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.

Form 8879-EO

IRS e-file Signature Authorization

| for an Exempt Oi | 'ganization | | OMB 140. 1343-1 |
|-----------------------|--------------------|----|-----------------|
| Basel basels-1- 07/01 | 06/20 | 14 | |

For calendar year 2013, or fiscal year beginning 0.7/01___ , 2013, and ending 0.6/30__ , 20 14_

Do not send to the IRS. Keep for your records. Department of the Treasury ▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Internal Revenue Service Name of exempt organization Employer identification number FAMILY TREE. 84-0730973 Name and title of officer CHIEF EXECUTIVE OFFICER Part 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 -0on the applicable line below. Do not complete more than 1 line in Part I. 1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 1b 5,954,645. 2a Form 990-EZ check here ▶ b Total revenue, if any (Form 990-EZ, line 9) 2b b Total tax (Form 1120-POL, line 22) 3b 3a Form 1120-POL check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5). 4b 4a Form 990-PF check here ▶ **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 5 X Lauthorize BKD, LLP 8 2 6 to enter my PIN as my signature ERO firm name Enter five numbers, but 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, will enter my PIN on the return's disclosure consent screen. Officer's signature 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. 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 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)

Return of Organization Exempt From Income Tax

orm **990**

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

OMB No. 1545-0047
2013

Open to Public Inspection

▶ 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.

| A F | or th | ne 2013 calendar year, or tax year beginning 07/01, 201 | 3, and endir | ng | | 06/3 | 0, 20 14 | | |
|--------------------------------|----------------|---|--|-------------|------------------------------------|-----------------|----------------------|-------------------|--|
| _ | | C Name of organization | | | D Employer ide | entificatio | n number | | |
| B c | heck if ap | pplicable: FAMILY TREE, INC. | | | 84-073 | 0973 | | | |
| | Addre | | | | | | | | |
| | Name | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | | E Telephone n | umber | | | |
| | Initial | return 3805 MARSHALL STREET | | | (303) 42 | 2-213 | 3 | | |
| | Term | City or town, state or province, country, and ZIP or foreign postal code | | | | | | | |
| | Amer return | | | | G Gross receip | ts \$ | 6 , 653 | ,442. | |
| | Applie pendi | cation F Name and address of principal officer: SCOTT SHIELDS | | | H(a) Is this a ground subordinates | | Yes | X No | |
| | | 3805 MARSHALL STREET WHEAT RIDGE, CO 80033 | | | H(b) Are all subord | | ? Yes | No | |
| <u></u> | Tax-ex | tempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1 |) or 52 | 7 | If "No," attac | ch a list. (see | instructions) | | |
| <u>J</u> | Websi | ite: ▶ WWW.THEFAMILYTREE.ORG | | | H(c) Group exem | | | | |
| | | of organization: X Corporation Trust Association Other | L Year o | f formati | ion: 1976 M | State of le | gal domicile: | CO | |
| P | art l | Summary | | | | | | | |
| | 1 | Briefly describe the organization's mission or most significant activities: $FAMII$ | | | | ATIVE, | | | |
|)Ce | | LIFE-CHANGING SERVICES TO HELP PEOPLE OVERCOME A | AND END C | HILD | ABUSE, | | | | |
| 'nar | | DOMESTIC VIOLENCE AND HOMELESSNESS. | | | | | | | |
| Governance | 2 | Check this box ▶ ☐ if the organization discontinued its operations or dispos | | | | 1 1 | | | |
| ტ ფ | 3 | Number of voting members of the governing body (Part VI, line 1a) | | | | 3 | | <u> 14.</u> | |
| Se Se | 4 | Number of independent voting members of the governing body (Part VI, line 1b) $$ | | | | 4 | | 14. | |
| Ϋ́Ε̈́ | 5 | Total number of individuals employed in calendar year 2013 (Part V, line 2a). | | | | 5 | | 185. | |
| Activities | 6 | Total number of volunteers (estimate if necessary) | | | | 6 | | 857. | |
| ٩ | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | | 7a | | 488. | |
| | b | Net unrelated business taxable income from Form 990-T, line 34 | | | Prior Year | 7b | | 488. | |
| | | 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | 2 | Current Y | | |
| ne | 8 | Contributions and grants (Part VIII, line 1h) | | | 3,962,80 | _ | 4,181 | | |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | | 1,918,38 35,01 | _ | 1,299 | ,330. ,091. | |
| Re | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | er revenue (Part VIII, column (A), lines 5, 4, and 7d) | | | | | | |
| | 11 | | | | 339,85 6,256,05 | | 344,723 5,954,645 | | |
| _ | 12 13 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | | 997,87 | | 1,221 | | |
| | 14 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) | | | 331 , 01 | 0 | 1,221 | , / 40. | |
| | 4.5 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | | 4,758,31 | | 4,270 | 282 | |
| Expenses | 162 | Professional fundraising fees (Part IX, column (A), line 11e) | | | 1,700,01 | 0 | 1/2/0 | ,202. | |
| per | h | Total fundraising expenses (Part IX, column (D), line 25) ► 433, 26 | | | | | | | |
| ш | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | | 1,036,87 | 6. | 954 | ,202. | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | | 6,793,06 | _ | 6,446 | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | | -537,01 | | | ,585. | |
| or | | | | Begini | ning of Current \ | | End of Yea | | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | | | 4,584,62 | 1. | 4,120 | , 970. | |
| Ass 1 Ba | 21 | Total liabilities (Part X, line 26) | | | 998,25 | _ | | <u>,</u> 212. | |
| Fer | 22 | Net assets or fund balances. Subtract line 21 from line 20 | <u></u> | | 3,586,36 | 4. | 3,163 | | |
| | rt II | Signature Block | | | | | | | |
| Un | der pei | nalties of perjury, I declare that I have examined this return, including accompanying sche | dules and stater | ments, a | nd to the best of | my know | ledge and b | elief, it is | |
| true | e, corre | ect, and complete. Declaration of preparer (other than officer) is based on all informátion of wl | nich preparer na | is any kn | lowledge. | | | | |
| ٥. | | | | | | | | | |
| Sig | | Signature of officer | | | Date | | | | |
| He | re | | | | | | | | |
| | | Type or print name and title | | | | | | | |
| Paid | 4 | Print/Type preparer's name Preparer's signature | Date | | Check | if PTIN | | | |
| | a parer | RITA F WORSTER , CPA | | | self-employ | | 0029068 | 31 | |
| | Only | Firm's name ▶BKD, LLP | | | Firm's EIN ▶ 4 | | | | |
| | | Firm's address ▶111 SOUTH TEJON, SUITE 800 COLORADO SPRINGS, CO 80903-9 | 848 | | Phone no. 7 | | 1-4290 | | |
| May | the I | RS discuss this return with the preparer shown above? (see instructions) | | | | 1: | X Yes | No | |

