,842.
Other R	8a	Gross income from fundraising					
0		events (not including \$119,603.					
		of contributions reported on line					
		10): 0001 4:117, ::::0 10 1 1 1 1 1 1 1	20,339.				
	b		b 26,309.	-5,970.			-5,970.
	С	Net income or (loss) from fundraising ever	1ts	-5,970.			-5,970.
	9a	Gross income from gaming activities. See Part IV, line 19 9	u a 0.				
			b 0.				
	b	Less: direct expenses		0.			
	10a	Gross sales of inventory, less					
	I Va	returns and allowances	Da 223,269.				
	b		0b 0.				
	C	Net income or (loss) from sales of inventory		223,269.	223,269.		
<u>s</u>			Business Code				
Miscellaneous Revenue	11a	MISCELLANEOUS REVENUE	900099	17,520.	8,404.		9,116.
lan	b						
cell	С						
Ais. R	d	All other revenue					
_	е	Total. Add lines 11a-11d		17,520.			
10.4	12	Total revenue. See instructions	<u> ▶ </u>	8,860,220.	2,428,575.	-3,201.	111,821.
JSA							Form 990 (2010)

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Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response	onse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	18,648.	18,648.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,572,253.	1,572,253.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	325,352.	94,049.	150,037.	81,266.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	4,304,972.	3,615,338.	568,845.	120,789.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	44,912.	44,912.		
9	Other employee benefits	358,497.	316,024.	23,963.	18,510.
10	Payroll taxes	329,244.	261,617.	52,742.	14,885.
11	Fees for services (nonemployees):				
а	ı Management	0.			
b	Legal	0.			
C	Accounting	61,290.	4,080.	57,210.	
d	Lobbying	4,667.		4,667.	
	Professional fundraising services. See Part IV, line 17.	39,732.		2 226	39,732.
f	f Investment management fees	3,336.		3,336.	
g	Other. (If line 11g amount exceeds 10% of line 25, column	220 224	150 575	20 205	00 454
	(A) amount, list line 11g expenses on Schedule O.)	220,324.	159,575.	32,295.	28,454.
12	Advertising and promotion	0.	C1 270	26 500	29,953.
13	Office expenses	117,840.	61,378.	26,509.	29,953.
14	Information technology	0.			
15	Royalties	279,057.	279,057.		
	, , , , , , , , , , , , , , , , , , , ,	59,511.	56,835.	1,168.	1,508.
	Travel	37,311.	30,033.	1,100.	1,500.
18	Payments of travel or entertainment expenses	0.			
40	for any federal, state, or local public officials	32,323.	24,967.	6,689.	667.
	Conferences, conventions, and meetings	71,822.	34,630.	36,751.	441.
	Interest Payments to affiliates	0.	32,030.	20,,31.	****
	Depreciation, depletion, and amortization	167,315.	164,208.		3,107.
	Insurance	133,273.	127,948.	1,954.	3,371.
	Other expenses. Itemize expenses not covered			,	· ·
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	DUES/FEES/SUBSCRIPTION	37,191.	18,025.	10,339.	8,827.
b	INDIRECT EXPENSE		129,655.	-247,437.	117,782.
c	;				
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	8,181,559.	6,983,199.	729,068.	469,292.
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,208,744.	1	2,252,068.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	641,401.	3	1,287,745.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ţs	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	25,559.	8	16,745.
¥	9	Prepaid expenses and deferred charges	30,998.	9	33,306.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	4,597,122.	10c	5,207,710.
	11	Investments - publicly traded securities	359,345.	11	892,232.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	257,090.	15	253,835.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	8,120,259.	16	9,943,641.
	17	Accounts payable and accrued expenses	499,443.	17	763,505.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	87,445.	19	69,195.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
Ś	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
į		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	424,119.	23	1,308,910.
	24	Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	3,195.	25	3,195.
	26	Total liabilities. Add lines 17 through 25	1,014,202.	26	2,144,805.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	3,748,269.	27	4,559,215.
Ba	28	Net assets with donor restrictions.	3,357,788.	28	3,239,621.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
Assets or	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
ت ک	32	Total net assets or fund balances	7,106,057.	32	7,798,836.
Net	33	Total liabilities and net assets/fund balances	8,120,259.	33	9,943,641.
_	J 3	Total habilities and het assets/fully baldifies,	0,120,239.	<u> </u>	Form 990 (2019)

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Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>		_ X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,	860,2	220.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,	181,5	559.
3	Revenue less expenses. Subtract line 2 from line 1	3		678,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,	106,0	057.
5	Net unrealized gains (losses) on investments	5		5,3	152.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		8,9	966.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	7,	798,8	836.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain i	in		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled o	or		
	reviewed on a separate basis, consolidated basis, or both:	•			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
_	If "Yes," check a box below to indicate whether the financial statements for the year were aud				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersiaht a	of		
•	the audit, review, or compilation of its financial statements and selection of an independent accounts	_		X	
	If the organization changed either its oversight process or selection process during the tax year, e				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in th	ie.		
Ja	Single Audit Act and OMB Circular A-133?		3a	X	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	derao th	ne 🗀	1	
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	•	l l	X	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number 84-0730973

FAN	IILY	TREE,	INC.					84-07309	73
Pai	t I	Reason	for Public Cha	rity Status (All o	organizations must o	omplete	e this pa	art.) See instructions	i.
The	orga	nization is	not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church,	convention of chu	urches, or associa	tion of churches desci	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school o	described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital	or a cooperative	hospital service o	rganization described	n sectio	n 170(b)	(1)(A)(iii).	
4		A medical	research organiz	ation operated in	conjunction with a hos	spital des	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's	name, city, and st	ate:					
5		An organi	zation operated t	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
		section 17	70(b)(1)(A)(iv). (C	Complete Part II.)					
6	Ш	A federal,	state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X	An organi	zation that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
	$\overline{}$			(1)(A)(vi). (Compl					
8	Щ	A commun	nity trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricul	tural research or	ganization describe	ed in section 170(b)(1)(A)(ix) (operated	I in conjunction with a	land-grant college
		or universi	ity or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or
	$\overline{}$	university:							
10 11		receipts fr support fro acquired b	om activities rela om gross investm by the organizatio	ted to its exempt f ent income and u n after June 30, 19	unctions - subject to	certain e able incc (a)(2). (C	xception me (less Complete	,	n 331/3% of its
12		•	•	•	•	-			carry out the purposes
12		Ū	Ū	•	•			•	see section 509(a)(3).
									nes 12e, 12f, and 12g.
•		_		=			-	orted organization(s),	_
а					•	-		the directors or truste	
			=		e Part IV, Sections A		ajority of	the directors of truste	C3 Of the
b							with its	supported organization	on(s) by having
-				-				ns that control or man	
					, Sections A and C.				ange and employees
С		_				ted in co	onnectio	n with, and functional	lly integrated with.
			-		s). You must comple				,,
d			=		-			ection with its suppor	ted organization(s)
			=					oution requirement and	= ::
				-	omplete Part IV, Sect	-		•	
е		Check th	his box if the orga	nization received	a written determinatio	n from tl	he IRS th	hat it is a Type I, Type I	I, Type III
		function	ally integrated, or	Type III non-funct	ionally integrated sup	porting c	organizat	ion.	
f	Ent	er the num	nber of supported	organizations					
g	Pro	vide the fo	ollowing information	on about the suppo	orted organization(s).				
	(i) Na	ame of suppo	rted organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	, ,	organization	(v) Amount of monetary	(vi) Amount of other support (see
					above (see instructions))		ur governing ment?	support (see instructions)	instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	ıl								

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,385,265.	4,531,767.	5,116,696.	5,143,558.	6,323,025.	25,500,311.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	4,385,265.	4,531,767.	5,116,696.	5,143,558.	6,323,025.	25,500,311.
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)						87,257.
6	Public support. Subtract line 5 from line 4						25,413,054.
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	4,385,265.	4,531,767.	5,116,696.	5,143,558.	6,323,025.	25,500,311.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	16,499.	12,976.	11,060.	32,270.	40,364.	113,169.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			8,080.	6,471.	9,116.	23,667.
11	Total support. Add lines 7 through 10						25,637,147.
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	10,409,380.
13	First five years. If the Form 990 is for organization, check this box and stop here.						
Sec	tion C. Computation of Public Supp						
14	Public support percentage for 2019 (lin		-			14	99.13%
15	Public support percentage from 2018 \$					15	98.94 %
16a	331/3% support test - 2019. If the org						
	box and stop here . The organization qu	-		-			
b	331/3% support test - 2018. If the org						
170	this box and stop here. The organization	-		_			
17a	7a 10%-facts-and-circumstances test - 2019. 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						
b	organization 10%-facts-and-circumstances test - 2018. 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 instructions	did not check a	box on line 13,	16a, 16b, 17a,	or 17b, check	this box and see	. \square

