

FAMILY TREE, INC.
FORM 990
TAX YEAR 2013

111 S. Tejon Street, Suite 800 // Colorado Springs, CO 80903-2286 // 719.471.4290

Scott Shields
Family Tree, Inc.
3805 Marshall Street
Wheat Ridge, CO 80033

Dear Scott,

Enclosed are the original and one copy of your income tax returns for the period ended June 30, 2014 for:

Family Tree, Inc. as follows...

- 2013 990 - Return of Organization Exempt from Income Tax
- 2013 Schedule A - Public Charity Status and Public Support
- 2013 Schedule B - Schedule of Contributors
- 2013 Schedule C - Political Campaign and Lobbying Activities
- 2013 Schedule D - Supplemental Financial Statements
- 2013 Schedule G - Supplemental Info. Regarding Fundraising/Gaming
- 2013 Schedule I - Grants & Other Assist. to Org/Gov/Ind. in the U.S
- 2013 Schedule M - Noncash Contributions
- 2013 Schedule O - Supplemental Information to Form 990 or 990EZ
- 2013 990-T - Exempt Organization Business Income Tax Return
- 2013 8879-EO - IRS e-file Signature Authorization
- 2013 Colorado State C Corporation Income Tax Return Form 112

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

An additional copy of the Form 990 has been included, to be made available for public inspection upon request. Please note that all statements of donors' contributions are not subject to public inspection and have been removed, as appropriate.

These returns were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the returns before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the returns, please contact us before filing them.

Under current IRS regulations, your return is subject to public inspection. Before filing, you should review all information in this return to determine that the disclosures are appropriate, accurate and complete. Please contact us if you believe any disclosures should be modified.

Before preparing your tax return, we provided you with access to a summary of transactions identified by the U. S. Treasury as reportable transactions. The law provides for a penalty as high as \$200,000 per transaction for failure to adequately disclose any of them on your tax return if applicable. Unless you notified us otherwise, your tax return was prepared with the

Scott Shields

assumption you have not engaged in any reportable transaction. Otherwise, we have prepared your tax return in accordance with the information you provided to us and have attached the appropriate disclosure statement to your tax return. We are not liable for any penalties resulting from your failure to provide us with accurate and timely information about such transactions or to timely file the required disclosure statements. If you have any questions about reportable transactions, please contact us before filing your return.

We sincerely appreciate this opportunity to serve you. Please contact us if you have questions concerning the returns or if we may be of further assistance.

Sincerely,

Rita F. Worster, CPA
Senior Manager

Enclosure(s)



111 S. Tejon Street, Suite 800 // Colorado Springs, CO 80903-2286 // 719.471.4290

Instructions for filing
Family Tree, Inc.
Form 8879-EO - IRS E-file Signature Authorization
for the period ended June 30, 2014

Signature...

The original IRS e-file Signature Authorization form should be signed (use full name) and dated by the taxpayer.

Filing...

Return your signed Form 8879-EO to:

BKD, LLP
111 South Tejon, Suite 800
Colorado Springs CO 80903-9848

Payment of tax...

No payment of tax is required.

Under current IRS regulations, your return is subject to public inspection. Before filing, you should review all information in this return to determine that the disclosures are appropriate, accurate and complete. Please contact us if you believe any of the disclosures should be modified.

Form 8879-EO serves as a replacement for your signature that would be affixed to form 990 if you paper filed your return. Please DO NOT separately file form 990 with the Internal Revenue Service. Doing so will delay the processing of your return.

We must receive your signed form before we can electronically transmit your return which is due on May 15, 2015. We would appreciate your returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.



111 S. Tejon Street, Suite 800 // Colorado Springs, CO 80903-2286 // 719.471.4290

Instructions for filing
Family Tree, Inc.
Form 990T - Exempt Organization Business Return
for the period ended June 30, 2014

Signature...

The original return should be signed (using full name and title) and dated on page 2 by an authorized officer of the organization.

Filing...

The signed return should be filed on or before May 15, 2015 with...

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

Payment of tax...

No payment of tax is required.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning 07/01, 2013, and ending 06/30, 20 14

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

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

2013

Department of the Treasury
Internal Revenue Service

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>5,954,645.</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 2013 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 6

as my signature

Enter five numbers, but do not enter all zeros

on the organization's tax year 2013 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 2013 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

Date ▶ 04/06/2015

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 2013 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 ▶

Yuta Furuta

Date ▶

4/6/15

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 (2013)

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 private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07/01, 2013, and ending 06/30, 2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>FAMILY TREE, INC.</u>			D Employer identification number <u>84-0730973</u>	
	Doing Business As			E Telephone number <u>(303) 422-2133</u>	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		
	<u>3805 MARSHALL STREET</u>				
City or town, state or province, country, and ZIP or foreign postal code <u>WHEAT RIDGE, CO 80033</u>			G Gross receipts \$ <u>6,653,442.</u>		
F Name and address of principal officer: <u>SCOTT SHIELDS</u> <u>3805 MARSHALL STREET WHEAT RIDGE, CO 80033</u>			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶		
J Website: ▶ <u>WWW.THEFAMILYTREE.ORG</u>					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: <u>1976</u> M State of legal domicile: <u>CO</u>		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>FAMILY TREE PROVIDES INNOVATIVE, LIFE-CHANGING SERVICES TO HELP PEOPLE OVERCOME AND END CHILD ABUSE, DOMESTIC VIOLENCE AND HOMELESSNESS.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>14.</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>14.</u>
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	<u>185.</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>1,857.</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>-2,488.</u>
b Net unrelated business taxable income from Form 990-T, line 34	7b	<u>-2,488.</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>3,962,803.</u>	<u>4,181,501.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>1,918,383.</u>	<u>1,299,330.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>35,015.</u>	<u>129,091.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>339,852.</u>	<u>344,723.</u>
		<u>6,256,053.</u>	<u>5,954,645.</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>997,878.</u>	<u>1,221,746.</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>4,758,313.</u>	<u>4,270,282.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>433,265.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>1,036,876.</u>	<u>954,202.</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>6,793,067.</u>	<u>6,446,230.</u>	
19 Revenue less expenses. Subtract line 18 from line 12	<u>-537,014.</u>	<u>-491,585.</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>4,584,621.</u>	<u>4,120,970.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>998,257.</u>	<u>957,212.</u>
	<u>3,586,364.</u>	<u>3,163,758.</u>	