For Paperwork Reduction Act Notice, see the separate instructions.

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

FAMILY TREE, INC. 84-0730973 Form 990 (2013) Page 2 Part III **Statement of Program Service Accomplishments** 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? 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? ______X Yes 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 \$ CHILD AND YOUTH SERVICES - SEE SCHEDULE O 4b (Code: 2,653,647. including grants of \$ _____1,141,499.) (Revenue \$ HOUSING AND FAMILY STABILIZATION SERVICES - SEE SCHEDULE O) (Expenses \$ 1,250,948. including grants of \$ 39,255.) (Revenue \$ DOMESTIC VIOLENCE SERVICES - SEE SCHEDULE O

4d Other program services (Describe in Schedule O.) (Expenses \$ 414,076 including grants of \$

₀) (Revenue \$

ATTACHMENT 1

347,923.

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

Form 990 (2013)
Part IV Chacklist of Paguired Schodules

| arı | 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 | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | _ | | v |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | 4 | X | |
| _ | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | Λ | |
| 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, | 5 | | Χ |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | 21 |
| Ü | 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 | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| • | the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> | 7 | | Χ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> | | | |
| | complete Schedule D, Part III | 8 | | Χ |
| 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 | 9 | | Χ |
| 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 | 10 | Х | |
| 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | Х | |
| b | Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more | | | 37 |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| a | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | 444 | Х | |
| _ | reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 11d 11e | X | |
| | Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses | 116 | 21 | |
| • | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | Х |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes."</i> | | | |
| 1 2 u | complete Schedule D, Parts XI and XII | 12a | Х | |
| 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 | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Χ |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | 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 | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | 3.7 |
| . – | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | 47 | | v |
| 40 | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | 10 | Х | |
| 19 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | ^ | |
| ıIJ | 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 | 19 | | Χ |
| 20 a | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| | , | | | |

Form 990 (2013) Page **4**

| Part | 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? If "Yes," complete Schedule I, Parts I and II | 21 | Х | |
| 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? If "Yes," complete Schedule I, Parts I and III | 22 | Х | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | Χ |
| 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? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | Χ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| Ч | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction | | | |
| 25 a | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| h | | 2 J a | | 21 |
| 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? | 2Eh | | Χ |
| 00 | If "Yes," complete Schedule L, Part I. | 25b | | |
| 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 | 00 | | 37 |
| | disqualified persons? If so, complete Schedule L, Part II | 26 | | 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 | | | 3.7 |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | | X |
| С | 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? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| | Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| | complete Schedule N, Part II | 32 | | 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? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| | or IV, and Part V, line 1 | 34 | | X |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | 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)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | |
| | Part VI | 37 | | Χ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | | |
| | 19? Note . All Form 990 filers are required to complete Schedule O | 38 | Х | |
| | | | 200 | |