Schedule A (Form 990 or 990-EZ) 2019 Page 3

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

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

Sec	tion A. Public Support				•	,	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year_						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	(a) 204 <i>E</i>	(h) 204 C	(-) 2017	(4) 2040	(=) 2010	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 10 a	Amounts from line 6. 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						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
-	and 12.)						
14	First five years. If the Form 990 is for	•			•		` ` ` `
500	organization, check this box and stop here . tion C. Computation of Public Supp						
<u>360</u> 15	Public support percentage for 2019 (line 8,			mn (f))		15	%
16	Public support percentage from 2018 Schee						<u> </u>
	tion D. Computation of Investment					16	70
<u>3ec</u> 17	Investment income percentage for 2019 (lin			13 column (f))		17	%
18	Investment income percentage for 2019 (in					18	% %
	331/3% support tests - 2019. If the org						
134	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2018. If the orga		_				
	line 18 is not more than $331/3\%$, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organi	zation 🕨
20	Private foundation. If the organization d	id not check a	a box on line 1	4, 19a, or 19b,	check this box	and see instruc	ctions >

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in 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.**
- 10 a 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 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

		Yes	No
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				- 3
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	110		
h	A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations	110		
	- Jr Fr J J J J J J J.		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's 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 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		
Secti	ion C. Type II Supporting Organizations			
3001	on or type it oupporting 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		
Secti	ion D. All Type III Supporting Organizations			
1	Did the experimetion provide to each of its supported experimetions, but he look down of the fifth month of the		Yes	No
ı	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 in (2), 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		
Secti	ion 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 ins	structi	ions).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru		
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	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		
L	•			
b	Did the activities described in (a) 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 (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? 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		L

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	a trust o	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	-		•
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 1-1/2% 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 .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 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	y integra	ated Type III supporting	g organization (see
instructions).			

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish ex	cempt purposes				
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	the organization is resp	onsive			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2019 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
_1	Distributable amount for 2019 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2019					
	(reasonable cause required - explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2019					
а	From 2014					
b	From 2015					
C	From 2016					
d	From 2017					
е	From 2018					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2019 distributable amount					
i	Carryover from 2014 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2019 from					
	Section D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2019 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2020. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2015					
b	Excess from 2016					
C	Excess from 2017					
d	Excess from 2018					
е	Excess from 2019					

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Schedule A (Form 990 or 990-EZ) 2019

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

SCHEDULE A, PART II

EXPLANATION OF UNUSUAL GRANTS:

IN THE PRIOR FISCAL YEAR 6/30/2019, FAMILY TREE WAS THE RECIPIENT OF A LARGE NON-CASH CONTRIBUTION OF \$2,822,176 IN REAL ESTATE FROM A SINGLE SOURCE. SINCE THIS AMOUNT IS SIGNIFICANTLY LARGER THAN ANY OTHER CONTRIBUTION HISTORICALLY RECEIVED BY THE ORGANIZATION AND IS THE RESULT OF A ONE-TIME TRANSACTION, THE ORGANIZATION HAS DISCLOSED THE GRANT AS AN "UNUSUAL GRANT," AND THEREFORE IS NOT INCLUDING IT AS A CONTRIBUTION FOR SCHEDULE A, PART II PURPOSES.

THE ORGANIZATION DETERMINED THE GRANT TO BE UNUSUAL DUE TO THE FOLLOWING FACTORS, AS SET OUT IN IRS TREAS. REG. SECTION 1.509(A)-3(C)(4): THE CONTRIBUTION WAS FROM A DISINTERESTED PARTY AND UNEXPECTED AND UNUSUAL DUE THE AMOUNT OF THE CONTRIBUTION; THE ORGANIZATION CARRIED OUT A PROGRAM OF PUBLIC SOLICITATION AND ATTRACTED A SIGNIFICANT BASE OF PUBLIC SUPPORT PRIOR TO THE RECEIPT OF THE CONTRIBUTION; THE ORGANIZATION MET THE 33 1/3% PUBLIC SUPPORT TEST IN ALL PRIOR YEARS OF EXISTENCE (81.78% PUBLIC SUPPORT IN 2015); THE ORGANIZATION HAS A REPRESENTATIVE GOVERNING BODY; AND THE TRANSFEROR HAS NOT IMPOSED MATERIAL RESTRICTIONS OR CONDITIONS UPON THE CONTRIBUTION.

Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury

Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

FAMILY TREE, INC. 84-0730973 Organization type (check one): Filers of: Section: X 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** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization FAMILY TREE, INC.

Employer identification number 84-0730973

Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$1,015,101.	Person Payroll Noncash (Complete Part II for noncash contributions.)

		_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		- _ \$691,863. -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$\$8	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization FAMILY TREE, INC.

Employer identification number

			84-0730973
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization FAMILY TREE, INC.

Employer identification number 84-0730973

Part II	Noncash Property	(see instructions)	Use duplicate copie	s of Part II if additiona	I space is needed
	140110a3111 10pcity	1000 111011 401101107.	. Obc adplicate copic	o oi i ait ii ii aaaiiloila	i opace is riceaca.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization FAMILY TREE, INC. Employer identification number 84-0730973 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

the con Use		is completing Part III, ei /ear. (Enter this informa	nter the total o	complete columns (a) through (e) and of exclusively religious, charitable, etc ee instructions.) ► \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-				
_				
		(e) Transfer of g	ift	
_	Transferee's name, address, and a	ZIP + 4	Relation	ship of transferor to transferee
(a) No. from	4)5 (16	())		
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
_				
		() =		
		(e) Transfer of g		
	Transferee's name, address, and a	ZIP + 4	Relation	ship of transferor to transferee
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-				
	<u>'</u>	(e) Transfer of g	ift	
	Transferee's name, address, and a	ZIP + 4	Relation	ship of transferor to transferee
-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
_				
_				
		(e) Transfer of g	ift	
	Transferee's name, address, and a	ZIP + 4	Relation	ship of transferor to transferee
_				

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

f the		that have NOT filed Form 5768 (election form 990, Part IV, line 5 (Proxy			
	Section 501(c)(4), (5), or (6) orga				
Nam	e of organization			Employer ide	ntification number
FAM	MILY TREE, INC.			84-0730)973
Pai	rt I-A Complete if the c	organization is exempt under	section 501(c) or	s a section 527 organ	nization.
1 2 3 Par 1 2 3 4a b	Provide a description of the definition of "political campa Political campaign activity exponents of the Complete if the organization incurred a Was a correction made? If "Yes," describe in Part IV. TIC Complete if the C	organization's direct and indirect p	ns)section 501(c)(3). n under section 495: anagers under section 4720 for this year? for section 501(c), extended to other organization of the properties of the properti	cept section 501(c)(3 empt function sns for section sns for section	Yes No No
5	Enter the names, addresses organization made payment the amount of political cont	and employer identification numb s. For each organization listed, en tributions received that were prome nd or a political action committee (I	er (EIN) of all section ter the amount paid optly and directly de	on 527 political organiza I from the filing organiz livered to a separate po	ations to which the filing ation's funds. Also ente ditical organization, sucl
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2019

84-0730973

Pa	art II-A	Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
Α	Check ▶		longs to an affiliated group (and list in Part IV eand share of excess lobbying expenditures).	ach affiliated group memb	per's name,
В	Check ▶	If the filing organization ch	ecked box A and "limited control" provisions app	oly.	
			oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lob	bying expenditures to influence	public opinion (grassroots lobbying)		
b	Total lob	bying expenditures to influence	a legislative body (direct lobbying)	4,667.	
С	Total lob	bying expenditures (add lines 1	a and 1b)	4,667.	
d	Other ex	kempt purpose expenditures		8,176,892.	
е	Total ex	empt purpose expenditures (ad	d lines 1c and 1d) [8,181,559.	
f			e amount from the following table in both		
	columns	- 5.	_	559,078.	
	If the am	ount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:		
	Not over	\$500,000	20% of the amount on line 1e.		
	Over \$50	0,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,	000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,	500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17	7,000,000	\$1,000,000.		
g	Grassro	ots nontaxable amount (enter 2	5% of line 1f)	139,770.	
			ess, enter -0 [0.	0.
i			ess, enter -0 [0.	0.
j			on either line 1h or line 1i, did the organiza	ition file Form 4720	
-					Yes X No
			4-Year Averaging Period Under Section 501(h)		
	(S	ome organizations that made	a section 501(h) election do not have to compl	ete all of the five columi	ns below.
	•	See	the separate instructions for lines 2a through	2f)	

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total				
2a Lobbying nontaxable amount	453,859.	483,689.	495,398.	559,078.	1,992,024.				
b Lobbying ceiling amount (150% of line 2a, column (e))					2,988,036.				
c Total lobbying expenditures	1,979.	4,084.	2,651.	4,667.	13,381.				
d Grassroots nontaxable amount	113,465.	120,922.	123,850.	139,770.	498,007.				
e Grassroots ceiling amount (150% of line 2d, column (e))					747,011.				
f Grassroots lobbying expenditures									