Part II Signature Block

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

Sign Here	▶ Signature of officer		Date		
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>RITA F WORSTER, CPA</u>				<u>P00290681</u>
	Firm's name ▶ <u>BKD, LLP</u>	Firm's EIN ▶ <u>44-0160260</u>		Phone no. <u>719 471-4290</u>	
Firm's address ▶ <u>111 SOUTH TEJON, SUITE 800 COLORADO SPRINGS, CO 80903-9848</u>					

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

Cumulative E-File History 2013

FED

Locator: 8628FZ
Taxpayer Name: Family Tree, Inc.
Return Type: 990, 990

Submitted Date	11/11/2014 5:29:00 PM
Acknowledgement Date	11/11/2014 5:56:55 PM
Status	Accepted
Submission ID	84022720143155000002

Print

Close

Cumulative E-File History 2013

FED

Locator: 8628FZ
Taxpayer Name: Family Tree, Inc.
Return Type: 990, 990

Submitted Date	2/13/2015 11:00:54 AM
Acknowledgement Date	2/13/2015 11:27:01 AM
Status	Accepted
Submission ID	84022720150445000002

Print

Close

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

FAMILY TREE HELPS PEOPLE OVERCOME CHILD ABUSE, DOMESTIC VIOLENCE AND HOMELESSNESS TO BECOME SAFE, STRONG AND SELF-RELIANT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

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

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

4a (Code:) (Expenses \$ 905,707. including grants of \$ 24,136.) (Revenue \$ 466,656.)
CHILD AND YOUTH SERVICES - SEE SCHEDULE O

4b (Code:) (Expenses \$ 2,653,647. including grants of \$ 1,141,499.) (Revenue \$ 565,432.)
HOUSING AND FAMILY STABILIZATION SERVICES - SEE SCHEDULE O

4c (Code:) (Expenses \$ 1,250,948. including grants of \$ 39,255.) (Revenue \$ 307,801.)
DOMESTIC VIOLENCE SERVICES - SEE SCHEDULE O

4d Other program services (Describe in Schedule O.) ATTACHMENT 1
(Expenses \$ 414,076. including grants of \$ 0) (Revenue \$ 347,923.)

4e Total program service expenses 5,224,378.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or 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>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24 a 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a 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>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
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>		
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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No response. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (14), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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 during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: CHIEF FINANCE OFFICER 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 or note to any line in this Part VII.

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

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

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

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 organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) SHARON BOYD CHAIR	1.00	X		X				0	0	0
(2) JIM LORENTZ SECRETARY	1.00	X		X				0	0	0
(3) WILLIAM CLAYTON TREASURER	1.00	X		X				0	0	0
(4) KRISTIN REED CHAIR-ELECT	1.00	X		X				0	0	0
(5) LOWELL MILLER PAST CHAIR	1.00	X						0	0	0
(6) JACKIE CAMPEAU DIRECTOR	1.00	X						0	0	0
(7) TED CLIFTON DIRECTOR EFFECTIVE 03/2014	1.00	X						0	0	0
(8) BRAD GEISSLER DIRECTOR THROUGH 07/2013	1.00	X						0	0	0
(9) COURTNEY JONES DIRECTOR	1.00	X						0	0	0
(10) MIKKEL KELLY DIRECTOR	1.00	X						0	0	0
(11) LAWRENCE LEE DIRECTOR	1.00	X						0	0	0
(12) MISTI RUTHVEN DIRECTOR EFFECTIVE 03/2014	1.00	X						0	0	0
(13) MICHAEL TRUJILLO DIRECTOR	1.00	X						0	0	0
(14) JULIA WEST DIRECTOR	1.00	X						0	0	0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	182,432.					
	b Membership dues	1b						
	c Fundraising events	1c	168,226.					
	d Related organizations	1d						
	e Government grants (contributions) . .	1e	2,899,098.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	931,745.					
	g Noncash contributions included in lines 1a-1f: \$		33,967.					
	h Total. Add lines 1a-1f			4,181,501.				
Program Service Revenue				Business Code				
	2a CONTRACT FEES		624100	810,587.	810,587.			
	b MEDICAID & FOSTER CARE		624100	131,152.	131,152.			
	c SERVICE FEES		624100	325,121.	325,121.			
	d HOMELESSNESS PROGRAM REVENUE		624100	32,470.	32,470.			
	e _____							
	f All other program service revenue							
g Total. Add lines 2a-2f			1,299,330.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			20,981.			20,981.	
	4 Income from investment of tax-exempt bond proceeds . . .			0				
	5 Royalties			0				
	6a Gross rents	(i) Real		29,748.				
		(ii) Personal						
		b Less: rental expenses		34,496.				
		c Rental income or (loss)		-4,748.				
	d Net rental income or (loss)			-4,748.		-2,488.	-2,260.	
	7a Gross amount from sales of assets other than inventory	(i) Securities		710,000.				
		(ii) Other						
		b Less: cost or other basis and sales expenses		601,890.				
		c Gain or (loss)		108,110.				
	d Net gain or (loss)			108,110.			108,110.	
	8a Gross income from fundraising events (not including \$ 168,226. of contributions reported on line 1c). See Part IV, line 18	a	ATCH 2	23,400.				
	b Less: direct expenses	b		43,413.				
c Net income or (loss) from fundraising events		ATCH 3		-20,013.		-20,013.		
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				0				
10a Gross sales of inventory, less returns and allowances	a		334,190.					
	b Less: cost of goods sold	b	ATCH 4	18,998.				
	c Net income or (loss) from sales of inventory			315,192.	315,192.			
Miscellaneous Revenue			Business Code					
11a MISCELLANEOUS REVENUE		900099	54,292.	54,292.				
b _____								
c _____								
d All other revenue								
e Total. Add lines 11a-11d			54,292.					
12 Total revenue. See instructions			5,954,645.	1,668,814.	-2,488.	106,818.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	16,856.	16,856.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	1,204,890.	1,204,890.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	214,148.	65,254.	148,894.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	3,410,935.	2,721,417.	384,815.	304,703.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	47,114.	39,591.	3,960.	3,563.
9 Other employee benefits	300,723.	253,669.	22,707.	24,347.
10 Payroll taxes	297,362.	230,667.	41,906.	24,789.
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	47,500.		47,500.	
d Lobbying	600.		600.	
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	10,995.		10,995.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	66,406.	24,738.	20,741.	20,927.
12 Advertising and promotion	9,277.	3,552.	744.	4,981.
13 Office expenses	133,381.	97,402.	17,553.	18,426.
14 Information technology	0			
15 Royalties	0			
16 Occupancy	192,333.	165,479.	26,745.	109.
17 Travel	51,277.	48,750.	156.	2,371.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	14,233.	1,443.	1,609.	11,181.
20 Interest	44,799.	8,471.	36,328.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	128,070.	102,744.	25,326.	
23 Insurance	77,624.	63,330.	13,098.	1,196.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>PROPERTY MAINT & REPAIR</u>	111,093.	80,650.	30,443.	
b <u>DUES, FEES & SUBSCRIPTIONS</u>	37,558.	20,553.	6,982.	10,023.
c <u>STAFF DEVELOPMENT</u>	29,056.	20,224.	7,109.	1,723.
d <u>INDIRECT EXPENSE</u>		54,698.	-59,624.	4,926.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,446,230.	5,224,378.	788,587.	433,265.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	74,436.	1	0
	2 Savings and temporary cash investments	93,962.	2	247,058.
	3 Pledges and grants receivable, net	479,218.	3	514,369.
	4 Accounts receivable, net	152,177.	4	130,420.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	30,200.	8	11,202.
	9 Prepaid expenses and deferred charges	66,338.	9	111,464.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,861,592.		
	b Less: accumulated depreciation	10b 1,759,470.	2,214,020.	10c 2,102,122.
	11 Investments - publicly traded securities	ATCH 5	1,228,594.	11 735,095.
	12 Investments - other securities. See Part IV, line 11		0	12 0
	13 Investments - program-related. See Part IV, line 11		0	13 0
	14 Intangible assets		0	14 0
	15 Other assets. See Part IV, line 11		245,676.	15 269,240.
16 Total assets. Add lines 1 through 15 (must equal line 34)		4,584,621.	16 4,120,970.	
Liabilities	17 Accounts payable and accrued expenses	244,088.	17	240,506.
	18 Grants payable	0	18	0
	19 Deferred revenue	42,984.	19	46,080.
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties ATCH 6	689,146.	23	639,040.
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		22,039.	25 31,586.	
26 Total liabilities. Add lines 17 through 25		998,257.	26 957,212.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,142,831.	27	2,582,821.
	28 Temporarily restricted net assets	269,036.	28	406,080.
	29 Permanently restricted net assets	174,497.	29	174,857.
	Organizations that do not follow SFAS 117 (ASC 958), 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		3,586,364.	33 3,163,758.	
34 Total liabilities and net assets/fund balances		4,584,621.	34 4,120,970.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,954,645.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,446,230.
3	Revenue less expenses. Subtract line 2 from line 1	3	-491,585.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,586,364.
5	Net unrealized gains (losses) on investments	5	41,949.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	27,030.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,163,758.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2013