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| rai | | | | |
|------|--|-----|------|-----|
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | 5 · · · · · · · · · · · · · · · · · · · | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | X | |
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return . 2a 185 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | _ | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | Х | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | 3.7 |
| | account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country: ► | | | |
| _ | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | 37 |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Λ |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| ьа | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | C- | | Х |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | Λ |
| D | If "Yes," did the organization include with every solicitation an express statement that such contributions or | 6b | | |
| - | gifts were not tax deductible? | 60 | | |
| | Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| а | | 7a | Χ | |
| h | and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | X | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | 7.5 | - 21 | |
| · | required to file Form 8282? | 7c | | Х |
| ч | If "Yes," indicate the number of Forms 8282 filed during the year | 7.0 | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Χ |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| _ | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | | | |
| • | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | | | |
| | organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the organization make any taxable distributions under section 4966? | 9a | | |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| 12 a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans 13b | | | |
| | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

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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 |
|-------|--|----------|-----------------|----------|
| Sect | ion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 14 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 14 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| | any other officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | 37 |
| | one or more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | X |
| _ | stockholders, or persons other than the governing body? | 7b | | Λ |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | | Χ | |
| a | The governing body? | 8a 8b | X | |
| b | Each committee with authority to act on behalf of the governing body? | OD | - 21 | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> | 9 | | X |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Revenue | | . .) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Χ | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | | | |
| | rise to conflicts? | 12b | Χ | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe in Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Χ | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | 40- | | X |
| | with a taxable entity during the year? | 16a | | Λ |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| Sect | ion C. Disclosure | וטט | | <u> </u> |
| 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/ | :)(3)e | Only) |
| 10 | available for public inspection. Indicate how you made these available. Check all that apply. | 301(0 |)(3)3 | Offig) |
| | X Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int | erest | 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 | ne | | |

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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 | box, | not ch unless | eck s pe | ition more rson | e than o | an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other compensation |
|--|--|--------------------------------|-----------------------|-------------|-----------------------|------------------------------|--------|--|---|---|
| | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | from the organization and related organizations |
| (1)SHARON BOYD | 1.00 | | | | | | | | | |
| CHAIR | | Х | | Х | | | | C | 0 | C |
| (2)JIM LORENTZ | 1.00 | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | C | 0 | C |
| (3)WILLIAM CLAYTON TREASURER | 1.00 | Х | | Х | | | | C | 0 | C |
| (4)KRISTIN REED | 1.00 | | | | | | | | | |
| CHAIR-ELECT | | Х | | Х | | | | C | 0 | C |
| | 1.00 | Х | | | | | | C | 0 | C |
| (6)JACKIE CAMPEAU DIRECTOR | 1.00 | Х | | | | | | (| 0 | |
| (7)TED CLIFTON DIRECTOR EFFECTIVE 03/2014 | 1.00 | X | | | | | | 0 | 0 | 0 |
| (8)BRAD GEISSLER DIRECTOR THROUGH 07/2013 | 1.00 | Х | | | | | | C | 0 | C |
| (9)COURTNEY JONES DIRECTOR | 1.00 | Х | | | | | | C | 0 | C |
| (10)MIKKEL KELLY DIRECTOR | 1.00 | Х | | | | | | C | 0 | C |
| (11)LAWRENCE LEE DIRECTOR | 1.00 | Х | | | | | | C | 0 | C |
| (12)MISTI RUTHVEN DIRECTOR EFFECTIVE 03/2014 | 1.00 | Х | | | | | | C | 0 | 0 |
| (13)MICHAEL TRUJILLO DIRECTOR | 1.00 | Х | | | | | | C | 0 | C |
| (14)JULIA WEST DIRECTOR | 1.00 | Х | | | | | | C | 0 | C |

Form **990** (2013)

