

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2012, or fiscal year beginning 07/01, 2012, and ending 06/30, 20 13Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

2012

Name of exempt organization

FAMILY TREE, INC.

Employer identification number

84-0730973

Name and title of officer

SCOTT SHIELDS, CHIEF EXECUTIVE OFFICER**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>6,256,053.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on Investment Income (Form 990-PF, Part VI, line 5).	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize BKD, LLP

ERO firm name

to enter my PIN

7 8 2 5 6Enter five numbers, but
do not enter all zeros

as my signature

on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.



As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ SCOTT SHIELDS, CEODate ▶ 2/4/14**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

8 4 0 2 2 7 4 4 0 1 6

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Patricia F. WachsDate ▶ 2/4/14**ERO Must Retain This Form - See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2012)

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

FAMILY TREE INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

3805 MARSHALL STREET

City or town, state or country, and ZIP + 4

WHEAT RIDGE, CO 80033

F Name and address of principal officer

SCOTT SHIELDS

3805 MARSHALL ST

WHEAT RIDGE, CO 80033

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (Insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.THEFAMILYTREE.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1976

M State of legal domicile

CO

Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities FAMILY TREE, INC HELPS PEOPLE OVERCOME CHILD ABUSE, DOMESTIC VIOLENCE AND HOMELESSNESS		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
Revenue	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	207
	6	Total number of volunteers (estimate if necessary)	6	2,644
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-10,664
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-10,664
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	3,909,360	3,837,536
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,687,386	3,385,023
Expenses	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,443	340,275
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	258,148	244,580
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,872,337	7,807,414
	14	Benefits paid to or for members (Part IX, column (A), line 4)	1,135,096	1,097,694
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	5,508,449	5,676,991
	b	Total fundraising expenses (Part IX, column (D), line 25) 480,352	0	0
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,179,288	1,050,085
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	7,822,833	7,824,770
	19	Revenue less expenses Subtract line 18 from line 12	49,504	-17,356
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	5,343,868	5,071,752
	21	Total liabilities (Part X, line 26)	1,290,420	1,050,202
	22	Net assets or fund balances Subtract line 21 from line 20	4,053,448	4,021,550

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on information and documents furnished by the taxpayer. Declaration of taxpayer is based on taxpayer's knowledge.

Sign Here

Signature of officer

SCOTT SHIELDS CEO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

CRAIG R CHOUN

Date

Firm's name (or yours if self-employed), address, and ZIP + 4

EHRHARDT KEEFE STEINER & HOTTMAN PC

7979 E TUFTS AVENUE SUITE 400

DENVER, CO 802372843

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization's mission

FAMILY TREE, INC 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 prior Form 990 or 990-EZ?

Yes

No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 2,720,901 including grants of \$ 414,163) (Revenue \$ 2,804,739)

CHILDREN'S SERVICES SEE SCHEDULE OCONTRIBUTIONS AND GRANTS RECEIVED \$379,799

4b

(Code) (Expenses \$ 1,582,631 including grants of \$ 39,922) (Revenue \$ 539,133)

DOMESTIC VIOLENCE SERVICES SEE SCHEDULE OCONTRIBUTIONS AND GRANTS RECEIVED \$1,034,080

4c

(Code) (Expenses \$ 1,795,951 including grants of \$ 643,609) (Revenue \$ 41,150)

HOMELESSNESS SERVICES SEE SCHEDULE OCONTRIBUTIONS AND GRANTS RECEIVED \$1,669,365

(Code) (Expenses \$ 175,840 including grants of \$) (Revenue \$)

PROPERTY MANAGEMENT

(Code) (Expenses \$ 244,295 including grants of \$) (Revenue \$ 287,815)

TREASURE TRUNK

4d

Other program services (Describe in Schedule O)

(Expenses \$ 420,135 including grants of \$) (Revenue \$ 287,815)

4e



















Total program service expenses

\$ 6,519,618

Form 990 (2011)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> 	3	No
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? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> 	5	No
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? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
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? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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? <i>If "Yes," complete Schedule F, Part I.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance						
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>						
		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	201			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	207			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a				No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a				No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a				No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				No
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				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b				
11	Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a				
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b				
c	Enter the aggregate amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b				