Schedule C (Form 990 or 990-EZ) 2019

Page 3 Schedule C (Form 990 or 990-EZ) 2019

Par	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	l For	m 576	8		
For	or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed				(b)		
		Yes	No		Amou	ınt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						
a b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.						
С	Media advertisements?						
d	Mailings to members, legislators, or the public?						
e	Publications, or published or broadcast statements?						
f g	Grants to other organizations for lobbying purposes?						
9 h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
j	Total. Add lines 1c through 1i						
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b c	If "Yes," enter the amount of any tax incurred under section 4912		-				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	c)(5),	or s	ection	١		
	301(0)(0).					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)				3		
. u.	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O answered "Yes."					3, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amour	its o	of				
а	political expenses for which the section 527(f) tax was paid). Current year			2a			
a b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	§		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion		- 1				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lob	byin	g	4			
5	and political expenditure next year?			5			
Par							
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	grou	ıp list); Part	II-A, lir	nes 1	and

Page 4

Schedule C (Form 990 or 990-EZ) 2019

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number

FAM	ILY TREE, INC.		84-0730973
Pa	rt I Organizations Maintaining Donor Ad		
	Complete if the organization answered	d "Yes" on Form 990, Part IV, lir	e 6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dono	r advisors in writing that the ass	ets held in donor advised
	funds are the organization's property, subject to the	e organization's exclusive legal co	ntrol? Yes No
6	Did the organization inform all grantees, donors,	and donor advisors in writing that	grant funds can be used
	only for charitable purposes and not for the bene	efit of the donor or donor advisor,	or for any other purpose
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements.	LIN / II	_
	Complete if the organization answered		e 7.
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (for examp		ervation of a historically important land area
	Protection of natural habitat	Pres	ervation of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization I	neld a qualified conservation contri	Held at the End of the Tax Year
	easement on the last day of the tax year.		
а	Total number of conservation easements		
b	Total acreage restricted by conservation easemen		
C	Number of conservation easements on a certified	* *	
d	Number of conservation easements included in		
3	historic structure listed in the National Register Number of conservation easements modified, tr		
3	tax year >	aristerreu, releaseu, extiriguistieu,	or terminated by the organization during the
4	Number of states where property subject to cons	ervation easement is located	
5	Does the organization have a written policy re		inspection handling of
•	violations, and enforcement of the conservation ea		-
6	Staff and volunteer hours devoted to monitoring, ins		
	>	3,	, and the same state of the sa
7	Amount of expenses incurred in monitoring, inspe	cting, handling of violations, and en	orcing conservation easements during the year
	▶ \$		-
8	Does each conservation easement reported on line	2(d) above satisfy the requirement	s of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports	conservation easements in its rev	enue and expense statement and
	balance sheet, and include, if applicable, the text	•	s financial statements that describes the
	organization's accounting for conservation easem		
Pa	rt III Organizations Maintaining Collection		
	Complete if the organization answered		
1a	If the organization elected, as permitted under F of art, historical treasures, or other similar asset	ASB ASC 958, not to report in its	revenue statement and balance sheet works
	service, provide in Part XIII the text of the footnote	to its financial statements that de	scribes these items.
b	If the organization elected, as permitted under I		
	art, historical treasures, or other similar assets he provide the following amounts relating to these ite	ems:	· · · · · · · · · · · · · · · · · · ·
	(i) Revenue included on Form 990, Part VIII, line		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
	following amounts required to be reported under	FASB ASC 958 relating to these ite	ms:
a	Revenue included on Form 990, Part VIII, line 1.		• • • • • • • • • • • • • • • • • • •
b	Assets included in Form 990, Part X		

Page 2 Schedule D (Form 990) 2019

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply): a Public exhibition b C Preservation for future generations Comptode a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold for rises funds rather than to be maintained as part of the organization's collection? Yes No Part XIII. 6 Escrow and Custodial Arrangements. Compteles if the organization an aswered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If 'Yes, 'explain the arrangement in Part XIII and complete the following table: C Beginning balance	Pa	rt III Organizations Maintain	ing Collections of	Art, Historical Tre	easures, or	Other Similar	Assets (cont		age =		
a Public axhibition d	3								of its		
B Scholarly research e Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ▼		collection items (check all that app	oly):								
c	а	Public exhibition		d Loan	or exchange	program					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assess to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	b Scholarly research e Other									
XIII Survey The year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	С	Preservation for future gene	erations								
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the orga	nization's collections	and explain how	they further	the organization	n's exempt pu	rpose in	Part		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.		XIII.									
Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IX, line 21. 1a Is the organization an agent, rustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part IX, line 21. 1b If Yes, "explain the arrangement in Part XIII and complete the following table: C Beginning balance	5	During the year, did the organization	on solicit or receive d	lonations of art, hist	orical treasu	res, or other sim	ilar				
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?		assets to be sold to raise funds ratl	her than to be mainta	ained as part of the	organization	's collection?		Yes	No		
990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? □ Ves, "explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ Amount □ did □ Additions during the year □ Distributions during the year □ Distributions during the year □ Distributions during the year □ Ending balance □ Distributions during the year □ Endougher End	Pa										
1											
Included on Form 990, Part X?											
b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance	1 a								_		
C Beginning balance		included on Form 990, Part X?						Yes	No		
C Beginning balance 1c	b	If "Yes," explain the arrangement i	in Part XIII and comp	lete the following tal	ble:						
d Additions during the year,							Amount				
E plistributions during the year	С										
Ending balance Interpretation include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No bif Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No bif Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No bif Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No bif Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No bif Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No bif Yes, explain the arrangement in Part XIII. Yes No bif Yes, on line 3a(i), are the related organization showned are considered and subject to the organization in Schedule R? Yes No Buildings No control of Yes No Cost or other basis (in yestment part XIII. No cost or other basis (in yestment part XIII. No cost or other basis (in yestment part XIII. No cost or other basis (in yestment part XIII. No cost or other basis (in yestment part XIII. No cost or other basis (in yestment part XIII. No cost or other basis (in yestment) Yes No Cost or other basis (in yestment) Yes No Cost or other basis (in yestment) Yes Yes No Cost or other basis (in yestment) Yes	d	Additions during the year			1d						
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Distributions during the year			1e						
b f Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.	f										
Part V Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (b) Four years back (c) Two years back (d) Two years back (e) Four years back (d) Two years back (d) Two years back (d) Two years back (e) Four y								_	No		
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Table Control Complete			in Part XIII. Check he	ere if the explanation	has been p	rovided on Part X	<u> </u>				
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 257,090. 258,568. 257,448. 243,108. 261,387.	Pa				5 . D II						
1a Beginning of year balance 257,090. 258,568. 257,448. 243,108. 261,387. b Contributions 2 Net investment earnings, gains, and losses. 8,966. 10,784. 13,311. 26,899. -5,799. d Grants or scholarships 2 Other expenditures for facilities and programs. 12,221. 12,262. 12,191. 12,559. 12,480. f Administrative expenses 2 End of year balance. 253,835. 257,090. 258,568. 257,448. 243,108. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment		Complete if the organiza									
b Contributions						. ,					
to Net investment earnings, gains, and losses	1 a	Beginning of year balance	257,090.	258,568.	257	,448. 24	13,108.	261	<u>,387</u> .		
and losses.	b	Contributions									
d Grants or scholarships	С	Net investment earnings, gains,									
e Other expenditures for facilities and programs		and losses	8,966.	10,784.	13	,311. 2	26,899.	-5	<u>,799</u> .		
and programs	d	Grants or scholarships									
f Administrative expenses	е	Other expenditures for facilities									
g End of year balance.		and programs	12,221.	12,262.	12	,191.	12,559.	12	<u>,480</u> .		
Perrovide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	f	Administrative expenses									
a Board designated or quasi-endowment	g	End of year balance	253,835.	257,090.	258	,568. 25	57,448.	243	<u>,108</u> .		
b Permanent endowment ▶ 69.0000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation (d) Book value depreciation (a) Equipment. (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) B	2			end balance (line 1g	, column (a))	held as:					
Term endowment ▶ 31.0000 % The percentages on lines 2a, 2b, and 2c should equal 100%. Yes No organization by: Yes No (i) Unrelated organizations (ii) Related organizations. 3a(ii) X X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b □ X 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) said (other) depreciation depreciation depreciation of property (investment) (b) Cost or other basis (other) (c) Accumulated depreciation deprecia				_%							
The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Tyes on line 3a(ii), are the related organizations listed as required on Schedule R? (iv) Describe in Part XIII the intended uses of the organization's endowment funds. Part VI	b	Permanent endowment 69.0	<u>0000</u> %								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. (iii) Related organizations. (i	С										
Ves No (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X (ii) Related organizations 3a(ii) x (ii) Related organizations (ii) Related organizations (ii) Related organizations (iii) (_									
(i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (other) (investment) 1a Land 534,633 534,633 b Buildings 6,189,403 1,582,443 4,606,960 c Leasehold improvements d Equipment 6 Other 174,513 131,692 42,821	3a		the possession of th	ie organization that	are held an	d administered to	r the	Vaa	Na		
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (investment) 1a Land 534,633 534,633 b Buildings 6,189,403 1,582,443 4,606,960 c Leasehold improvements d Equipment 85,330 62,034 23,296 e Other 174,513 131,692 42,821		· ·					0.	_	NO		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?. 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (investment) 1a Land. 534,633. 534,633. 534,633. b Buildings 6,189,403. 1,582,443. 4,606,960. c Leasehold improvements. d Equipment. 85,330. 62,034. 23,296. e Other		_						` '	37		
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (a) Equipment. (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (a) Equipment. (a) Equipment. (a) Equipment. (a) Equipment. (b) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (a) Equipment. (b) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Equipment. (a) Equipment. (b) Equipment. (c) Accumulated depreciation (d) Book value (e) Equipment. (c) Accumulated depreciation (d) Book value (e) Equipment. (c) Accumulated depreciation (e) Accumulated depreciation (e) Accumulated depreciation (e) Book value (e) Equipment. (c) Accumulated depreciation (e) Equipment. (c) Accumulated depreciation (e) Accumulated depreciation (e) Accumulated depreciation (e) Book value (e) Book value (f) Book value (e) Equipment. (c) Accumulated depreciation (f) Book value (e) Equipment. (f) Book value (f) Book v									X		
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 534,633. 534,633. 534,633. b Buildings 6,189,403. 1,582,443. 4,606,960. c Leasehold improvements 85,330. 62,034. 23,296. e Other 174,513. 131,692. 42,821.	_	* * *	•	•			3	SD			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation				tion's endowment fu	nds.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 534,633 534,633 534,633 b Buildings 6,189,403 1,582,443 4,606,960 c Leasehold improvements 85,330 62,034 23,296 e Other 174,513 131,692 42,821	Pa	Complete if the organiz	ation answered "Ye	es" on Form 990.	Part IV. line	e 11a. See Forn	n 990. Part X	. line 10).		
1a Land 534,633 534,633 b Buildings 6,189,403 1,582,443 4,606,960 c Leasehold improvements 85,330 62,034 23,296 e Other 174,513 131,692 42,821			(a) Cost or	other basis (b) Cost	or other basis	(c) Accumulated					
b Buildings 6,189,403. 1,582,443. 4,606,960. c Leasehold improvements. 85,330. 62,034. 23,296. e Other 174,513. 131,692. 42,821.		Land	,			depreciation		E 2 4	622		
c Leasehold improvements. 85,330. 62,034. 23,296. e Other 174,513. 131,692. 42,821.	_					1 500 442	1				
d Equipment	b	_		6,-	109,403.	1,504,443	+ 4	, 000,	900.		
e Other	С				0E 220	<i>E</i> 2 024	+	2.2	206		
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.) ▶ 5,207,710.											