JSA

FAMILY TREE, INC. 84-0730973

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| Part VII Section A. Officers, Directors, Tru | · · | y ⊑11 | ιριυ | | | and I | yı | · | | CO | | | |
|--|---|--------------------------------|-----------------------|----------------------|--------------|------------------------------|--------------------|---|--|--------|--------------------|---|--------|
| (A) Name and title | Average hours per week (list any hours for | box, | not ch unles | Pos neck ss pe | erson | e than or | an | (D) Reportable compensation from the | (E) Reportab compensation related organization | n from | Est am | (F) timated ount of other pensation | f |
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-N | | fro orga and | om the anization related nization | n d |
| 15) CYNDY WHITLOCK DIRECTOR | 1.00 | Х | | | | | | 0 | | 0 | | | (|
| 16) JUDI LACKO-ZALLAPS DIRECTOR THROUGH 09/2013 | 1.00 | X | | | | | | 0 | | 0 | | | (|
| 17) SCOTT SHIELDS CEO | 40.00 | | | Х | | | | 128,856. | | 0 | | 2,4 | 140 |
| 18) JILL FARNHAM CFO THROUGH 12/2013 | 40.00 | | | Х | | | | 96,208. | | 0 | | | 964. |
| 19) REGINA KOLC CFO EFFECTIVE 03/2014 | 40.00 | | | X | | | | 0 | | 0 | | | (|
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| to Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) | ection A | | | | | | > > / | 225,064. 225,064. | | 0 | | 3,4 | 04. |
| Total number of individuals (including but not reportable compensation from the organization) | limited to t | hose | | | | | re | | \$100,000 of | f | | <i>3</i> , 1 | 01. |
| 3 Did the organization list any former office | | or or | tru | ıste | e | kev e | mn | olovee or highest | t compensa | ted | | Yes | No |
| employee on line 1a? If "Yes," complete Schedu | ule J for su | ch ind | ividu | ıal | | | | | | | 3 | | X |
| 4 For any individual listed on line 1a, is the sorganization and related organizations greindividual | eater than | \$15 | 0,00 | 00? | . If | "Yes | | | | | 4 | | X |
| 5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye | accrue co | mpen | satio | on f | fron | n any | | | | | 5 | | X |
| Section B. Independent Contractors | | | | | | | | | | | | | |
| 1 Complete this table for your five highest com | | | | | | | | | | | | | |
| compensation from the organization. Report c year. | ompendan | | | | | | | J | | | | | |

Name and business address

Description of services

Compensation

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

Form 990 (2013) FAMILY TREE, INC. 84-0730973 Page **9**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or Unrelated Revenue Total revenue business exempt excluded from tax revenue function under sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 182,432 1b **b** Membership dues Fundraising events 168,226 d Related organizations 1d 1e 2,899,098 Government grants (contributions) . . f All other contributions, gifts, grants, and similar amounts not included above . 1f 931,745 g Noncash contributions included in lines 1a-1f: \$ _ Total. Add lines 1a-1f 4,181,501 Program Service Revenue **Business Code** CONTRACT FEES 624100 810,587 810,587 2a 624100 131,152 131,152 MEDICAID & FOSTER CARE b SERVICE FEES 624100 325,121 325,121 32,470. d HOMELESSNESS PROGRAM REVENUE 624100 32,470. f All other program service revenue 1,299,330 Investment income (including dividends, interest, and 20,981. Income from investment of tax-exempt bond proceeds . . . > 4 5 (i) Real (ii) Personal 29,748. 6a Gross rents **b** Less: rental expenses . . . 34,496. Rental income or (loss) d Net rental income or (loss) -4,748 -2,488 -2,260 (ii) Other (i) Securities Gross amount from sales of 710,000. assets other than inventory b Less: cost or other basis and sales expenses . . . 601,890. 108,110. c Gain or (loss) 108,110. 108,110. Other Revenue Gross income from fundraising ATCH 2 events (not including \$ _____168,226. of contributions reported on line 1c). See Part IV, line 18 a 23,400. b Less: direct expenses b 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 **b** Less: direct expenses 10a Gross sales of inventory, less returns and allowances 334,190 **b** Less: cost of goods sold . ATCH . 4 Net income or (loss) from sales of inventory. 315,192 315,192 Miscellaneous Revenue **Business Code** MISCELLANOUS REVENUE 900099 54,292 54,292 11a b d All other revenue 54,292. e Total. Add lines 11a-11d Total revenue. See instructions -2,488 106,818. 668,814