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15
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	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
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	No
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	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	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	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> CO
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/> JILL FARNHAM 3805 MARSHALL ST WHEAT RIDGE, CO 80033 (303) 422-2133

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. 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, or 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRAD GEISSLER CHAIR	1.00	X		X				0	0	0
(2) LOWELL MILLER CHAIR-ELECT	1.00	X		X				0	0	0
(3) JUDI LACKO-ZALLAPS TREASURER	1.00	X		X				0	0	0
(4) SHARON BOYD SECRETARY	1.00	X		X				0	0	0
(5) MIKKEL KELLY DIRECTOR	1.00	X						0	0	0
(6) LAWRENCE LEE DIRECTOR	1.00	X						0	0	0
(7) WILLIAM CLAYTON DIRECTOR	1.00	X						0	0	0
(8) SIDDHARTHA RATHOD DIRECTOR	1.00	X						0	0	0
(9) MARK RUTHVEN DIRECTOR	1.00	X						0	0	0
(10) ERIC LANIER DIRECTOR	1.00	X						0	0	0
(11) HUNTER MENTON DIRECTOR	1.00	X						0	0	0
(12) JIM LORENTZ DIRECTOR	1.00	X						0	0	0
(13) KRISTIN REED DIRECTOR	1.00	X						0	0	0
(14) MICHAEL TRUJILLO DIRECTOR	1.00	X						0	0	0
(15) JACKIE CAMPEAU DIRECTOR	1.00	X						0	0	0
(16) JESSICA JOHNSON DIRECTOR	1.00	X						0	0	0
(17) JULIA WEST DIRECTOR	1.00	X						0	0	0

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	218,640	0	8,179

2 Total number of individuals (including but not limited to those l
\$100,000 of reportable compensation from the organization▶1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a100,000	3,837,536			
	b	Membership dues	1b				
	c	Fundraising events	1c165,995				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e2,599,613				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f971,928				
	g	Noncash contributions included in lines 1a-1f \$ 30,730					
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a	CONTRACT FEES	6241002,116,511	2,116,511			
	b	MEDICAID & FOSTER CARE	624100839,533	839,533			
	c	SERVICE FEES	624100387,028	387,028			
	d	RENTAL INCOME	53200041,951	41,951			
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		3,385,023			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		27,075			27,075
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	(i) Real		-10,664		-10,664	
		28,446					
		(ii) Personal					
		39,110					
	b	Less rental expenses					
	c	Rental income or (loss)		-10,664			
	d	Net rental income or (loss)					
	7a	(i) Securities		313,200			313,200
		1,058,511					
		(ii) Other					
		745,311					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)		313,200			
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ 165,995 of contributions reported on line 1c) See Part IV, line 18		-43,324			-43,324
		a	14,980				
		b	Less direct expenses b58,304				
c	Net income or (loss) from fundraising events . .						
9a	Gross income from gaming activities See Part IV, line 19						
	a						
	b	Less direct expenses b					
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances		287,815	287,815			
	a	287,815					
	b	Less cost of goods sold b0					
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS	9000999,728	9,728				
b	WORKERS COMP REBATE	9000991,025	1,025				
c							
d	All other revenue						
e	Total. Add lines 11a-11d		10,753				
12	Total revenue. See Instructions		7,807,414	3,683,591	-10,664	296,951	