	Form 990) 2019			Page 3
Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990	0, Part IV, line 11b. See Form 990	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1) Financia	al derivatives			
	held equity interests			
	There equity interests [] [] [] [] [] [] [] [] [] [
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	l "Yes" on Form 990	0, Part IV, line 11c. See Form 990,	Part X, line 13.
-	(a) Description of investment	(b) Book value	(c) Method of valuat	
	•		Cost or end-of-year mark	et value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	l "Yes" on Form 990	0, Part IV, line 11d. See Form 990,	Part X, line 15.
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 99	0, Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Descrip	otion of liability		(b) Book value
	ral income taxes			. ,
(2) DEPO				3,195.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			3,195.
	or uncertain tax positions. In Part XIII, provide the			nat reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

JSA
9E1270 1.000
8628FZ 5974 10/29/2020 6:48:01 PM 1128344 PAGE 3:

Schedule D (Form 990) 2019 Page 4

	C D (1 01111 000) 2010		1 age 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		0 051 765
1	Total revenue, gains, and other support per audited financial statements	1	8,951,765.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments 5,152.		
a	The difference gains (1033e3) of five stifference 11111111111111111111111111111111111		
b	Donated services and use of facilities	-	
C	20 003	-	
d	Other (Describe in Part XIII.)	2e	94,881.
е 3	Subtract line 2e from line 1	3	8,856,884.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 3,336.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	3,336.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,860,220.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		8,258,986.
1	Total expenses and losses per audited financial statements	1	0,230,900.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a 59,636.		
a	Donated Services and use of identities 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	-	
b	Thorycal adjustments 111111111111111111111111111111111111	1	
۲ C	Other losses	1	
d e	Add lines 2a through 2d	2e	80,763.
3	Subtract line 2e from line 1	3	8,178,223.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 3,336.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	3,336.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	8,181,559.
	Supplemental Information.)t \ /	line 4: Deut V. line
2: Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art v,	ine 4; Part X, line
	PAGE 5		
- 6111	TAGE J		

Schedule D (Form 990) 2019 FAMILY TREE, INC. 84-0730973 Page **5**

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

DESCRIBE THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS:

FUNDS ARE TO BE USED TO HELP VICTIMS OF DOMESTIC VIOLENCE MOVE FROM

THE ROOTS OF COURAGE SHELTER INTO PERMANENT HOUSING.

SCHEDULE D, PART X, LINE 2

UNCERTAIN TAX POSITIONS:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 2D

REVENUE ON BOOKS, NOT ON RETURN:

CHANGE IN BENEFICIAL INTEREST IN

NET ASSETS IN COMMUNITY FIRST FOUNDATION 8,966

RENTAL EXPENSE RECLASSED FROM EXPENSE 21,127

TOTAL 30,093

SCHEDULE D, PART XII, LINE 2D

EXPENSE ON BOOKS, NOT ON RETURN:

RENTAL EXPENSE RECLASSED FROM EXPENSE 21,127

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

Form 990-EZ filers are not required to complete this part.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

1

FAMILY TREE, INC.

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

Inspection

Employer identification number

84-0730973

а		е			non-government g		
b		f			government grant	S	
С	X Phone solicitations	g	X Spec	cial fundra	ising events		
d	<u> </u>						
2a	Did the organization have a written or key employees listed in Form 990,						X Yes No
h	If "Yes," list the 10 highest paid indiv						
	compensated at least \$5,000 by the		(Tariaraisc	is) puisuo	ant to agreements	diddi willon tilo	idilalaisel is to be
		g					
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	adraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
	ATTACHMENT 1						
2							
3							
·							
4							
5							
6							
7							
8							
9							
10							
T				_		20 722	
Tota						39,732.	it is avament from
3	List all states in which the organizative registration or licensing.	lion is registered t	or licensed	i to solicit	contributions of	nas been nouned	it is exempt from
CO,	registration of licensing.						
-							

84-0730973

Schedule G (Form 990 or 990-EZ) 2019

Page 2

1 Gross receipts	(a) Event #1 CELEBRATION OF (event type)	(b) Event #2 ON THE TOWN	(c) Other events	(d) Total events
1 Gross receipts	(event type)	OIV THE TOWN		(add col. (a) through
1 Gross receipts	· ,,	(event type)	(total number)	col. (c))
	99,110.	40,832.		139,942
2 Less: Contributions3 Gross income (line 1 minus 	85,300.	34,303.		119,603
line 2)	13,810.	6,529.		20,339
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	3,125.	2,000.		5,125
7 Food and beverages		3,719.		3,719
8 Entertainment		560.		560
9 Other direct expenses	12,849.	4,056.		16,905
0 Direct expense summary. Add line	es 4 through 9 in colu	mn (d)	▶	26,309
				-5,970
\$15.000 on Form 990-EZ. line	anization answered " e 6a.	Yes" on Form 990, F	art IV, line 19, or	reported more than
	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses	Voc 9/	Voc 0/	Voc 0/	
6 Volunteer labor	No No	No No	No	
7 Direct expense summary. Add line	es 2 through 5 in colu	mn (d)		
8 Net gaming income summary. Sul	btract line 7 from line	1, column (d)	>	
Is the organization licensed to cond	duct gaming activities	in each of these state		. Yes No
1/ 11/ 11 1 1	•			Yes No
	7 Food and beverages 8 Entertainment 9 Other direct expenses 1 Net income summary. Add line 1 Net income summary. Subtract line 2 Gaming. Complete if the orgation on Form 990-EZ, line 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add line 8 Net gaming income summary. Summary is the organization licensed to condif "No," explain:	7 Food and beverages. 8 Entertainment 9 Other direct expenses	7 Food and beverages 3,719. 8 Entertainment 560. 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 1 Net income summary. Subtract line 10 from line 3, column (d) 1 Net income summary. Subtract line 10 from line 3, column (d) 1 Net income summary. Subtract line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo b	8 Entertainment 560. 9 Other direct expenses

Sched	Tule G (Form 990 or 990-EZ) 2019
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue? Yes No
b	
С	amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party:
·	in res, enter hame and address of the tillid party.
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ► \$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year \$ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2019

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF

DID FUNDRAISER HAVE GROSS RECEIPTS AMOUNT PAID TO AMOUNT PAID TO FUNDRAISER

ACTIVITY CUSTODY OR CONTROL FROM ACTIVITY (OR RETAINED BY ORGANIZATION FUNDRAISER)

OF CONTRIBUTIONS?