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

FAMILY TREE, INC.

Employer identification number

84-0730973

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 described in **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. See **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-Non-functionally integrated
- 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 supported organization?

	Yes	No
11g(i)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

(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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

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

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2013 (98.33%); 15 Public support percentage from 2012 Schedule A, Part II, line 14 (98.15%); 16a 33 1/3% support test - 2013 (checked); 16b 33 1/3% support test - 2012; 17a 10%-facts-and-circumstances test - 2013; 17b 10%-facts-and-circumstances test - 2012; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule of Contributors

2013

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

FAMILY TREE, INC.

Employer identification number

84-0730973

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

Name of organization **FAMILY TREE, INC.**

Employer identification number
84-0730973

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 91,735.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 180,486.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 470,661.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 538,028.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 162,118.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 200,441.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 111,515.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ 96,129.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ 85,112.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	----- ----- -----	\$ 110,367.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	----- ----- -----	\$ 241,320.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FAMILY TREE, INC.

Employer identification number

84-0730973

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization FAMILY TREE, INC.

Employer identification number 84-0730973

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$

Use duplicate copies of Part III if additional space is needed.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes dashed lines for input.

Table for (e) Transfer of gift, split into Transferee's name, address, and ZIP + 4 and Relationship of transferor to transferee.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes dashed lines for input.

Table for (e) Transfer of gift, split into Transferee's name, address, and ZIP + 4 and Relationship of transferor to transferee.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes dashed lines for input.

Table for (e) Transfer of gift, split into Transferee's name, address, and ZIP + 4 and Relationship of transferor to transferee.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes dashed lines for input.

Table for (e) Transfer of gift, split into Transferee's name, address, and ZIP + 4 and Relationship of transferor to transferee.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2013

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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, Part V, line 35c (Proxy Tax), then

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

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

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 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? Yes No
- 4a Was a correction made? Yes 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 function 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? Yes 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-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

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

Schedule C (Form 990 or 990-EZ) 2013

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)	600.													
c	Total lobbying expenditures (add lines 1a and 1b)	600.													
d	Other exempt purpose expenditures	6,463,180.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	6,463,780.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	473,189.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <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> </tbody> </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)	118,297.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0	0												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	541,142.	544,734.	489,653.	473,189.	2,048,718.
b Lobbying ceiling amount (150% of line 2a, column (e))					3,073,077.
c Total lobbying expenditures	2,040.	2,109.	1,134.	600.	5,883.
d Grassroots nontaxable amount	135,286.	136,184.	122,413.	118,297.	512,180.
e Grassroots ceiling amount (150% of line 2d, column (e))					768,270.
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)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include questions about lobbying activities (1a-1j, 2a-2d) and their tax implications.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues (1), lobbying expenditures (2), and carryover (3).

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

Table with 2 columns: Question, Amount. Rows include dues (1), nondeductible lobbying expenditures (2a-2c), carryover (3), and taxable amount (5).

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

Series of horizontal dashed lines for providing supplemental information.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2013

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

FAMILY TREE, INC.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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.