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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	1,097,694	1,097,694		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	230,760	103,920	126,840	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,535,734	3,717,570	478,497	339,667
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	536,752	470,262	35,188	31,302
10	Payroll taxes	373,745	301,787	45,409	26,549
11	Fees for services (non-employees)				
a	Management	7,200	7,200		
b	Legal	500	500		
c	Accounting	45,039		45,039	
d	Lobbying	2,109	2,109		
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	8,544		6,284	2,260
g	Other	64,175	15,325	37,153	11,697
12	Advertising and promotion	3,305	833		2,472
13	Office expenses	119,469	92,716	14,374	12,379
14	Information technology	10,364	3,408	6,557	399
15	Royalties				
16	Occupancy	243,507	208,367	35,051	89
17	Travel	77,271	73,004	2,249	2,018
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	49,804	35,192	9,452	5,160
20	Interest	39,512	4,430	35,082	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	136,796	107,987	28,809	
23	Insurance	37,954	28,299	9,029	626
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PROPERTY MAINT & REPAIR	119,509	91,924	27,585	
b	FEES DUES SUBSCRIPTIONS	30,055	15,616	4,691	9,748
c	PRINTING	22,900	3,914	39	18,947
d	EQUIPMENT COSTS	21,010	16,596	4,414	
e					
f	All other expenses	11,062	120,965	-126,942	17,039
25	Total functional expenses. Add lines 1 through 24f	7,824,770	6,519,618	824,800	480,352
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			274,633	1	170,334
	2	Savings and temporary cash investments			330,138	2	282,379
	3	Pledges and grants receivable, net			369,734	3	346,642
	4	Accounts receivable, net			399,540	4	370,771
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			26,355	8	31,995
	9	Prepaid expenses and deferred charges			33,325	9	59,473
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	3,803,089	2,303,385	10c	2,260,301
	b	Less accumulated depreciation	10b	1,542,788			
	11	Investments—publicly traded securities			567,458	11	1,322,487
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			1,039,300	15	227,370
	16	Total assets. Add lines 1 through 15 (must equal line 34)			5,343,868	16	5,071,752
Liabilities	17	Accounts payable and accrued expenses			487,428	17	265,943
	18	Grants payable				18	
	19	Deferred revenue			259	19	259
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			709,381	23	693,016
	24	Unsecured notes and loans payable to unrelated third parties				24	
	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			93,352	25	90,984
	26	Total liabilities. Add lines 17 through 25			1,290,420	26	1,050,202
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			3,658,161	27	3,621,871
	28	Temporarily restricted net assets			221,505	28	225,542
	29	Permanently restricted net assets			173,782	29	174,137
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			4,053,448	33	4,021,550
	34	Total liabilities and net assets/fund balances			5,343,868	34	5,071,752

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,807,414
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,824,770
3	Revenue less expenses Subtract line 2 from line 1	3	-17,356
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,053,448
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-14,542
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,021,550

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization FAMILY TREE INC	Employer identification number 84-0730973
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,015,130	3,444,451	3,557,511	3,909,360	3,837,536	17,763,988
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,015,130	3,444,451	3,557,511	3,909,360	3,837,536	17,763,988
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)						36,202
6 Public Support. Subtract line 5 from line 4						17,727,786

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	3,015,130	3,444,451	3,557,511	3,909,360	3,837,536	17,763,988
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,804	22,256	19,562	17,443	55,521	132,586
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	56,088	50,127	156,715	19,636	10,753	293,319
11 Total support (Add lines 7 through 10)						18,189,893

12 Gross receipts from related activities, etc (See instructions)

1219,416,358

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	97.460 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	97.220 %
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2011. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2010. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered “Yes,” to 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,” to 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
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization FAMILY TREE INC	Employer identification number 84-0730973
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(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-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A

Check

☐

if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		2,109													
c Total lobbying expenditures (add lines 1a and 1b)		2,109													
d Other exempt purpose expenditures		7,892,566													
e Total exempt purpose expenditures (add lines 1c and 1d)		7,894,675													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		544,734													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount 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 \$500,000 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 \$17,000,000	\$1,000,000		
If the amount 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 \$500,000 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 \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		136,184													
h Subtract line 1g from line 1a If zero or less, enter -0-		0													
i Subtract line 1f from line 1c If zero or less, enter -0-		0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount	511,308	538,530	541,142	544,734	2,135,714
b Lobbying ceiling amount (150% of line 2a, column(e))					3,203,571
c Total lobbying expenditures	3,856	1,970	2,040	2,109	9,975
d Grassroots non-taxable amount	127,827	134,633	135,286	136,184	533,930
e Grassroots ceiling amount (150% of line 2d, column (e))					800,895
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
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	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		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	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	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 of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
FAMILY TREE INC

Employer identification number
84-0730973

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

3 Using the organization’s accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** ☐ Public exhibition
- d** ☐ Loan or exchange programs
- b** ☐ Scholarly research
- e** ☐ Other
- c** ☐ Preservation for future generations

4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection? ☐ **Yes** ☐ **No**

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	237,809	212,206	212,434	201,221	
b Contributions	355	385	360	330	
c Investment earnings or losses	59	35,567	-588	10,883	
d Grants or scholarships					
e Other expenditures for facilities and programs	10,853	10,349			
f Administrative expenses					
g End of year balance	227,370	237,809	212,206	212,434	