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 respo | nse or note to any line | in this Part IX | | |
|----------|---|-------------------------|------------------------------|-------------------------------------|--------------------------|
| | o not include amounts reported on lines 6b, 7b, b, 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 | | 0 | | | |
| | 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) | O | | | |
| 7 | Other salaries and wages | 3,410,935. | 2,721,417. | 384,815. | 304,703. |
| | 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 | | 297,362. | 230,667. | 41,906. | 24,789. |
| | Fees for services (non-employees): | | | | |
| | a Management | 0 | | | |
| | b Legal | 0 | | | |
| | c Accounting | 47,500. | | 47,500. | |
| | d Lobbying | 600. | | 600. | |
| | Professional fundraising services. See Part IV, line 17. | 0 | | | |
| | f Investment management fees | 10,995. | | 10,995. | |
| | 9 Other. (If line 11g amount exceeds 10% of line 25, column | 66.406 | 24 720 | 00 741 | 20 027 |
| | (A) amount, list line 11g expenses on Schedule O.) | 66,406. | 24,738. | 20,741. | 20,927. |
| | Advertising and promotion | 9,277. | 3,552. | 17,553. | 4,981. 18,426. |
| 13 | | 133,381. | 97,402. | 17,333. | 10,420. |
| 14 | 3, | 0 | | | |
| 15 | , | 192,333. | 165,479. | 26,745. | 109. |
| 16 | | 51,277. | 48,750. | 156. | 2,371. |
| 17 18 | | 01/277. | 10,700. | 130. | 2/3/1. |
| 10 | for any federal, state, or local public officials | 0 | | | |
| 19 | | 14,233. | 1,443. | 1,609. | 11,181. |
| 20 | | 44,799. | 8,471. | 36,328. | • |
| 21 | | 0 | | | |
| 22 | | 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.) | 111 000 | 00 050 | 20 442 | |
| | a PROPERTY MAINT & REPAIR | 111,093. 37,558. | 80,650. 20,553. | 30,443. | 10 000 |
| | bDUES, FEES & SUBSCRIPTIONS | | 20,333. | | 10,023. |
| | cSTAFF_DEVELOPMENT | 29,056. | 54,698. | 7,109. -59,624. | 1,723. 4,926. |
| | d INDIRECT_EXPENSE | | J4, 030. | -59,024. | 4,320. |
| | e All other expenses | 6,446,230. | 5,224,378. | 788,587. | 433,265. |
| | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) | 0 | 3,223,370. | 700,307. | 100,200. |

JSA 3E1052 1.000

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Balance Sheet

| - | | Check if Schedule O contains a response or | note | to any line in this Pa | rt X | | X |
|-----------------------------|----------|---|-----------|------------------------|------------------------|----------|------------------------|
| | | ones in constant of contains a response of | 11010 | | (A) Beginning of year | | (B) End of year |
| | 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 | forme | r officers, directors, | | | |
| | | trustees, key employees, and highest co | | | | | |
| | | Complete Part II of Schedule L Loans and other receivables from other disqualified pers | | | 0 | 5 | 0 |
| | 6 | Loans and other receivables from other disqualified personal 4958(f)(1)), persons described in section 4958(c)(3)(B). | | | | | |
| | | and sponsoring organizations of section 501(c)(9) volu | | | | | |
| S | | organizations (see instructions). Complete Part II of Sche | dule L | | 0 | 6 | 0 |
| Assets | 7 | Notes and loans receivable, net | | | 0 | 7 | 0 |
| As | 8 | Inventories for sale or use | | | 30,200. | 8 | 11,202. |
| | 9 | Prepaid expenses and deferred charges | | | 66,338. | 9 | 111,464. |
| | 10 a | Land, buildings, and equipment: cost or | | | | | |
| | | | 10a | | | | |
| | | Less: accumulated depreciation | 10b | 1,759,470. | 2,214,020. | | 2,102,122. |
| | 11 | Investments - publicly traded securities | | ATCH 5 | 1,228,594. | | 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 | | | 0.45 676 | 14 | 0 |
| | 15 | Other assets. See Part IV, line 11 | | | 245,676. | | 269,240. |
| | 16 | Total assets. Add lines 1 through 15 (must equal | | | 4,584,621. 244,088. | 16 | 4,120,970. 240,506. |
| | 17 18 | Accounts payable and accrued expenses | 17 18 | 240,300. | | | |
| | 19 | Grants payable | | - | 42,984. | 19 | 46,080. |
| | 20 | Deferred revenue | • • • | | 42,704. | 20 | 10,000. |
| 'n | 21 | Tax-exempt bond liabilities Escrow or custodial account liability. Complete Pa | art IV/ c | of Schedule D | | 21 | 0 |
| Liabilities | 22 | Loans and other payables to current and for | | | | <u> </u> | 0 |
| ig | | trustees, key employees, highest compen | | | | | |
| Ë | | disqualified persons. Complete Part II of Schedule | | | 0 | 22 | 0 |
| | 23 | Secured mortgages and notes payable to unrelate | ed thire | d parties ATCH 6 | 689,146. | | 639,040. |
| | 24 | Unsecured notes and loans payable to unrelated | | | 0 | 24 | 0 |
| | 25 | Other liabilities (including federal income tax, | | | | | |
| | | parties, and other liabilities not included on lines | | | | | |
| | | of Schedule D | | | 22,039. | 25 | 31,586. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 998,257. | 26 | 957,212. |
| es | | Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and | | there X and | | | |
| anc | 27 | Unrestricted net assets | | | 3,142,831. | 27 | 2,582,821. |
| Bal | 28 | Temporarily restricted net assets | | | 269,036. | 28 | 406,080. |
| 힏 | 29 | Permanently restricted net assets | | <u></u> | 174,497. | 29 | 174,857. |
| Net Assets or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34. | , chec | k here 🕨 🔛 and | | | |
| ts | 30 | Capital stock or trust principal, or current funds | | [| | 30 | |
| SSe | 31 | Paid-in or capital surplus, or land, building, or equ | | t fund | | 31 | |
| Ä | 32 | Retained earnings, endowment, accumulated inco | ome, o | or other funds | | 32 | |
| Ne | 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. |