FUNDRAISER HAVE GROSS RECEIPTS AMOUNT PAID TO AMOUNT PAID TO

YES NO

CARRIE ZWANZIG

GRANT WRTG X 39,732.

3805 MARSHALL STREET WHEAT RIDGE CO 80033

SCHEDULE I (Form 990)

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

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Open to Public Inspection

Employer identification number

FAMILY TREE, INC.						84-073097	73
Part I General Information on Grants ar	d Assistanc	е					
 Does the organization maintain records to see the selection criteria used to award the grant Describe in Part IV the organization's process. 	ts or assistand	e?					X Yes No
Part IV, line 21, for any recipient		_					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) VOLUNTEERS OF AMERICA							
2660 LARIMER STREET DENVER, CO 80205 (2)	84-0430995	501(C)(3)	18,648.				RENTAL ASST.
_(3)							
(4)							
_(5)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations list							1.
For Paperwork Reduction Act Notice, see the Instruc	tions for Form 9	90.				Sch	nedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 ASSISTANCE TO HOUSING & FAMILY STABILIZATION PRG	1,025.	16,237.	1,429,127.	VMT	SEE PART IV
1 100001110 10 10001110 4 1111121 01112121111011 1110	170251	10,2371	1,125,127.		022 1111 11
2 ASSISTANCE TO DOMESTIC VIOLENCE SERVICES CLIENTS	478.		69,682.	FMV	SEE PART IV
3 ASSISTANCE TO CHILD & YOUTH SERVICES CLIENTS	2,747.		57,207.	FMV	SEE PART IV
4					
_ 5					
6					
_ 7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U.S.:

THROUGH ITS ACCOUNTING SYSTEM, FAMILY TREE SEGREGATES ALL GRANT RELATED

EXPENDITURES (PAYROLL, DIRECT CLIENT ASSISTANCE, ETC.) INTO SEPARATE

SUBACCOUNTS FOR EACH GRANT. THIS SERVES AS THE BASIS FOR ALL GRANT

REPORTING. ALL DIRECT CLIENT ASSISTANCE PAYMENTS ARE REVIEWED BY CASE

MANAGERS AND DIRECTORS TO ASSURE ELIGIBILITY. SUB-RECIPIENT ORGANIZATIONS

ARE REQUIRED TO COMPLETE A RISK ASSESSMENT QUESTIONNAIRE AND PROVIDE AN

ANNUAL AUDIT. THESE PROCEDURES ARE AUDITED FOR COMPLIANCE PER THE UNIFORM

ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES AND AUDIT REQUIREMENTS FOR

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
1					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

FEDERAL AWARDS.

SCHEDULE I, PART III, COLUMN D

DESCRIPTION OF NON-CASH ASSISTANCE:

1) ASSISTANCE TO HOUSING & FAMILY STABILIZATION PROGRAM: RENTAL

ASSISTANCE, SECURITY DEPOSITS, UTILITIES, TRANSPORTATION AND OTHER

HOUSING NEEDS,

2) ASSISTANCE TO DOMESTIC VIOLENCE SERVICES CLIENTS: FOOD,

TRANSPORTATION, MEDICATION AND OTHER ESSENTIAL NEEDS.

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
_2					
_3					
_4					
_5					
_6					
7					

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

OTHER ESSENTIAL NEEDS UNDER PROGRAM AREAS FOR CHILDREN LIVING IN THE

HOME.

Schedule I (Form 990) (2019)

³⁾ASSISTANCE TO CHILD & YOUTH SERVICES CLIENTS: FOOD, MEDICATION, AND

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FAMILY TREE, INC.

84-0730973

Employer identification number

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study			
	Independent compensation consultant X Compensation survey or study X Approval by the board or compensation committee			
	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization: Receive a severance payment or change-of-control payment?	4a		Х
a b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
С	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40		21
	The second the second and provide the applicable amounts for each item in rait in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
~	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
_	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
SCOTT SHIELDS	(i)	147,460.	0.	275.	900.	11,655.	160,290.	
1CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	
	(i)							
_ 2	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (ii)							
16	(11)							

Schedule J (Form 990) 2019

Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2019

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Name of the organization FAMILY TREE, INC. Employer identification number 84-0730973

Part	Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	,	•
1	Art - Works of art						
	Art - Historical treasures						
	Art - Fractional interests						
	Books and publications			160.	FAIR MARKET	' VALU	E
	Clothing and household						
	goods	Х		160,487.	FAIR MARKET	' VALU	E
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
	Securities - Publicly traded						
	Securities - Closely held stock						
	Securities - Partnership, LLC,						
	or trust interests						
	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
	Real estate - Commercial						
	Real estate - Other						
	Collectibles						
19	Food inventory	Х	73.	12,691.	COST		
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►(ATCH 1)		21.	15,165.			
26	Other ►()						
27	Other ►()						
28	Other ►(
29	Number of Forms 8283 received						
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	ement	29		
						Yes	No
30a	During the year, did the organizat				_		
	28, that it must hold for at least the	•			•		v
	to be used for exempt purposes for		olding period?		30	а	X
	If "Yes," describe the arrangement i						
31	Does the organization have a						
	contributions?					1 X	
32a	Does the organization hire or use	-	•	• •		_	
_	contributions?				32	a	X
	If "Yes," describe in Part II.		-1 (-) (and the family delta to the second			
33	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which column (a)	is checked,		
	describe in Part II.						

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

Schedule M (Form 990) 2019

Schedule M (Form 990) (2019) Page **2**

Part II Supplem

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN A

THE NUMBER IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

Schedule M (Form 990) (2019)

Schedule M (Form 990) (2019) Page **2**

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION_	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
OFFICE EQUIPMENT	X	3.	4,200.	FAIR MARKET VALUE
GIFT CARDS/BASKETS	X	15.	8,265.	FAIR MARKET VALUE
MISCELLANEOUS ITEMS	X	3.	2,700.	FAIR MARKET VALUE
TOTALS	_	21.	15,165.	

Schedule M (Form 990) (2019)

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service

FAMILY TREE, INC.

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 84-0730973

FORM 990, PART VI, SECTION B, LINE 11B

PROCESS TO REVIEW THE FORM 990:

THE FORM 990 IS REVIEWED BY FAMILY TREE'S FINANCE COMMITTEE. IT IS
PROVIDED ELECTRONICALLY TO ALL MEMBERS OF THE BOARD OF DIRECTORS WITH
TIME TO COMMENT BEFORE IT IS FILED.

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

PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

FAMILY TREE'S CONFLICT OF INTEREST POLICY APPLIES TO ANY DIRECTOR, OR

OFFICER AND PROVIDES ANY POTENTIAL CONFLICT OF INTEREST MUST BE DISCLOSED

PRIOR TO DISCUSSION AND/OR ACTION. THE BOARD WILL DETERMINE HOW TO

ADDRESS THE POTENTIAL CONFLICT. TYPICALLY, AN INDIVIDUAL WITH A CONFLICT

WILL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE

TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST.

ANNUALLY, EACH OFFICER AND DIRECTOR SIGNS AN AFFIRMATION THAT THEY HAVE

REVIEWED THE BOARD APPROVED CONFLICT OF INTEREST POLICY AND DISCLOSED ANY

KNOWN RELATIONSHIPS THAT HAVE BUSINESS WITH FAMILY TREE OR OTHER

POTENTIAL CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15A

REVIEW OF CEO OR TOP MGMT OFFICIAL COMPENSATION:

FAMILY TREE HAS A COMPENSATION PROGRAM AND PHILOSOPHY WHICH INCLUDES
USING A SALARY SCHEDULE BASED UPON CURRENT MARKET VALUES OF ALL
POSITIONS. THE HUMAN RESOURCES COMMITTEE OF THE BOARD REVIEWS AND

FAMILY TREE, INC.

84-0730973

PROVIDES INPUT ON THE SALARY SCHEDULE. THE CEO APPROVES THE SALARY

SCHEDULE FOR ALL POSITIONS EXCEPT CEO AND CFO. THE BOARD OF DIRECTORS

ESTABLISHES THE CEO'S SALARY RANGE BY CONDUCTING A COMPREHENSIVE SALARY

SCHEDULE REVIEW USING APPLICABLE MARKET SURVEYS. THE EXECUTIVE COMMITTEE

OF THE BOARD CONDUCTS THE CEO'S PERFORMANCE APPRAISAL WITH INPUT FROM THE

FULL BOARD. THE EXECUTIVE COMMITTEE RECOMMENDS THE CEO'S COMPENSATION TO

THE FULL BOARD FOR APPROVAL. THE BOARD CHAIR DOCUMENTS THE NEW CEO SALARY

AND SUBMITS TO FAMILY TREE HUMAN RESOURCES DIRECTOR. DOCUMENTATION OF NEW

CEO SALARY IS RETAINED IN THE CEO'S PERSONNEL FILE. THE LAST REVIEW WAS

PERFORMED IN JUNE OF 2020.