Table with 2 columns: Amounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

Schedule D (Form 990) 2013

JSA 3E1268 2.000

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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	245,676.	227,370.	237,809.	212,206.	212,434.
b Contributions	360.	29,316.	414.	35,952.	360.
c Net investment earnings, gains, and losses	34,438.				-588.
d Grants or scholarships					
e Other expenditures for facilities and programs	11,234.	11,010.	10,853.	10,349.	
f Administrative expenses					
g End of year balance	269,240.	245,676.	227,370.	237,809.	212,206.

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

- a Board designated or quasi-endowment %
 - b Permanent endowment 64.9400 %
 - c Temporarily restricted endowment 35.0600 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations	X	
(ii) related organizations		X

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		534,633.		534,633.
b Buildings		2,948,573.	1,492,411.	1,456,162.
c Leasehold improvements				
d Equipment		177,087.	144,946.	32,141.
e Other		201,299.	122,113.	79,186.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,102,122.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) INTEREST IN THE NET ASSETS	
(2) OF COMMUNITY FIRST FDN	269,240.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	269,240.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEPOSITS	6,516.	
(3) NET ASSETS HELD ON BEHALF OF OTHERS	25,070.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	31,586.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	6,110,544.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a 41,949.		
b	Donated services and use of facilities	2b 48,941.		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d 112,072.		
e	Add lines 2a through 2d		2e	202,962.
3	Subtract line 2e from line 1		3	5,907,582.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b 47,063.		
c	Add lines 4a and 4b		4c	47,063.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	5,954,645.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	6,533,150.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 48,941.		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 74,681.		
e	Add lines 2a through 2d		2e	123,622.
3	Subtract line 2e from line 1		3	6,409,528.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b 36,702.		
c	Add lines 4a and 4b		4c	36,702.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	6,446,230.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS

PART V, LINE 4

FUNDS ARE TO BE USED TO HELP VICTIMS OF DOMESTIC VIOLENCE MOVE FROM THE WOMEN IN CRISIS SHELTER INTO PERMANENT HOUSING.

UNCERTAIN TAX POSITIONS

PART X, LINE 2

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

REVENUE ON BOOKS, NOT ON RETURN

PART XI, LINE 2D

CHANGE IN BENEFICIAL INTEREST IN NET ASSETS IN

COMMUNITY FIRST FOUNDATION	37,391
EVENT EXPENSE RECLASSIFIED FROM EXPENSE	21,187
RENTAL EXPENSE RECLASSIFIED FROM EXPENSE	34,496
COGS	18,998
TOTAL	112,072

Part XIII Supplemental Information (continued)

REVENUE ON RETURN, NOT ON BOOKS

PART XI, LINE 4B

CONTRIBUTIONS RELATED TO FISCAL SPONSOR ACTIVITY TREATED AS

A LIABILITY FOR FINANCIAL STATEMENT PURPOSES 47,063

EXPENSE ON BOOKS, NOT ON RETURN

PART XII, LINE 2D

EVENT EXPENSE RECLASSIFIED FROM EXPENSE 21,187

RENTAL EXPENSE RECLASSIFIED FROM EXPENSE 34,496

COGS 18,998

TOTAL 74,681

EXPENSE ON RETURN, NOT ON BOOKS

PART XII, LINE 4B

EXPENSES RELATED TO FISCAL SPONSOR ACTIVITY TREATED AS

A LIABILITY FOR FINANCIAL STATEMENT PURPOSES 36,702

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CELEBRATION	GIRLS NIGHT OU		(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	173,737.	17,889.		191,626.
	2 Less: Contributions	157,087.	11,139.		168,226.
	3 Gross income (line 1 minus line 2)	16,650.	6,750.		23,400.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	6,892.	3,250.		10,142.
	7 Food and beverages	10,294.			10,294.
	8 Entertainment				
	9 Other direct expenses	20,681.	2,296.		22,977.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				43,413.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-20,013.

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

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

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

b If "No," explain: _____

10 a 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 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

FAMILY TREE, INC.

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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HAAT FORCE SOUTH METRO INC. 1401 E DRY CREEK ROAD CENTENNIAL, CO 80122	46-1686535	501(C)(3)	16,856.				SUPPORT OPERATIONS
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							
(9) -----							
(10) -----							
(11) -----							
(12) -----							

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

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

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

Schedule I (Form 990) (2013)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 GEMINI: ASSISTANCE TO YOUTH IN RESIDENTIAL PROGRAM	20.		11,265.	FMV	SEE PART IV
2 WOMEN IN CRISIS: ASSISTANCE TO WOMEN AND CHILDREN	473.		34,842.	FMV	SEE PART IV
3 HOUSE OF HOPE: ASSISTANCE TO FAMILIES IN SHELTER	199.		24,226.	FMV	SEE PART IV
4 DV SUPPORTIVE SERVICES: ASSISTANCE TO CLIENTS	248.		4,413.	FMV	SEE PART IV
5 ASSISTANCE TO HOMELESSNESS PROGRAM CLIENTS	1,234.		914,428.	FMV	SEE PART IV
6 MILITARY/VETERAN AND KINSHIP FAMILY PROGRAMS	1,043.		184,566.	FMV	SEE PART IV
7 YOUTH SUPPORTIVE SVCS: ASSISTANCE TO AT-RISK YOUTH	92.		11,304.	FMV	SEE PART IV

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SEVERE WEATHER PROGRAMS	349.		19,846.	FMV	SEE PART IV
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

PART I, LINE 2

THROUGH ITS ACCOUNTING SYSTEM, FAMILY TREE SEGREGATES ALL GRANT RELATED EXPENDITURES (PAYROLL, DIRECT CLIENT ASSISTANCE, ETC.) INTO SEPARATE ACCOUNTS FOR EACH GRANT. THIS SERVES AS THE BASIS FOR ALL GRANT REPORTING. ALL DIRECT CLIENT ASSISTANCE PAYMENTS ARE REVIEWED BY CASE MANAGERS AND DIVISION DIRECTORS TO ASSURE ELIGIBILITY. THESE PROCEDURES ARE AUDITED FOR COMPLIANCE PER THE OMB CIRCULAR A133 AUDIT.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

DESCRIPTION OF NON-CASH ASSISTANCE

PART III, COLUMN F

GEMINI: FOOD, MEDICATION AND OTHER ASSISTANCE TO YOUTH;