Form 990 (2013) Page **12**

| orm 99 | 0 (2013) | | | | Pa | ge IZ | | |
|--|---|---------|-------|--------------------|------|-------|--|--|
| Part | XI Reconciliation of Net Assets | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | X | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 5,9 | 54,6 | 345. | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | (| | | 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 | | 3,5 | 86,3 | 864. | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | 41,949 | | | | |
| 6 Donated services and use of facilities | | | | | | | | |
| 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 | | | 27,0 | 30. | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | | | |
| | 33, column (B)) | 10 | | 3,1 | 63,7 | 758. | | |
| Part | | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | Ш | | |
| | | | | | Yes | No | | |
| 1 | Accounting method used to prepare the Form 990: CashX Accrual Other | | _ | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," e | xplain | in | | | | | |
| _ | Schedule O. | | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | · · - | 2a | | X | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were con | npiled | or | | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | Χ | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audi | ted on | а | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over- | • | | | 3.7 | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accou | | | 2c | X | | | |
| | If the organization changed either its oversight process or selection process during the tax year, e | xplain | in | | | | | |
| | Schedule O. | | | | | | | |
| 3 a | As a result of a federal award, was the organization required to undergo an audit or audits as se | t forth | | , | 37 | | | |
| _ | the Single Audit Act and OMB Circular A-133? | | • • – | 3a | Х | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not und | _ | | . | Х | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au | aits. | ; | 3b | Λ | | | |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2013

Open to Public Inspection

OMB No. 1545-0047

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.

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

| | 1 11:22, 11:0: | | | | | | | | 0 1 | 5 , 5 , | | |
|------------|---------------------------------------|---------------------------|--|----------|-------------------|----------|---------------------|----------|-----------------------|---------|-------------|-------------|
| Part I | Reason for Pub | lic Charity Statu | s (All organizations mu | st con | nplete | this pa | art.) Se | e instri | uctions | | | |
| The orga | anization is not a priv | ate foundation be | cause it is: (For lines 1 th | rough | 11, che | eck only | one bo | x.) | | | | |
| 1 | A church, convention | on of churches, or | association of churches | describ | ed in s | ection | 170(b)(| 1)(A)(i) | | | | |
| 2 | A school described | l in section 170(b) | (1)(A)(ii). (Attach Schedul | e E.) | | | | | | | | |
| 3 | A hospital or a coo | perative hospital s | service organization descri | ibed in | sectio | n 170(b |)(1)(A) | (iii). | | | | |
| 4 | A medical researc | h organization op | erated in conjunction wi | th a h | ospita | l descr | ibed in | sectio | n 170(k |)(1)(A | A)(iii). Er | nter the |
| · · · · · | hospital's name, cit | y, and state: | | | | | | | | | | |
| 5 | An organization or | perated for the be | nefit of a college or univ | ersity | owned | or ope | erated b | by a go | vernme | ntal u | nit desc | ribed in |
| | section 170(b)(1)(A | | | - | | · | | | | | | |
| 6 | | | or governmental unit des | cribed | in sect | ion 170 | (b)(1)(| 4)(v). | | | | |
| 7 X | | • | es a substantial part of it | | | | | | it or fro | om the | e genera | al public |
| | _ | - | . (Complete Part II.) | - - | | - 3 - | | | | | J | |
| 8 | | | on 170(b)(1)(A)(vi). (Com | nlete F | Part II) | | | | | | | |
| 9 | - | | es: (1) more than 331/3 % | • | | | contrib | utions | membe | ershin | fees an | d aross |
| | _ | = | exempt functions - subj | | | | | | | | | _ |
| | · · · · · · · · · · · · · · · · · · · | | ome and unrelated busi | | | - | | | | | | |
| | · · · | | ne 30, 1975. See section | | | | - | | | tux, i | ioiii bac | |
| 10 | | | ited exclusively to test for | | | - | | - | ١ | | | |
| | | - | rated exclusively for the | - | - | | | | - | or to | o carry | out the |
| '' | _ | • | apported organizations de | | | • | | | | | • | |
| | | • | pes the type of supporting | | | | | - | | | | Section |
| | <u> </u> | b Type II | c Type III-Function | _ | | | _ | | | - | nally inte | aratad |
| • | | | e organization is not con | • | • | | | , , | | | • | • |
| e | - | - | = | | | - | _ | - | | | | |
| | | = | other than one or more | publici | y Supp | ortea o | rganiza | tions u | escribe | u III S | ection st | J9(a)(1) |
| | or section 509(a)(2 | • | | - 100 | 41: 4-41 | : T | | II | - T | - 111 - | | _ |
| f | - | | en determination from the | | ınaı ıı | is a i | ype i, i | ype II, | ог гур | e III S | upportin | g |
| | organization, check | this dox | | | - 4 - 11 41 | | | 41 | | | | . \square |
| g | | 1006, nas the orga | nization accepted any gift | or co | ntributi | on from | any or | tne | | | | |
| | following persons? | allocation and to allocat | the control of the control | | . 41 | | | | -l ! (!!) | | | /aa Na |
| | | | tly controls, either alone | | | | | escribe | a in (ii) | and | - | res No |
| | | | f the supported organization | | | | | | | | 11g(i) | |
| | | | scribed in (i) above? | | | | | | | | 11g(ii) | |
| _ | | - | son described in (i) or (ii) a | | | | | | | | 11g(iii) | |
| h | | | out the supported organiza | ation(s) |). | | | | | | | |
| (i) | Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 | (iv) | ls the zation in | | ou notify anization | | s the | (vii) A | mount of r | |
| | organization | | above or IRC section | col. (i) | listed in | |) of your | | zation in rganized | | support | |
| | | | (see instructions)) | | overning ment? | supp | ort? | in the | Ū.S.? | | | |
| | | | | Yes | No | Yes | No | Yes | No | | | |
| A) | | | | | | | | | | | | |
| · ·, | | | | | | | | | | | | |
| В) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| C) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| D) | | | | | | | | | | | | |
| E/ | | | | | | | | | | | | |
| E) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Γotal | | | | | | | | | | I | | |