FORM 990, PART VI, SECTION B, LINE 15B

REVIEW OF OTHER OFFICER COMPENSATION:

THE BOARD OF DIRECTORS ESTABLISHES A SALARY RANGE FOR THE CFO BY

CONDUCTING A COMPREHENSIVE SALARY SCHEDULE REVIEW USING APPLICABLE MARKET

SURVEYS. THE CEO CONDUCTS CFO PERFORMANCE APPRAISAL AND DETERMINES CFO

COMPENSATION. THE CEO DOCUMENTS THE CFO SALARY AND SUBMITS TO FAMILY TREE

HUMAN RESOURCES DIRECTOR. DOCUMENTATION OF THE CFO NEW SALARY IS RETAINED

IN THE CFO'S PERSONNEL FILE. THE LAST REVIEW WAS PERFORMED IN JUNE OF

2020.

FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC:

THE ANNUAL AUDIT AND 990 ARE AVAILABLE TO THE PUBLIC ONLINE VIA GUIDESTAR, DUN AND BRADSTREET, AND THE FAMILY TREE WEBSITE. SUMMARIZED FINANCIAL INFORMATION IS ALSO AVAILABLE IN FAMILY TREE'S ANNUAL REPORT

Name of the organization Employer identification number FAMILY TREE, INC. 84-0730973

WHICH IS DISTRIBUTED TO DONORS AND MADE AVAILABLE TO THE PUBLIC ON FAMILY TREE'S WEBSITE, WWW.THEFAMILYTREE.ORG. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN

NET ASSETS IN COMMUNITY FIRST FOUNDATION

8,966

FORM 990, PART III, LINE 4A-4D

PROGRAM SERVICES ACCOMPLISHMENTS:

LINE 4A: HOUSING & FAMILY STABILIZATION SERVICES: PROVIDES INDIVIDUAL AND FAMILY STABILIZATION SERVICES THROUGH EMERGENCY SHELTER, HELPLINE, HOMELESS PREVENTION SERVICES, CASE MANAGEMENT, EDUCATION AND EMPLOYMENT SERVICES, ALONG WITH ANCILLARY SUPPORT FOR PEOPLE EXPERIENCING HOMELESSNESS OR THOSE AT RISK OF BECOMING HOMELESS.

- 1. HOUSE OF HOPE: 90-DAY SHELTER, CASE MANAGEMENT, AND SUPPORT FOR WOMEN WITH CHILDREN EXPERIENCING HOMELESSNESS. LAST YEAR, HOUSE OF HOPE PROVIDED 9,411 NIGHTS OF SHELTER AT A COST OF \$70.18/NIGHT TO 149 INDIVIDUALS, COMPRISING 36 FAMILIES, WITH 55% OF FAMILIES MOVING TO SAFE AND STABLE HOUSING POST-SHELTER.
- 2. HOMELESSNESS PROGRAM: COMPREHENSIVE SUPPORT, CASE MANAGEMENT AND EDUCATION/EMPLOYMENT SERVICES, STABILIZING INDIVIDUALS/FAMILIES AND PROVIDING ACCESS TO AFFORDABLE HOUSING. DURING FISCAL 19-20, OVER 4,500 PEOPLE WERE CONNECTED TO RESOURCES THROUGH THE CRISIS HELPLINE, AND 291

Name of the organization

FAMILY TREE, INC.

Employer identification number 84-0730973

HOUSEHOLDS RECEIVED DIRECT SERVICES INCLUDING RENTAL ASSISTANCE AND CASE
MANAGEMENT. 127 HOUSEHOLDS EXITED THE HOMELESSNESS PROGRAM IN FISCAL

19-20 AND 98 (77%) MOVED INTO SAFE AND STABLE HOUSING. ADDITIONALLY, 67%
OF THOSE HOUSEHOLDS WHO EXITED MAINTAINED OR INCREASED THEIR INCOME.

3. GENERATIONAL OPPORTUNITIES TO ACHIEVE LONG-TERM SUCCESS (GOALS)

PROGRAM: TWO-GENERATION PROGRAM DESIGNED TO BREAK THE INTERGENERATIONAL

CYCLE OF POVERTY AND HOMELESSNESS PROVIDING FAMILIES EXPERIENCING

HOMELESSNESS WITH HOLISTIC, WRAP-AROUND SUPPORT INCLUDING TEMPORARY

HOUSING FOR UP TO 9 MONTHS AND ACCESS TO QUALITY EARLY CHILDHOOD

EDUCATION, WORK FORCE DEVELOPMENT, PHYSICAL AND MENTAL HEALTH AND OTHER

SUPPORT SERVICES. GOALS BEGAN SERVING CLIENTS IN AUGUST 2019 AND PROVIDED

8 FAMILIES WITH TEMPORARY HOUSING AND SUPPORTIVE CASE MANAGEMENT

SERVICES. CONSTRUCTION WAS COMPLETED ON RENOVATIONS TO A LARGER FACILITY

THAT WILL ALLOW THE PROGRAM TO HOUSE UP TO 20 FAMILIES AT A TIME.

LINE 4B: DOMESTIC VIOLENCE SERVICES: KEEPS DOMESTIC VIOLENCE SURVIVORS AND THEIR CHILDREN SAFE THROUGH CRISIS LINE, EMERGENCY SHELTER, SAFETY PLANNING, LEGAL ADVOCACY, AND LINKAGES TO COMMUNITY RESOURCES. DURING FISCAL 19-20, OVER 11,100 PEOPLE CONTACTED THE CRISIS/INFORMATIONAL HOTLINES.

1. ROOTS OF COURAGE: 45-DAY CONFIDENTIAL SHELTER, CASE MANAGEMENT, AND SUPPORT FOR VICTIMS AND THEIR CHILDREN. 8,398 NIGHTS OF SHELTER WERE PROVIDED IN FISCAL 19-20 AT A COST OF \$88.78/NIGHT. 88% OF THOSE SURVEYED REPORTED INCREASED KNOWLEDGE OF SAFETY STRATEGIES, AND 88% REPORTED INCREASED AWARENESS OF COMMUNITY RESOURCES.

FAMILY TREE, INC.

2. LEGAL ADVOCACY PROGRAM: INCREASE IMMEDIATE AND LONG-TERM SAFETY

THROUGH CIVIL/CRIMINAL LEGAL ADVOCACY AND CRISIS INTERVENTION. 387 PEOPLE

WERE SERVED IN FISCAL 19-20. 98% OF THOSE SURVEYED REPORTED THEY KNOW

MORE ABOUT THEIR RIGHTS AND OPTIONS.

- 3. DOMESTIC VIOLENCE OUTREACH PROGRAM: INCREASE SAFETY/HEALING, AND DECREASE ISOLATION OF VICTIMS AND THEIR CHILDREN THROUGH ADVOCACY IN A SAFE, COMMUNITY SETTING. DURING FISCAL 19-20, 205 PEOPLE WERE SERVED AND 93% OF THOSE SURVEYED REPORTED THEY FEEL LESS ALONE.
- 4. PARENTING TIME PROGRAM: PROVIDE A SAFE ENVIRONMENT FOR CHILDREN TO SPEND TIME WITH NON-RESIDENTIAL PARENT(S). LAST FISCAL YEAR, SERVICES WERE PROVIDED TO 812 INDIVIDUALS, WHICH PROVIDED OVER 3,200 HOURS OF SAFETY FOR CHILDREN.

LINE 4C: CHILD & YOUTH SERVICES: OFFERS COMMUNITY-BASED EDUCATION,

TREATMENT, CRISIS INTERVENTION, AND CASE MANAGEMENT TO STABILIZE CHILDREN

AND YOUTH AND TO HELP FAMILIES OVERCOME AND PREVENT SITUATIONS OF CHILD

ABUSE AND NEGLECT.

- 1. SAFECARE COLORADO: NATIONALLY-RECOGNIZED, IN-HOME PROGRAM PROVIDING
 DIRECT SKILLS TRAINING IN PARENTING, CHILD SAFETY, AND HEALTH IN ADAMS
 AND JEFFERSON COUNTIES. IN FISCAL 19-20, 149 FAMILIES PARTICIPATED IN THE
 PROGRAM AND 65% OF THOSE FAMILIES THAT PARTICIPATED THROUGH INTAKE
 COMPLETED ONE OR MORE SAFECARE TOPICS, PROVING A SIGNIFICANT INCREASE IN
 PARENTING SKILLS.
- 2. COMMUNITY FAMILY RESOURCE TEAM: 120-DAY HOME-BASED THERAPEUTIC PROGRAM PROVIDING CRISIS INTERVENTION, SCHOOL-BASED ASSISTANCE, AND SUPPORT TO

Name of the organization Employer identification number FAMILY TREE, INC. 84-0730973

STABILIZE FAMILIES, KEEPING YOUTH SAFELY IN HOMES. DURING FISCAL 19-20, 94 AT-RISK YOUTH WERE ASSISTED WITH IN-HOME SERVICES; 95% WERE SUCCESSFULLY DIVERTED FROM FURTHER CHILD WELFARE SYSTEM INVOLVEMENT.