WOMEN IN CRISIS: FOOD, TRANSPORTATION, MEDICATION AND OTHER ASSISTANCE TO

SHELTER RESIDENTS;

HOUSE OF HOPE: FOOD, TRANSPORTATION, MEDICATION AND OTHER ASSISTANCE TO

SHELTER RESIDENTS;

DV SUPPORT SERVICES: TRANSPORTATION ASSISTANCE TO CLIENTS ATTENDING

COUNSELING AND PARENTING CLASSES AT KARLIS;

ASSISTANCE TO HOUSING & FAMILY SERVICES: RENTAL ASSISTANCE, SECURITY

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

DEPOSITS, UTILITIES PAYMENTS & TRANSPORTATION ASSISTANCE TO HOMELESS OR

NEARLY HOMELESS CLIENTS;

MILITARY/VETERAN AND KINSHIP PROGRAMS: UTILITIES, RENTAL AND OTHER

ASSISTANCE TO MILITARY, VETERAN AND KINSHIP FAMILIES;

YOUTH SUPPORTIVE SERVICES: FOOD, MEDICATION AND OTHER ASSISTANCE TO

YOUTH;

SEVERE WEATHER PROGRAMS: HOTEL VOUCHERS FOR HOMELESS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		30,000.	FAIR MARKET VALUE
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	18.	3,967.	FAIR MARKET VALUE
26 Other ▶ (_____)				
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**

	Yes	No
30 a 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?		X
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?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2013)

JSA

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

CONTRIBUTIONS

PART I, COLUMN B

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

FAMILY TREE, INC.

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

84-0730973

SIGNIFICANT CHANGES IN THE ORGANIZATION'S PROGRAMS

PART III, LINE 3

DURING FY 06/30/14, THE GEMINI PROGRAM WAS CLOSED. PLEASE SEE PART III,
LINE 4A NARRATIVE FOR MORE DETAILS.

PROGRAM SERVICE ACCOMPLISHMENTS

PART III

LINE 4A - CHILD AND YOUTH 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. IN FISCAL 2013/14, FAMILY TREE CHILD AND YOUTH SERVICES
PROVIDED FACE-TO-FACE, DIRECT SERVICES TO 2,154 INDIVIDUALS. FAMILY TREE
ALSO PROVIDED ASSISTANCE VIA CRISIS INFORMATION LINES TO ANOTHER 1,845
INDIVIDUALS/FAMILIES.

FAMILY TREE'S GEMINI ADOLESCENT TREATMENT CENTER PROVIDED SHELTER,
COUNSELING, AND EDUCATION FOR YOUTH AGES 11-17 THAT HAD BEEN ABUSED,
NEGLECTED, IN FAMILY CONFLICT, WERE RUNAWAYS OR HOMELESS. FAMILY TREE
GEMINI PROVIDED 595 NIGHTS OF SHELTER AND SERVICES TO 20 YOUTH, INCLUDING
132 RUNAWAY AND HOMELESS YOUTH. OF THE RUNAWAY AND HOMELESS YOUTH
SERVED, 95% WERE REUNIFIED WITH THEIR FAMILIES OR PLACED IN OTHER
APPROPRIATE LIVING SITUATIONS.

Name of the organization FAMILY TREE, INC.	Employer identification number 84-0730973
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FAMILY TREE GEMINI STAFF MADE 1,013 CONTACTS WITH HOMELESS AND RUNAWAY YOUTH THROUGH STREET OUTREACH IN JEFFERSON, ADAMS AND BOULDER COUNTIES. ADDITIONALLY, THEY ASSISTED 1,845 YOUTH AND ADULTS VIA THE 24-HOUR INFORMATION/REFERRAL HOTLINE AND GAVE 51 EDUCATIONAL PRESENTATIONS ON RUNAWAY ISSUES TO 1,056 STUDENTS AND MEMBERS OF LOCAL CIVIC AND COMMUNITY GROUPS, INCLUDING LAW ENFORCEMENT.

IN ADDITION, FAMILY TREE'S COMMUNITY FAMILY RESOURCE TEAM PROVIDED INDIVIDUAL AND FAMILY THERAPY, CASE MANAGEMENT AND CRISIS INTERVENTION FOR 36 AT-RISK YOUTH IN ORDER TO DIVERT THEM FROM FUTURE OUT-OF-HOME PLACEMENT AND THE CHILD WELFARE SYSTEM. OF THE YOUTH WITHIN THE PROGRAM, 81% WERE SUCCESSFULLY DIVERTED FROM FURTHER CHILD WELFARE SYSTEM INVOLVEMENT, AND SINCE THE PROGRAM'S INCEPTION (2005) GREATER THAN 95% OF THE YOUTH SUCCESSFULLY DIVERTED REMAINED IN THEIR HOMES FOR 12 MONTHS OR LONGER, POST CASE CLOSURE.

DURING 2013 COLORADO COUNTIES' UTILIZATION OF THE GEMINI PROGRAM CHANGED CONSIDERABLY, RESULTING IN FAR FEWER CHILDREN BEING PLACED IN THE PROGRAM. CONSEQUENTLY, THE DECLINE IN REVENUE ASSOCIATED WITH THE DECREASE IN CHILDREN PLACED IN THE PROGRAM REACHED A LEVEL THAT WAS NO LONGER SUSTAINABLE, AND MANAGEMENT DID NOT BELIEVE WOULD BECOME SUSTAINABLE. THEREFORE TO REMAIN A STRONG, STABLE AND FISCALLY RESPONSIBLE ORGANIZATION FAMILY TREE MADE THE VERY DIFFICULT, BUT NECESSARY DECISION TO CLOSE THE FAMILY TREE GEMINI PROGRAM, EFFECTIVE JANUARY OF 2014.