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 Page **2**

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.)

| Sec | Section A. Public Support | | | | | | |
|--------|--|-------------------|--------------------|-------------------|------------------|-------------------|---------------|
| Cale | ndar 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.") | 3,557,511. | 3,909,360. | 3,837,536. | 3,962,803. | 4,181,501. | 19,448,711. |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 4 | Total. Add lines 1 through 3 | 3,557,511. | 3,909,360. | 3,837,536. | 3,962,803. | 4,181,501. | 19,448,711. |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount | | | | | | |
| _ | shown on line 11, column (f) | | | | | | 157,617. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 19,291,094. |
| | tion B. Total Support | 4 > 0000 | | () 0044 | 4 11 20 42 | 4 3 2242 | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 7 8 | Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar | 3,557,511. | 3,909,360. | 3,837,536. | 3,962,803. | 4,181,501. | 19,448,711. |
| | sources | 36,866. | 22,397. | 27 , 075. | 45,927. | 35,142. | 167,407. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | 3,009. | 0 | 0 | 0 | 0 | 3,009. |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | 0 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 19,619,127. |
| 12 | Gross receipts from related activities, etc. (s | see instructions) | | | | 12 | 16,000,954. |
| 13 | First five years. If the Form 990 is forganization, check this box and stop here | or the organizat | ion's first, secon | d, third, fourth, | or fifth tax yea | | |
| Sec | tion C. Computation of Public Sup | port Percenta | ge | | | | |
| 14 | Public support percentage for 2013 (li | • • | • | | ĺ | 14 | 98.33% |
| 15 | Public support percentage from 2012 | | | | | 15 | 98.15% |
| 16a | 331/3% support test - 2013. If the o | _ | | | | | |
| | this box and stop here . The organization | | | | | | |
| b | 331/3% support test - 2012. If the control have this have and stan have. The array | • | | | | | |
| 170 | check this box and stop here . The organical 10%-facts-and-circumstances test - 2 | | | | | | |
| 17a | | | | | | | |
| | 10% or more, and if the organization Part IV how the organization meets t | | | | | | |
| | <u> </u> | | | J | • | | apported |
| h | organization 10%-facts-and-circumstances test - 2 | | | | | | and line |
| D | | • | | | | | |
| | 15 is 10% or more, and if the organization Explain in Part IV how the organization | | | | | | - |
| | supported organization | | | | _ | - | Publicly ▶ |
| 18 | Private foundation. If the organization | | | | | | |
| | instructions | | | | | | |
| | | | | | | ahadula A (Earm 0 | |

Schedule A (Form 990 or 990-EZ) 2013 Page **3**

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.)