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶ 76 590 %
- c** Term endowment ▶ 23 410 %

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

	Yes	No
(i) unrelated organizations	3a(i) Yes	
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. 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
b Buildings		2,850,101	1,314,412	1,535,689
c Leasehold improvements				
d Equipment		285,921	181,862	104,059
e Other		132,434	46,514	85,920
Total. Add lines 1a-1e <i>(Column (d) should equal Form 990, Part X, column (B), line 10(c).)</i> ▶				2,260,301

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,807,414
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,824,770
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-17,356
4	Net unrealized gains (losses) on investments	4	-14,601
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	59
9	Total adjustments (net) Add lines 4 - 8	9	-14,542
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-31,898

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	7,959,995
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-14,601
b	Donated services and use of facilities	2b	97,283
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	69,899
e	Add lines 2a through 2d	2e	152,581
3	Subtract line 2e from line 1	3	7,807,414
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	7,807,414

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	7,991,893
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	97,283
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	69,840
e	Add lines 2a through 2d	2e	167,123
3	Subtract line 2e from line 1	3	7,824,770
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	7,824,770

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	TO HELP TRANSITION WOMEN AND CHILDREN VICTIMS OF DOMESTIC VIOLENCE OUT OF THE FAMILY TREE WOMEN IN CRISIS SHELTER AND INTO SAFE, AFFORDABLE, SUPPORTED HOUSING ACCOMMODATIONS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	FAMILY TREE APPLIES A MORE-LIKELY-THAN-NOT MEASUREMENT METHODOLOGY TO REFLECT THE FINANCIAL STATEMENT IMPACT OF UNCERTAIN TAX POSITIONS TAKEN, OR EXPECTED TO BE TAKEN, IN A TAX RETURN. AFTER EVALUATING THE TAX POSITIONS TAKEN, NONE ARE CONSIDERED TO BE UNCERTAIN, THEREFORE, NO AMOUNTS HAVE BEEN RECOGNIZED AS OF JUNE 30, 2012. IF INCURRED, INTEREST AND PENALTIES ASSOCIATED WITH TAX POSITIONS ARE RECORDED IN THE PERIOD ASSESSED AS INTEREST AND OTHER EXPENSE. NO INTEREST OR PENALTIES HAVE BEEN ASSESSED AS OF JUNE 30, 2012. TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION INCLUDE 2009 THROUGH THE CURRENT YEAR.
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN INTEREST IN NET ASSETS OF COMMUNITY FIRST FOUNDATION 59
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 39,110. CHANGE IN INTEREST IN NET ASSETS OF COMMUNITY FIRST FOUNDATION 59. SPECIAL EVENT EXPENSES 30,730.
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 39,110. SPECIAL EVENT EXPENSES 30,730.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ▶ See separate instructions.

Name of the organization
FAMILY TREE INC

Employer identification number
84-0730973

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

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

a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and e-mail solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

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

Part II

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>AUCTION</u> (event type)	<u>DINNER EVENT</u> (event type)	<u>(total number)</u>	(Add col (a) through col (c))
Revenue	1	Gross receipts	72,123	108,852	180,975
	2	Less Charitable contributions	66,743	99,252	165,995
	3	Gross income (line 1 minus line 2)	5,380	9,600	14,980
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs	6,869	2,291	9,160
	7	Food and beverages	5,420	9,086	14,506
	8	Entertainment		4,140	4,140
	9	Other direct expenses	22,720	7,778	30,498
	10	Direct expense summary Add lines 4 through 9 in column (d) ►			(58,304)
	11	Net income summary Combine lines 3 and 10 in column (d). ►			-43,324

Part III

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Direct expense summary Add lines 2 through 5 in column (d) ►					()
8 Net gaming income summary Combine lines 1 and 7 in column (d) ►					