Name of the organization FAMILY TREE, INC.	Employer identification number 84-0730973
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LINE 4B - HOUSING AND FAMILY STABILIZATION SERVICES

FAMILY TREE HELPS ADULT INDIVIDUALS, YOUTH, AND FAMILIES WHO ARE HOMELESS OR ARE AT RISK OF HOMELESSNESS, OR ARE EXPERIENCING ECONOMIC AND FAMILY INSTABILITY TO OBTAIN THE SUPPORTIVE SERVICES THEY NEED TO ADDRESS IMMEDIATE ISSUES, SUSTAIN OR IMPROVE THEIR SELF-SUFFICIENCY, AND OBTAIN SAFE, STABLE HOUSING. FAMILY TREE ASSISTS PERSONS WHO HAVE VERY LOW TO NO INCOME AND ARE WORKING TOWARD GOALS TO INCREASE THEIR SELF-SUFFICIENCY AS WELL AS MILITARY FAMILIES, VETERANS AND FAMILIES WHO ARE CARING FOR FAMILY MEMBERS WHO ARE NOT THEIR OWN CHILDREN WHEN PARENTS ARE UNABLE TO DO SO.

IN FISCAL 2013/14, FAMILY TREE HOUSING AND FAMILY STABILIZATION SERVICES PROVIDED DIRECT SERVICES TO 4,205 INDIVIDUALS AND ASSISTANCE VIA CRISIS HOTLINES/INFORMATION PHONE LINES TO 6,207 INDIVIDUALS/FAMILIES.

IN FISCAL 2013/14 AT HOUSE OF HOPE, A RESIDENTIAL SHELTER FOR HOMELESS WOMEN AND THEIR CHILDREN, FAMILY TREE PROVIDED 11,107 NIGHTS OF SHELTER AND SUPPORT SERVICES FOR 68 WOMEN AND 131 CHILDREN AND RESPONDED TO 1,203 CRISIS LINE/INFORMATION CALLS. 42% OF THE FAMILIES WHO EXITED HOUSE OF HOPE MOVED INTO STABLE HOUSING.

ADDITIONALLY, IN FISCAL 2013/14, FAMILY TREE PROVIDED HOUSING AND CLIENT CENTERED CASE MANAGEMENT TO 381 FAMILIES IN FAMILY TREE'S HOMELESS PROGRAMS, AND PROVIDED LIMITED CASE MANAGEMENT AND HOUSING ASSISTANCE TO 4,006 PERSONS ON OUR WAITLIST. THESE PROGRAMS ALSO PROVIDED RESOURCE AND

Name of the organization FAMILY TREE, INC.	Employer identification number 84-0730973
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REFERRAL INFORMATION TO 5,004 FAMILIES VIA THE CRISIS HELPLINE. 100% OF THE CLIENTS IN THESE PROGRAMS DEVELOPED PERSONAL PLANS AND GOALS TO HELP THEM ACHIEVE SELF-SUFFICIENCY. 45% OF THE FAMILIES WHO EXITED THESE PROGRAMS INCREASED THEIR EDUCATION AND/OR JOB EXPERIENCE AND MOVED TOWARD SELF-SUFFICIENCY AND 82% WERE IN PERMANENT HOUSING AT THE TIME OF EXIT.

FAMILY TREE'S MILITARY/VETERAN AND KINSHIP FAMILY PROGRAMS PROVIDE A RANGE OF SERVICES TO IMPROVE THE STABILITY OF MILITARY FAMILIES, VETERANS AND FAMILIES WITH CHILDREN IN THE CUSTODY OF RELATIVE CARETAKERS. THESE PROGRAMS PROVIDE SUPPORT AND RESOURCES SUCH AS CASE MANAGEMENT, HOME VISITS, SHORT-TERM IMMEDIATE INTERVENTIONS, FINANCIAL SUPPORTIVE SERVICES AND INFORMATION AND REFERRALS.

IN FISCAL 2013/14, FAMILY TREE PROVIDED HOME VISITS, CASE MANAGEMENT SERVICES AND FINANCIAL RESOURCES TO 131 FAMILIES THROUGH THE ADAMS COUNTY TANF STABLE FAMILIES PROGRAM, TO 75 FAMILIES THROUGH THE ARAPAHOE COUNTY KINSHIP/FAMILY STABILITY PROGRAM, AND TO 46 FAMILIES THROUGH THE DOUGLAS COUNTY KINSHIP PROGRAM. FAMILY TREE ALSO PROVIDED ASSISTANCE TO 26 MILITARY FAMILIES THROUGH THE ARAPAHOE COUNTY MILITARY FAMILY ASSISTANCE PROGRAM.

LINE 4C - 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

Name of the organization FAMILY TREE, INC.	Employer identification number 84-0730973
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WITNESSED FAMILY VIOLENCE AND/OR HAVE EXPERIENCED ABUSE IN THEIR HOMES.

IN FISCAL 2013/14, FAMILY TREE DOMESTIC VIOLENCE SERVICES PROVIDED DIRECT, FACE-TO-FACE SERVICES TO 3,059 INDIVIDUALS AND PROVIDED ASSISTANCE VIA CRISIS HOTLINES/INFORMATION PHONE LINES TO 15,484 INDIVIDUALS/FAMILIES.

IN FISCAL 2013/14, AT THE WOMEN IN CRISIS SHELTER, FAMILY TREE PROVIDED 8,990 NIGHTS OF SAFE SHELTER AND SUPPORTIVE SERVICES, INCLUDING ADVOCACY, SUPPORT GROUPS, COMMUNITY EDUCATION AND AN ON-SITE HEALTH CLINIC, TO 292 WOMEN AND 181 CHILDREN AND RESPONDED TO 2,812 CRISIS CALLS. FAMILY TREE'S LEGAL ADVOCACY PROGRAM ASSISTED 966 VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT AND STALKING AND RESPONDED TO 3,144 HOTLINE CALLS. 89% OF THOSE SURVEYED REPORTED AN INCREASE IN KNOWLEDGE OF SAFETY STRATEGIES AND 85% REPORTED INCREASED KNOWLEDGE OF COMMUNITY RESOURCES.

IN FISCAL 2013/14, THE FAMILY TREE PARENTING TIME PROGRAM SERVED A TOTAL OF 1,725 PEOPLE, FACILITATED 4,780 SUPERVISED PARENTING-TIME VISITS AND CONDUCTED 3,295 SAFE EXCHANGES. THE PROGRAM ALSO SERVED 177 PARENTS IN PARENTING THROUGH DIVORCE CLASSES.