- 3. KINSHIP PROGRAMS: HOME-BASED FINANCIAL/SUPPORTIVE SERVICES FOR
 RELATIVE CARETAKERS STRUGGLING TO MAINTAIN STABILITY/HOUSING FOR CHILDREN
 IN THEIR CARE. DURING THE FISCAL YEAR, NEARLY 1,200 INDIVIDUALS WERE
 PROVIDED ASSISTANCE, WITH 88% SURVEYED REPORTING INCREASED STABILITY FOR
 CHILDREN IN THEIR CARE.
- LINE 4D: INTEGRATED SERVICES: PROVIDES SERVICES THAT SUPPORT CLIENTS ACROSS THE ORGANIZATION IN ACHIEVING THEIR GOALS.
- 1. CONTINUOUS IMPROVEMENT PRACTICE (CIP): AN EXTENSIVE SET OF TOOLS AND PRACTICES DEVELOPED TO IMPROVE FAMILY TREE'S WORK AND OUTCOMES FOR THE BENEFIT OF ITS CLIENTS USING A RELEVANT, STRONG, AND ALIGNED DATA IMPACT STRATEGY ALONG WITH DATA COLLECTION TOOLS AND DATA MANAGEMENT AND PROGRAM EVALUATION PRACTICES THAT HELP TRACK A CLIENT'S PROGRESS TOWARD SHORT-AND LONG-TERM GOALS. DEVELOPMENT OF THE CIP WAS COMPLETED AND IMPLEMENTATION BEGUN IN FISCAL 19-20.
- 2. EDUCATION AND EMPLOYMENT CENTER: PROVIDES ENHANCED RESOURCES AND WORK READINESS SERVICES INCLUDING GUIDANCE FOR CONDUCTING JOB SEARCHES, INTERVIEWING SKILLS, AS WELL AS MATCHING JOB-SEEKING CLIENTS WITH FAMILY TREE EMPLOYMENT PARTNERS AND PROVIDING SUPPORT TO ENHANCE SUCCESS AFTER EMPLOYMENT. DURING FISCAL 19-20, 112 CLIENTS WERE PROVIDED SERVICES AND 39% FOUND EMPLOYMENT.
- 3. DIVERSITY, EQUITY AND INCLUSION: WORKS TO ENSURING A WELCOMING AND

Name of the organization

FAMILY TREE, INC.

Employer identification number

84-0730973

EQUITABLE ENVIRONMENT FOR A DIVERSE AND INCLUSIVE COMMUNITY ACROSS ALL LEVELS OF THE ORGANIZATION.

- 4. PROPERTY MANAGEMENT: PROVIDES SAFE AND SECURE FACILITIES TO ENSURE CONTINUOUS OPERATION AND CONTROL OF PHYSICAL FACILITIES OWNED AND/OR USED FOR SERVICES.
- 5. TREASURE TRUNK: IS A DONATION-BASED COMMUNITY THRIFT STORE THAT OFFERS ACCESS TO CLOTHING, FURNITURE, AND HOUSEHOLD GOODS TO FAMILIES AND INDIVIDUALS WHO ARE ON THE PATH TOWARDS ECONOMIC INDEPENDENCE. FAMILY TREE PROVIDES VOUCHERS USUALLY VALUED BETWEEN \$25 AND \$175 FOR FAMILY TREE PROGRAM PARTICIPANTS TO GATHER BASIC NEEDS ITEMS. IN FISCAL 19-20, 1,413 VOUCHERS WERE REDEEMED AT TREASURE TRUNK, TOTALING \$37,671 IN ASSISTANCE TO CLIENTS.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES	S	ATTACHMENT 1	
DESCRIPTION	GRANTS	EXPENSES	REVENUE
INTEGRATED SVS, PROPERTY MGMT, TREASURE TRUNK		500,611.	224,721.
TOTALS		500,611.	224,721.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization
FAMILY TREE, INC.

Employer identification number 84-0730973

(a) Name, address, and EIN (if applicable) of disregarded entity	F	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
1)						
2)						
3)						
4)						
5)						
6)						
Part II Identification of Related Tax-Exempt Organization one or more related tax-exempt organizations durin	is. Complete if the org	anization ans	wered "Yes" on Fo	rm 990, Part IV	/, line 34, because	e it had
	y in a tan your.					

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti	g) 512(b)(13) rolled ity?
						Yes	No
_(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	income (related, unrelated, income year assets allocations? amount in b of Schedule		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	pox 20 managing partner?		(k) Percentage ownership		
		Country)		000000000000000000000000000000000000000		Yes	No		Yes	No	
(1)											
(2)	_										
(3)											
(4)											
(5)											
(6)											
(7)											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(h) Percentage ownership	
									Yes No
(1) VILLAS AT WADSWORTH STATION, LLC 61-	1812486								1
1600 DOWNINGS ST., STE. 300 DENVER, CO 80218		AFFORDABLE HOUSE	CO	FAMILY TREE	C CORP	0.	0.	25.0000	х
<u>(2)</u>									1
(3)									1
(4)									
(5)									
(6)									
(7)									

Schedule R (Form 990) 2019

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		Χ
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		Χ
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		X
i	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
•	, , , , , , , , , , , , , , , , , , , ,			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10		X
	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses	1q		X
•				
r	Other transfer of cash or property to related organization(s)	1r		X
	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three	shold	s.	
	(a) (b) (c)	(d)		
	Name of related organization Transaction Amount involved Method type (a-s)	of dete unt invo		ıg
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
	Cohodulo D /	Earm	000)	2010

Schedule R (Form 990) 2019

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under		partners tion (c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ner?	(k) Percentage ownership
(4)			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)	_												
(2)													
(3)													
(4)													
(5)													
(6)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2019 Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 20 2 0.

Donor	tment of the Treasury		► Go to www.irs.gov/Form990	Tfor in	structions and the latest	information		<u> </u>
	al Revenue Service	▶ Do	not enter SSN numbers on this form a				:)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed				ne changed and see instructions		D Empl	oyer identification number oyees' trust, see instructions.)
ВЕх	empt under section		FAMILY TREE, INC.					
X	501(C)(3)	Print	Number, street, and room or suite no. I	f a P.O.	box, see instructions.		84-0	730973
	408(e) 220(e)	or Type						ated business activity code nstructions.)
	408A530(a)		3805 MARSHALL STREET				(000	ion donorion)
	529(a)		City or town, state or province, country		IP or foreign postal code		5000	0.0
	ok value of all assets end of year		WHEAT RIDGE, CO 8003				5320	00
	•		up exemption number (See instructi					
	9,943,641.		ck organization type X 501				401(a)	
tr	ade or business her	e ▶DEE	nization's unrelated trades or busine BT-FINANCED RENTAL INC	COME	. If only one,	complete Parts I-	V. If mor	(or first) unrelated e than one, describe the
	•		end of the previous sentence, cor	npiete	Parts I and II, complete a Si	chedule M for eac	n additio	nai
	ade or business, the		ete Parts III-v. corporation a subsidiary in an affili	otod a	roup or a parent aubaidiary	ontrolled group?		▶ Yes X No
			identifying number of the parent co			controlled group?		P Yes No
			LL S. FARNHAM	poratio		e number ► 30	3-422	-2133
			or Business Income		(A) Income	(B) Expens		(C) Net
1a					(i iy iii coiii c	(=) = x p =		(6)
b	Less returns and allowa		c Balance ▶	1c				
2			ule A, line 7)	2				
3	•	•	2 from line 1c	3				
4a			ttach Schedule D)	4a				
b			Part II, line 17) (attach Form 4797)	4b				
С	Capital loss dedu	ction for t	rusts	4c				
5			r an S corporation (attach statement)	5				
6	Rent income (Sch	edule C)		6				
7	Unrelated debt-fir	nanced in	come (Schedule E)	7	5,395.	8	,596.	-3,201.
8	Interest, annuities, roya	alties, and re	ents from a controlled organization (Schedule F)	8				
9	Investment income of a	section 50	1(c)(7), (9), or (17) organization (Schedule G)	9				
10		•	ncome (Schedule I)	10				
11			dule J)	11				
12			tions; attach schedule)	12	F 20F	0	F06	2 001
13			ough 12	13	5,395.		,596.	<u> </u>
Pai			Taken Elsewhere (See instr ne unrelated business incom		ins for limitations on d	leductions.) (L	Jeaucti	ons must be directly
14 15			directors, and trustees (Schedule K)					
16								
17								
18			(see instructions)					
19								
20			4562)					
21			on Schedule A and elsewhere on re				21b	
22								
23			compensation plans					
24			3				I	
25	Excess exempt ex	penses (S	Schedule I)				25	
26			chedule J)					
27			chedule)				I .	
28	Total deductions.	Add line	s 14 through 27				. 28	
29	Unrelated busine	ss taxab	le income before net operating	loss	deduction. Subtract line	28 from line 1	3 29	-3,201.
30		•	g loss arising in tax years beginnir	•	•			
31	Unrelated busines	ss taxabl	e income. Subtract line 30 from line	29 .			31	-3,201.