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

☐

Yes

☐

No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐

Yes

☐

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐

Yes

☐

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

☐

Director/officer

☐

Employee

☐

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐

Yes

☐

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
FAMILY TREE INC

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number

84-0730973

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3

Enter total number of other organizations listed in the line 1 table ▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) 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) GEMINI ASSISTANCE TO YOUTH IN RESIDENTIAL PROGRAM	238		58,478	FMV	FOOD, MEDICATION
(2) WOMEN IN CRISIS ASSISTANCE TO WOMEN AND CHILDREN	468		36,905	FMV	FOOD, TRANSPORTATION
(3) HOUSE OF HOPE ASSISTANCE TO FAMILIES IN SHELTER	197		25,061	FMV	FOOD, TRANSPORTATION
(4) RENT/TRANSPORTATION ASSISTANCE TO HOUSING CLIENTS	1008		618,548	FMV	RENT, TRANSPORTATION
(5) ARAPAHOE COUNTY CLIENT ASSISTANCE	900		255,550	FMV	RENT, UTILITIES
(6) ADAMS COUNTY CLIENT ASSISTANCE	1644		100,135	FMV	RENT, UTILITIES
(7) KARLIS ASSISTANCE TO CLIENTS IN COUNSELING	141		3,017	FMV	TRANSPORTATION

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THROUGH ITS ACCOUNTING SYSTEM, FAMILY TREE SEGREGATES ALL GRANT-RELATED EXPENDITURES (PAYROLL, VENDOR PAYMENTS, ETC)INTO SEPARATE ACCOUNTS FOR EACH GRANT THIS SERVES AS THE BASIS FOR ALL GRANT REPORTING THIS ACCOUNTING IS AUDITED FOR FEDERAL COMPLIANCE PER THE OMB CIRCULAR A133 AUDIT AND WAS DETERMINED TO BE COMPLIANT IN THE 2012 FINANCIAL AUDIT OF FAMILY TREE

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

Name of the organization
FAMILY TREE INC

Employer identification number
84-0730973

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (AUCTION ITEMS)	X	186	29,730	FMV
26 Other ► (EVENT DONATION)	X	1	1,000	FMV
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