FAMILY TREE'S OUTREACH AND EDUCATION PROGRAM SERVED 248 WOMEN AND CHILDREN IN DOMESTIC VIOLENCE SUPPORT GROUPS, INDIVIDUAL AND FAMILY COUNSELING SESSIONS. THE PROGRAM ALSO RESPONDED TO A TOTAL OF 4,730 INFORMATION AND REFERRAL CALLS.

Name of the organization FAMILY TREE, INC.	Employer identification number 84-0730973
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PROCESS TO REVIEW THE FORM 990

PART VI, LINE 11B

THE FORM 990 IS REVIEWED IN DETAIL BY FAMILY TREE'S FINANCE & AUDIT COMMITTEE. IT IS PROVIDED ELECTRONICALLY TO ALL MEMBERS OF THE BOARD OF DIRECTORS BEFORE IT IS FILED AND AN OVERVIEW IS PROVIDED TO THE BOARD BY THE TREASURER WHO CHAIRS THE AUDIT AND FINANCE COMMITTEE.

PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY

PART VI, LINE 12C

FAMILY TREE'S CONFLICT OF INTEREST POLICY APPLIES TO ANY DIRECTOR, OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS. THE POLICY PROVIDES ANY POTENTIAL CONFLICT MUST BE DISCLOSED TO THE BOARD BEFORE A TRANSACTION IS ENTERED. THE BOARD WILL DETERMINE IF A CONFLICT EXISTS AND HOW TO ADDRESS IT.

AN INDIVIDUAL WITH A CONFLICT SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST.

ANNUALLY, EACH OFFICER AND DIRECTOR SIGNS AN AFFIRMATION THAT THEY HAVE REVIEWED THE BOARD APPROVED CONFLICT OF INTEREST POLICY AND HAVE NOT ENGAGED IN ANY ACTIVITY IN CONFLICT WITH THIS POLICY.

REVIEW OF CEO AND OTHER OFFICERS COMPENSATION

PART VI, LINE 15A & 15B

FAMILY TREE HAS A COMPENSATION PROGRAM AND PHILOSOPHY, WHICH INCLUDES

Name of the organization FAMILY TREE, INC.	Employer identification number 84-0730973
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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. THE CEO APPROVES THE SALARY SCHEDULE FOR ALL POSITIONS EXCEPT CEO AND CFO. THE CHAIR OF THE HUMAN RESOURCES COMMITTEE, WHO ALSO SERVES ON THE BOARD OF DIRECTORS, TAKES THE SCHEDULE FOR CEO AND CFO COMPENSATION TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL.

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 2013. 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.

HOW GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

PART VI, 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

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

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PART XI, LINE 9

NET EFFECT OF FISCAL SPONSOR ACTIVITY TREATED AS A

LIABILITY FOR FINANCIAL STATEMENT PURPOSES (10,361)

CHANGE IN BENEFICIAL INTEREST IN NET ASSETS OF

COMMUNITY FIRST FOUNDATION 37,391

TOTAL 27,030

ATTACHMENT 1

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
PROPERTY MANGEMENT, TREASURE TRUNK	0	414,076.	328,925.
TOTALS	<u>0</u>	<u>414,076.</u>	<u>328,925.</u>

ATTACHMENT 2

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
CELEBRATION OF ACHIEVEMENT	157,087.
GIRLS NIGHT OUT	11,139.
TOTAL	<u>168,226.</u>

Name of the organization

Employer identification number

FAMILY TREE, INC.

84-0730973

ATTACHMENT 3

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
CELEBRATION OF ACHIEVEMENT	16,650.	37,867.	-21,217.
GIRLS NIGHT OUT	6,750.	5,546.	1,204.
TOTALS	<u>23,400.</u>	<u>43,413.</u>	<u>-20,013.</u>

ATTACHMENT 4

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

GROSS SALES LESS RETURNS AND ALLOWANCES	334,190.
INVENTORY AT BEGINNING OF YEAR	
PURCHASES	
SALARIES AND WAGES	
OTHER COSTS	18,998.
SUBTOTAL	<u>18,998.</u>
MINUS ENDING INVENTORY	
COST OF GOODS SOLD	<u>18,998.</u>

ATTACHMENT 5

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
MUTUAL FUNDS	842,485.	526,977.	FMV
DEBT SECURITIES	315,724.	165,747.	FMV
ALTERNATIVE INVESTMENTS	70,385.	42,371.	FMV
TOTALS	<u>1,228,594.</u>	<u>735,095.</u>	

Name of the organization FAMILY TREE, INC.	Employer identification number 84-0730973
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ATTACHMENT 6

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: KEY BANK
ORIGINAL AMOUNT: 700,000.
INTEREST RATE: 5.900000
DATE OF NOTE: 11/12/2010
MATURITY DATE: 08/12/2021
REPAYMENT TERMS: \$5,849 DUE MONTHLY, REMAINING DUE AT MATURITY
SECURITY PROVIDED: REAL PROPERTY - MARSHALL STREET
PURPOSE OF LOAN: REFINANCE & OPERATIONS

BEGINNING BALANCE DUE	642,253.
ENDING BALANCE DUE	<u>609,599.</u>

LENDER: CAPITAL LEASE

BEGINNING BALANCE DUE	46,893.
ENDING BALANCE DUE	<u>29,441.</u>

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	<u>689,146.</u>
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TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	<u>639,040.</u>
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SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

29,748.

OTHER DEDUCTIONS

INSURANCE	1,989.
MORTGAGE INTEREST PAID TO FINANCIAL INSTITUTIONS	2,433.
REPAIRS	4,110.
SUPPLIES	378.
TAXES	3,211.
UTILITIES	4,850.
WAGES	8,713.
CONTRACT SERVICES	1,332.
INDIRECT EXPENSE	3,845.
	<u>30,861.</u>

RENT AND ROYALTY SUMMARY

<u>PROPERTY</u>	<u>TOTAL INCOME</u>	<u>DEPLETION/ DEPRECIATION</u>	<u>OTHER EXPENSES</u>	<u>ALLOWABLE NET INCOME</u>
RENTAL	29,748.	3,635.	30,861.	-4,748.
TOTALS	<u>29,748.</u>	<u>3,635.</u>	<u>30,861.</u>	<u>-4,748.</u>

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2013 or other tax year beginning 07/01, 2013, and ending 06/30, 2014. See separate instructions.

2013

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type.