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2019)

84-0730973 FAMILY TREE, INC Form 990-T (2019)

FUIIII	990-1 (2019)	01 07	30773	Г	aye z
Par	t III Total Unrelated Business Taxable Income				
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	·	32	_	- 3 ′	201.
	instructions)			٠, ١	
33	Amounts paid for disallowed fringes	33			
34	Charitable contributions (see instructions for limitation rules)	34			
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line				
		35	_	-3 3	201.
	34 from the sum of lines 32 and 33	33		J , 2	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instructions)	36			
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-	-3,2	201.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38		1.(000.
		30		Ξ,	
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,				
	enter the smaller of zero or line 37	39		-3,2	201.
Par	t IV Tax Computation				
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40			
		40			
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on				
	the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041)	41			
42	Proxy tax. See instructions	42			
43	Alternative minimum tax (trusts only).	43			
	· · · · · · · · · · · · · · · · · · ·				
44	Tax on Noncompliant Facility Income. See instructions	44			
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45			
Par	t V Tax and Payments		•		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a				
		-			
	Other credits (see instructions)	-			
С	General business credit. Attach Form 3800 (see instructions)				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)				
	Total credits. Add lines 46a through 46d	46e			
		-			
47	Subtract line 46e from line 45	47			
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	48			
49	Total tax. Add lines 47 and 48 (see instructions)	49			0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3.	50			
	Payments: A 2018 overpayment credited to 2019	-			
b	2019 estimated tax payments				
С	Tax deposited with Form 8868				
	Foreign organizations: Tax paid or withheld at source (see instructions)				
	, , , , , , , , , , , , , , , , , , , ,	1			
	Backup withholding (see instructions)	-			
f	Credit for small employer health insurance premiums (attach Form 8941)				
g	Other credits, adjustments, and payments: Form 2439				
_	Form 4136 Other Total ▶ 51g				
5 0					
52	Total payments. Add lines 51a through 51g	52			
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached.	53			
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54			
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55			
		56			
56	•				
Par	tVI Statements Regarding Certain Activities and Other Information (see instruction	s)			
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or	other a	uthority [Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	ay have	to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	•			
		Toroigir	Country		v
_	here		—— ⊢		X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?	L		Х
	If "Yes," see instructions for other forms the organization may have to file.				
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$				
33	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	nest of mir	knowledge en	d bal	ief it :
٠.	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	root Of IIIy	miowieuge an	u Dell	oi, il i
Sigr	1 M	y the IR	S discuss t	his r	eturn
Her	e P 11/15/2020 wit	•	reparer show		
		e instructions	·—		No
	Print/Type preparer's name Preparer's signature Date		PTIN		1
Paid	Chec			00-	
	ADAM K SMITH CPA Self-e	employed	P0095		
		EIN ► 4	14-0160	260	_
use	Only Firm's address > 111 SOUTH TEJON, SUITE 800, COLORADO SPRINGS, CO 80903-9848	71°	471-43	290	

84-0730973

FAMILY TREE, INC.

Schodula A Cost of C	aada Cald E		L - ('								Page 3
Schedule A - Cost of G		iter metnoc	of inven								
1 Inventory at beginning of							ar	6			
2 Purchases				′		_	old. Subtract line				
3 Cost of labor				-			here and in Part	_			
4a Additional section 263A c				_				7		V	
(attach schedule)				8			section 263A (w			Yes	No
b Other costs (attach schedu	, <u> </u>			-			or acquired for				37
5 Total. Add lines 1 through			ad Davas		to the org	janization?	Nith Dool Dropper	4			X
Schedule C - Rent Incom	e (From Real P	roperty a	na Perso	onai i	Property	/ Leased v	vith Real Proper	ty)			
(see instructions)											
1. Description of property											
(1)											
(2)											
(3)											
(4)	• • • • •						T				
	2. Rent recei						-				
(a) From personal property (if the for personal property is more than 50%	nan 10% but not	percenta	rom real and age of rent f if the rent i	or pers	sonal proper	ty exceeds	3(a) Deductions di in columns 2(a				ome
(1)											
(2)											
(3)											
(4)											
Total		Total									
(c) Total income. Add totals of chere and on page 1, Part I, line 6	` ,	,					(b) Total deductio Enter here and on Part I, line 6, colun	page '			
Schedule E - Unrelated D	ebt-Financed I	ncome (se	e instruct	tions)							
1. Description of de	ht-financed property				me from or ot-financed		Deductions directly cor debt-financ	ed prop	erty		
			1	proper			ht line depreciation ach schedule)		(b) Other deduced (attach sche		
(1) ATCH 1											
(2)											
(3)											
(4)	1										
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adju of or alloca debt-financed (attach sche	ble to property	4	. Colur I divide colum	ed		income reportable n 2 x column 6)		. Allocable decumn 6 x total 3(a) and 3	of colum	
(1)					%						
(2)					%	,					
(3)					%						
(4)					%						
							re and on page 1, ne 7, column (A).		er here and o		
Totals							5,395.		8,596	5.	
Total dividends-received deduc	tions included in co	olumn 8					<u> ▶ </u>				

Form **990-T** (2019)

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Form 990-T (2019)	FAMILY T										730973	Page 4
Schedule F – Interest, Ann	uities, Royalties	s, and Rent	s Fr	om Contro	lled O	rganiz	zatio	ns (see	e instructi	ons)		
Name of controlled organization	2. Employer identification numb	Exem	pt Co	ntrolled Orgated income		ons	fied	5. Part of	column 4 to	nat is	6. Deductio	
organization	idonimodion namo) (see ii	nstructions)	payme	ents mad	ا ما		on's gross ir		in colu	
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organiz	zations											
7. Taxable Income	8. Net unrelated in (loss) (see instruc			Total of specific ayments made		inc	luded	of column in the cor on's gross	ntrolling		1. Deductions nnected with in column 10	rcome in
(1)												
(2)												
(3)												
(4)						Δ.	dd col	umns 5 aı	nd 10	Δ,	dd columns 6 a	and 11
						En	ter her	re and on page 18.	page 1,	Ent	ter here and on	page 1,
Totals					▶							
Schedule G-Investment Ir	come of a Sec	tion 501(c)(7),			nizati	on (s	see inst	ructions)			
1. Description of income	2. Amount of	income		3. Deduction directly cortain (attach sch	nected				-asides schedule)		5. Total dec and set-asid plus co	es (col. 3
(1)												
(2)												
(3)												
(4)	Enter here and	on nage 1									Enter here and	l on nage 1
Totals ▶	Part I, line 9, co										Part I, line 9,	
Schedule I-Exploited Exe	mpt Activity In	come, Othe	r Th	an Adverti	sing Ir	ncome	e (se	e instru	ctions)			
•				4. Net incon					, , , , , , , , , , , , , , , , , , ,			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expense directly connected production unrelated business inc	with of	from unrelat or business 2 minus col If a gain, o cols. 5 thro	ed tradé (column umn 3). ompute	from is n	activi ot unre	ncome ity that elated ncome	6. Expe attributa colum	able to	7. Exces expe (column column t more colum	nses 6 minus 5, but not than
(1)												
(2)												
(3)												
(4)												
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here ar page 1, Pai line 10, col.	τI,								Enter h on pa Part II,	ige 1,
Totals ► Schedule J– Advertising In	ICOME (see instr	uctions)										
Part I Income From Per	-		nsol	idated Bas	sis							·
											T	
1. Name of periodical	2. Gross advertising income	3. Direct advertising of		4. Adverting gain or (los 2 minus coa gain, coa cols. 5 thro	ss) (col. ol. 3). If mpute	5.	Circula incom		6. Read		costs (c	re than
(1)												
(2)												
(3)												
(4)												
Totals (carry to Part II, line (5))												

Form **990-T** (2019)

Form 990-T (2019) FAMILY TREE, INC. 84-0730973 Page 5

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).		
(1)								
(2)								
(3)								
(4)								
Totals from Part I								
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.		
Totals, Part II (lines 1-5) ▶								
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr	ructions)	_			
1. Name		2.	Title	3. Percent of time devoted to business		Compensation attributable to unrelated business		
(1)				%				

%

(3) % (4) % Total. Enter here and on page 1, Part II, line 14

Form **990-T** (2019)

(2)

SCHEDULE E - UNRELATED DEBT-FINANCED INCOME ATTACHMENT 1 4. 5. 7. 8. 3. AVERAGE AVERAGE 6. GROSS INCOME ALLOCABLE 1. 2. DEDUCTIONS DIRECTLY CONNECTED ACQUISITION ADJUSTED % 4 IS REPORTABLE DEDUCTIONS DESCRIPTION OF DEBT-FINANCED PROPERTY GROSS INCOME (3A) (3B) DEBT BASIS OF 5 (2 X 6) 6 * (3A + 3B) 3805 MARSHALL STREET 13,260. 21,127. 148,602. 365,229. 40.687 5,395. 8,596. 5,395. TOTALS 8,596.

ATTACHMENT 1