No

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FAMILY TREE INC

Employer identification number
84-0730973

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4A	CHILDREN'S SERVICES FAMILY TREE SERVES CHILDREN AND ADOLESCENTS WHO HAVE BEEN ABUSED OR NEGLECTED AND ARE NOT SAFE IN THEIR HOMES AND YOUTH WHO ARE HOMELESS ON THE STREETS OR HAVE RUN AWAY FROM HOME FAMILY TREE ALSO SERVES YOUTH WHO ARE AT RISK OF BEING REMOVED FROM THEIR HOMES DUE TO BEHAVIORAL PROBLEMS AND ASSISTS FAMILIES AT RISK OF CHILD ABUSE OR NEGLECT IN AN EFFORT TO STABILIZE THOSE FAMILIES FAMILY TREE HELPS FAMILIES WHO ARE CARING FOR FAMILY MEMBERS WHO ARE NOT THEIR OWN CHILDREN WHEN PARENTS ARE UNABLE TO DO SO IN FISCAL 2011/12, FAMILY TREE CHILDREN'S SERVICES PROVIDED FACE-TO-FACE, DIRECT SERVICES TO 9,685 INDIVIDUALS THROUGH ITS GEMINI ADOLESCENT TREATMENT PROGRAMS AND TO 2,544 INDIVIDUALS THROUGH ITS COUNTY COLLABORATIONS FAMILY TREE ALSO PROVIDED ASSISTANCE VIA CRISIS INFORMATION LINES TO ANOTHER 4,089 INDIVIDUALS/FAMILIES FAMILY TREE'S GEMINI ADOLESCENT TREATMENT CENTER PROVIDED 5,090 NIGHTS OF SHELTER AND SERVICES TO 238 YOUTH, INCLUDING 116 RUNAWAY AND HOMELESS YOUTH, AND PROVIDED EDUCATIONAL AND THERAPEUTIC SERVICES TO 19 YOUTH IN THE DAY TREATMENT PROGRAM 84% OF THE RUNAWAY AND HOMELESS YOUTH SERVED WERE REUNIFIED WITH THEIR FAMILIES OR PLACED IN OTHER APPROPRIATE LIVING SITUATIONS FAMILY TREE GEMINI STAFF MADE 3,957 CONTACTS WITH HOMELESS AND RUNAWAY YOUTH THROUGH STREET OUTREACH IN JEFFERSON, ADAMS AND BOULDER COUNTIES ADDITIONALLY, THEY ASSISTED 4,089 YOUTH AND ADULTS VIA THE 24-HOUR INFORMATION/REFERRAL HOTLINE AND GAVE 243 EDUCATIONAL PRESENTATIONS ON RUNAWAY ISSUES TO 4,402 STUDENTS IN MIDDLE AND HIGH SCHOOLS AND TO 1,091 MEMBERS OF LOCAL CIVIC AND COMMUNITY GROUPS IN COLLABORATION WITH ADAMS AND ARAPAHOE COUNTIES, FAMILY TREE, INC PROVIDES A RANGE OF CHILDREN'S SERVICES TO IMPROVE FAMILY STABILITY SPECIFICALLY, THE COLLABORATIVE PROGRAMS WITH ADAMS COUNTY SEEK TO ASSURE FAMILY STABILITY, EARLY INTERVENTION AND PREVENTION OF CHILD ABUSE, AND PROVIDE IN-HOME SERVICES FOR AT-RISK YOUTH, INCLUDING INDIVIDUAL AND FAMILY COUNSELING AND CASE MANAGEMENT TO FAMILIES REFERRED BY ADAMS COUNTY IN FISCAL 2011/12, FAMILY TREE PROVIDED HOME VISITS, CASE MANAGEMENT SERVICES AND RESOURCES TO 150 FAMILIES THROUGH THE ADAMS COUNTY TANF STABLE FAMILIES PROGRAM, ASSISTED 176 FAMILIES WITH HOME-BASED COUNSELING AND RESOURCE SERVICES THROUGH THE ADAMS COUNTY EARLY INTERVENTION AND PREVENTION PROGRAM, AND PROVIDED 88 AT-RISK YOUTH WITH IN-HOME SERVICES THROUGH THE ADAMS COUNTY COMMUNITY FAMILY RESOURCE PROGRAM ADDITIONALLY, FAMILY TREE ASSISTED 57 MILITARY FAMILIES FROM ADAMS COUNTY BY PROVIDING FINANCIAL ASSISTANCE AND CONNECTIONS TO MILITARY AND COMMUNITY SERVICES AND RESOURCES THROUGH THE ADAMS COUNTY MILITARY FAMILY ASSISTANCE PROGRAM THE COLLABORATIVE PROGRAMS WITH ARAPAHOE COUNTY INCLUDE THE KINSHIP/FAMILY STABILITY PROGRAM, WHICH SEEKS TO IMPROVE FAMILY STABILITY OF KINSHIP FAMILIES IN ARAPAHOE COUNTY, THE MILITARY FAMILY ASSISTANCE PROGRAM, WHICH ASSISTS MILITARY FAMILIES IN NEED OF RESOURCES AND FINANCIAL ASSISTANCE, AND THE FAMILY TIES PROGRAM, WHICH SEEKS TO KEEP CHILDREN IN THE HOMES OF RELATIVE CARETAKERS OR OTHER ADULTS AND DIVERT THEM FROM FOSTER CARE BY PROVIDING ASSISTANCE AS NEEDED IN FISCAL 2011/12, FAMILY TREE PROVIDED HOME VISITS, CASE MANAGEMENT AND FINANCIAL RESOURCES TO 81 FAMILIES THROUGH THE KINSHIP/FAMILY STABILITY PROGRAM, TO 42 MILITARY FAMILIES THROUGH THE MILITARY FAMILY ASSISTANCE PROGRAM AND TO 107 FAMILIES THROUGH THE FAMILY TIES PROGRAM