Section H: Describe the organization's primary unrelated business activity. DEBT-FINANCED RENTAL INCOME. Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Section J: The books are in care of CHIEF FINANCE OFFICER. Telephone number 303-422-2133.

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from partnerships and S corporations, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents from controlled organizations, 9 Investment income of a section 501(c)(7), (9), or (17) organization, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total. Combine lines 3 through 12.

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Section Part II: Deductions Not Taken Elsewhere. Rows include: 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest (attach schedule), 19 Taxes and licenses, 20 Charitable contributions, 21 Depreciation, 22 Less depreciation claimed on Schedule A and elsewhere on return, 23 Depletion, 24 Contributions to deferred compensation plans, 25 Employee benefit programs, 26 Excess exempt expenses (Schedule I), 27 Excess readership costs (Schedule J), 28 Other deductions (attach schedule), 29 Total deductions. Add lines 14 through 28, 30 Unrelated business taxable income before net operating loss deduction, 31 Net operating loss deduction, 32 Unrelated business taxable income before specific deduction, 33 Specific deduction, 34 Unrelated business taxable income.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here [] See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ [] (2) \$ [] (3) \$ []
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ []
(2) Additional 3% tax (not more than \$100,000) \$ []
c Income tax on the amount on line 34 35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: [] Tax rate schedule or [] Schedule D (Form 1041) 36
37 Proxy tax. See instructions 37
38 Alternative minimum tax 38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies. 39

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a
b Other credits (see instructions) 40b
c General business credit. Attach Form 3800 (see instructions) 40c
d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d
e Total credits. Add lines 40a through 40d 40e
41 Subtract line 40e from line 39 41
42 Other taxes. Check if from: [] Form 4255 [] Form 8611 [] Form 8697 [] Form 8866 [] Other (attach schedule) 42
43 Total tax. Add lines 41 and 42 43 0
44 a Payments: A 2012 overpayment credited to 2013 44a
b 2013 estimated tax payments 44b
c Tax deposited with Form 8868. 44c
d Foreign organizations: Tax paid or withheld at source (see instructions) 44d
e Backup withholding (see instructions) 44e
f Credit for small employer health insurance premiums (Attach Form 8941) 44f
g Other credits and payments: [] Form 2439 [] Form 4136 [] Other Total 44g
45 Total payments. Add lines 44a through 44g 45
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached [] 46
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48
49 Enter the amount of line 48 you want: Credited to 2014 estimated tax [] Refunded [] 49

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here [] Yes [] No X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. [] Yes [] No X
3 Enter the amount of tax-exempt interest received or accrued during the tax year [] \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation []

1 Inventory at beginning of year 1
2 Purchases 2
3 Cost of labor 3
4 a Additional section 263A costs (attach schedule) 4a
b Other costs (attach schedule) 4b
5 Total. Add lines 1 through 4b 5
6 Inventory at end of year 6
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. 7
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? [] Yes [] No X

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer [] Date [] Title []
May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer Use Only
Print/Type preparer's name RITA F WORSTER, CPA
Preparer's signature [] Date []
Check [] if self-employed PTIN P00290681
Firm's name [] BKD, LLP Firm's EIN [] 44-0160260
Firm's address [] 111 SOUTH TEJON, SUITE 800 Phone no. 719 471-4290

COLORADO SPRINGS, CO 80903-9848

Form 990-T (2013)

Cumulative E-File History 2013

Federal Extension3

Locator: 8628FZ
Taxpayer Name: Family Tree, Inc.
Return Type: 990, 990

Submitted Date	11/11/2014 5:29:00 PM
Acknowledgement Date	11/11/2014 5:56:11 PM
Status	Accepted
Submission ID	84022720143155000001

Print

Close

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

Table with 1 column for description of property, rows (1) through (4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income. Rows (1) through (4) and a Total row.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation, (b) Other deductions, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Includes a Totals row with values 15,587 and 18,075.

Total dividends-received deductions included in column 8

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5. Rows (1) through (4).

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Includes a Totals row with instructions for adding columns.

Totals

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals ▶	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) . . . ▶						

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)			%
(2)			%
(3)			%
(4)			%
Total. Enter here and on page 1, Part II, line 14. ▶			

SCHEDULE E - UNRELATED DEBT-FINANCED INCOME

ATTACHMENT 1

1. <u>DESCRIPTION OF DEBT-FINANCED PROPERTY</u>	2. <u>GROSS INCOME</u>	3. DEDUCTIONS DIRECTLY CONNECTED		4. <u>AVERAGE ACQUISITION DEBT</u>	5. <u>AVERAGE ADJUSTED BASIS</u>	6. <u>% 4 IS OF 5</u>	7. <u>GROSS INCOME REPORTABLE (2 X 6)</u>	8. <u>ALLOCABLE DEDUCTIONS 6 * (3A + 3B)</u>
		<u>(3A)</u>	<u>(3B)</u>					
3805 MARSHALL STREET	29,748.	3,635.	30,861.	227,318.	433,845.	52.396	15,587.	18,075.
				TOTALS			<u>15,587.</u>	<u>18,075.</u>

FEDERAL FOOTNOTES

FORM 990-T, PART II, LINE 31
NET OPERATING LOSS DEDUCTION

<u>TAX YEAR GENERATED (UTILIZED)</u>	<u>AMOUNT</u>	<u>UTILIZED</u>
1995 6/30/1996	3,843	
1996 6/30/1997	15,069	
1997 6/30/1998	1,229	
1998 6/30/1999	-	(1,756)
1999 6/30/2000	2,716	-
2000 6/30/2001	2,781	-
2001 6/30/2002	-	(814)
2002 6/30/2003	117	-
2003 6/30/2004	4,563	-
2004 6/30/2005	810	-
2005 6/30/2006	2,642	-
2006 6/30/2007	-	(812)
2007 6/30/2008	3,604	-
2008 6/30/2009	-	(4,375)
2009 6/30/2010	-	(3,009)
2010 6/30/2011	1,220	-
2011 6/30/2012	2,361	-
2012 6/30/2013	917	-
2013 6/30/2014	2,488	-
PRE AUG. 6 '97 NOLS EXPIRED		(9,375)
NOL CARRY FORWARD TO 2013		<u>\$ 24,219</u>