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4B	<p>DOMESTIC VIOLENCE SERVICES FAMILY TREE SERVES ADULT AND CHILD VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT, AND STALKING, FAMILIES WHO HAVE EXPERIENCED THE BREAK-UP OF THEIR HOMES THROUGH DIVORCE OR SEPARATION, AND CHILDREN WHO HAVE WITNESSED FAMILY VIOLENCE AND/OR HAVE EXPERIENCED ABUSE IN THEIR HOMES IN FISCAL 2011/12 FAMILY TREE DOMESTIC VIOLENCE SERVICES PROVIDED DIRECT, FACE TO FACE SERVICES TO 3,533 INDIVIDUALS AND PROVIDED ASSISTANCE VIA CRISIS HOTLINES/INFORMATION PHONE LINES TO 14,824 INDIVIDUALS/FAMILIES IN FISCAL 2011/12 AT THE WOMEN IN CRISIS SHELTER, FAMILY TREE PROVIDED 9,149 NIGHTS OF SHELTER AND SUPPORTIVE SERVICES TO 298 WOMEN AND 170 CHILDREN, AND, RESPONDED TO 3,402 CRISIS CALLS AND 3,580 CALLS FOR LEGAL ADVOCACY ADDITIONALLY, THE LEGAL ADVOCACY PROGRAM ASSISTED 941 VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT AND STALKING 88% OF THOSE SURVEYED REPORTED AN INCREASE IN KNOWLEDGE OF SAFETY STRATEGIES AND COMMUNITY RESOURCES IN FISCAL 2011/12, FAMILY TREE'S PARENTING TIME PROGRAM SERVED A TOTAL OF 2,084 PEOPLE AND FACILITATED 7,013 SUPERVISED VISITS AT THE KARLIS FAMILY CENTER PROGRAM (4,591 VISITS), THERAPEUTIC SUPERVISED PARENTING TIME PROGRAM (377 VISITS), ADAMS COUNTY PROGRAM (1,454 VISITS) AND ARAPAHOE COUNTY PROGRAM (591 VISITS), AND CONDUCTED 7,084 SAFE EXCHANGES THE PROGRAM ALSO SERVED 159 PARENTS IN PARENTING THROUGH DIVORCE CLASSES FAMILY TREE'S OUTREACH AND EDUCATION PROGRAM SERVED 305 WOMEN AND CHILDREN IN DOMESTIC VIOLENCE SUPPORT GROUPS, INDIVIDUAL AND FAMILY COUNSELING SESSIONS THE PROGRAM ALSO RESPONDED TO A TOTAL OF 4,131 INFORMATION & REFERRAL CALLS</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4C	<p>HOMELESSNESS SERVICES FAMILY TREE SERVES ADULT INDIVIDUALS, YOUTH, AND FAMILIES WHO ARE HOMELESS OR ARE AT RISK OF HOMELESSNESS AND ASSISTS PERSONS WHO HAVE VERY LOW TO NO INCOMES AND ARE WORKING TOWARD GOALS TO INCREASE THEIR SELF-SUFFICIENCY IN FISCAL 2011/12 FAMILY TREE HOMELESSNESS SERVICES PROVIDED DIRECT SERVICES TO 3,064 INDIVIDUALS AND ASSISTANCE VIA CRISIS HOTLINES/INFORMATION PHONE LINES TO 5,450 INDIVIDUALS/FAMILIES IN FISCAL 2011/12 AT HOUSE OF HOPE, A RESIDENTIAL SHELTER FOR HOMELESS WOMEN AND THEIR CHILDREN, FAMILY TREE PROVIDED 9,888 NIGHTS OF SHELTER AND SUPPORT SERVICES FOR 70 WOMEN AND 127 CHILDREN AND RESPONDED TO 1,326 CRISIS LINE/INFORMATION CALLS 63 6% OF THE FAMILIES WHO EXITED HOUSE OF HOPE MOVED INTO STABLE HOUSING ADDITIONALLY, IN FISCAL 2011/12 FAMILY TREE PROVIDED HOUSING AND CLIENT CENTERED CASE MANAGEMENT TO 350 FAMILIES IN FAMILY TREE'S HOUSING AND FAMILY SERVICES (HFS) PROGRAMS, AND PROVIDED LIMITED CASE MANAGEMENT AND HOUSING ASSISTANCE TO 950 FAMILIES AND INDIVIDUALS THESE PROGRAMS ALSO PROVIDED RESOURCE AND REFERRAL INFORMATION TO 4,124 FAMILIES VIA THE CRISIS HELPLINE 100% OF THE CLIENTS IN THE HFS TRANSITIONAL HOUSING PROGRAM DEVELOPED PERSONAL PLANS AND GOALS TO HELP THEM ACHIEVE SELF-SUFFICIENCY 57% OF THE FAMILIES WHO EXITED HFS PROGRAMS INCREASED THEIR EDUCATION AND/OR JOB EXPERIENCE AND MOVED TOWARD SELF-SUFFICIENCY AND 88% WERE IN PERMANENT HOUSING AT THE TIME OF EXIT</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS HAS THE AUTHORITY TO MAKE DECISIONS AND PERFORM ANY DUTIES THAT NEED TO BE TAKEN BETWEEN BOARD MEETINGS. ADDITIONALLY, THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR CONDUCTING AN ANNUAL EVALUATION OF THE CHIEF EXECUTIVE OFFICER. THE EXECUTIVE COMMITTEE CONSISTS OF ALL REGULARLY ELECTED OFFICERS, THE IMMEDIATE PAST CHAIR, AND NO MORE THAN THREE ADDITIONAL DIRECTORS THAT MAY BE APPOINTED BY THE CHAIR. THE EXECUTIVE COMMITTEE MUST KEEP REGULAR MINUTES OF ITS PROCEEDINGS AND REPORT TO THE BOARD AT ITS REGULAR MEETING. THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR PLANNING AND PREPARING THE BOARD MEETING AGENDA AND DOES A PRELIMINARY REVIEW OF ISSUES AND PROPOSALS.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY FAMILY TREE'S FINANCE & AUDIT COMMITTEE AND IS PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS BEFORE IT IS FILED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY EACH BOARD MEMBER SIGNS AN AFFIRMATION THAT THEY HAVE REVIEWED THE BOARD APPROVED CONFLICT OF INTEREST POLICY AND HAVE NOT ENGAGED IN ANY ACTIVITY IN CONFLICT WITH THIS POLICY THROUGHOUT THE YEAR, AT BOARD MEETINGS, MEMBERS MUST DISCLOSE AT THE MEETING IF ANY ISSUE ARISES WHICH PRESENTS A CONFLICT OF INTEREST

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	<p>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 PROVIDES INPUT ON THE SALARY SCHEDULE AND THE CHAIR OF THE COMMITTEE, WHO ALSO SERVES ON THE BOARD OF DIRECTORS, TAKES THE SCHEDULE TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL BY THE BOARD THE CEO APPROVES THE SALARY SCHEDULE FOR ALL POSITIONS EXCEPT CEO AND CFO THE BOARD OF DIRECTORS APPROVES THE SALARY SCHEDULE FOR THE CEO AND CFO THE SALARY SCHEDULE FOR ALL POSITIONS, INCLUDING THE CEO AND CFO, IS REVIEWED AT LEAST EVERY TWO YEARS BY CONDUCTING A COMPREHENSIVE SALARY SCHEDULE REVIEW AGAINST APPLICABLE MARKET SURVEYS THIS REVIEW WAS LAST UNDERTAKEN IN JUNE 2011 THE DELIBERATION AND DISCUSSIONS ARE APPROPRIATELY DOCUMENTED IN THE BOARD MINUTES COMPENSATION IS INITIALLY SET BASED ON THE SALARY SCHEDULE AND SUBSEQUENT INCREASES ARE ESTABLISHED BASED ON PERFORMANCE EVALUATIONS AND MUST REMAIN WITHIN THE RANGE ESTABLISHED IN THE SALARY SCHEDULE PERFORMANCE EVALUATIONS ARE COMPLETED BY EACH EMPLOYEE'S SUPERVISOR THE PERFORMANCE EVALUATION OF THE CEO IS COMPLETED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS WITH INPUT FROM THE FULL BOARD</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC ONLINE VIA GUIDESTAR, DUN & BRADSTREET AND THE FAMILY TREE WEBSITE. SUMMARIZED FINANCIAL INFORMATION IS ALSO AVAILABLE IN FAMILY TREE'S ANNUAL REPORT 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.

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -14,601 CHANGE IN INTEREST IN NET ASSETS OF COMMUNITY FIRST FOUNDATION 59 TOTAL TO FORM 990, PART XI, LINE 5 - 14,542

Additional Data

Software ID:

Software Version:

EIN: 84-0730973

Name: FAMILY TREE INC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code)	(Expenses \$	175,840	including grants of \$	(Revenue \$)
PROPERTY MANAGEMENT				
(Code)	(Expenses \$	244,295	including grants of \$	(Revenue \$ 287,815)
TREASURE TRUNK				