| | | | | | ` | | |
|-------|--|---------------|-----------------|-----------------|-----------------|------------------|--------------|
| Sec | tion A. Public Support | | ı | 1 | T | | |
| Caler | ndar 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 | | | | | | |
| 7 a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | I |
| Sec | tion B. Total Support | | | | | | |
| Caler | ndar year (or fiscal year beginning in) 🕨 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10 a | Gross income from interest, dividends, payments received on securities loans, | | | | | | |
| | rents, royalties and income from similar | | | | | | |
| | sources | | | | | | <u> </u> |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | <u> </u> |
| С | Add lines 10a and 10b | | | | | | <u> </u> |
| 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, | | | | | | 1 |
| | and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for | - | | | • | | |
| | organization, check this box and stop here. | | | | | | ▶ 🔃 |
| | tion C. Computation of Public Sup | | | | | | |
| 15 | Public support percentage for 2013 (line 8, | | | | | 15 | % |
| 16 | Public support percentage from 2012 Sche | | | | | 16 | % |
| | tion D. Computation of Investmen | | | | | T . T | |
| 17 | Investment income percentage for 2013 (lin | | | | | 17 | % |
| 18 | Investment income percentage from 2012 S | | | | | 18 | % |
| 19 a | 331/3% support tests - 2013. If the org | | | | | | |
| | 17 is not more than 331/3 %, check thi | | _ | | | | |
| b | 331/3% support tests - 2012. If the orga | | | | | | |
| | line 18 is not more than 331/3 %, check | | • | • | . , | | H-1 |
| 20 | Private foundation. If the organization of | did not check | a box on line | 14, 19a, or 19b | , check this be | ox and see instr | uctions > |

JSA 3E1221 1.000 Schedule A (Form 990 or 990-EZ) 2013 Page **4**

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 B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury

► 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.

Schedule of Contributors

OMB No. 1545-0047

2013

Internal Revenue Service **Employer identification number** Name of the organization FAMILY TREE, INC. 84-0730973 Organization type (check one): Filers of: Section: Χ 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** | X | 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

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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Employer identification number 84-0730973

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

| (a) | | | |
|------------|--|----------------------------|---|
| Νο. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 _ | | \$91,735. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2_ | | \$150,000. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | Name, address, and 2n · 4 | \$180,486. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 _ | | | Person X Payroll |
| | | \$470,661. | Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name. address. and ZIP + 4 | (c) | Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | V | Noncash (Complete Part II for noncash contributions.) |
| No. | (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 | (c) Total contributions | Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for |

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 Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 _ | | \$ <u>111,515</u> . | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 _ | | \$96,129. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| _ 10 _ | | | Person X Payroll |
| | | \$85,112. | Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | \$85,112. (c) Total contributions | Noncash (Complete Part II for |
| | (b) | (c) | Noncash (Complete Part II for noncash contributions.) |
| No. | (b) | (c) Total contributions | Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for |

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 | | | | |
| | | ¢ | | | | | |

Employer identification number 84-0730973

| | | 04 0730373 |
|----------|--|------------------------------------|
| Part III | Exclusively religious, charitable, etc., individual contributions to section 501(c | (a)(7), (8), or (10) organizations |
| | that total more than \$1,000 for the year. Complete columns (a) through (e) and | d the following line entry. |

| co | or organizations completing Part III, ente ontributions of \$1,000 or less for the ye | ar. (Enter this information | religious, on once. Se | cnaritable, etc., ee instructions.) ▶ \$ | |
|---------------------------|---|-----------------------------|--|---|--|
| (a) No. from Part I | se duplicate copies of Part III if additiona (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | |
| - | | | | | |
| | | | | | |
| _ | | | | | |
| | | (e) Transfer of gift | | | |
| | Transferee's name, address, and ZIF | P + 4 | Relation | nship of transferor to transferee | |
| - | | | | | |
| - | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | |
| Part I | | | | | |
| | | | | | |
| - | | | | | |
| | | (e) Transfer of gift | | | |
| | Transferee's name, address, and ZIF | P + 4 | Relationship of transferor to transferee | | |
| _ | | | | · | |
| - | | | | | |
| - | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | e of gift (d) Description of how gift is h | | |
| - | | | | | |
| | | | | | |
| | | (e) Transfer of gift | | | |
| | (e) Hansier or gill | | | | |
| | Transferee's name, address, and ZIF | P + 4 | Relationship of transferor to transferee | | |
| - | | | | | |
| - | | | | | |
| (a) No. | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | |
| - | | | | | |
| | | | | | |
| | | (a) Transfer of sift | | | |
| | | (e) Transfer of gift | | | |
| | Transferee's name, address, and ZIF | P + 4 | Relation | nship of transferor to transferee | |
| | | | | | |

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Open to Public

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its See separate instructions. instructions is at www.irs.gov/form990.

Inspection

OMB No. 1545-0047

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 | 4), (5), or (6) orgar | nizations: Complete Part III. | ix, o. 1 o 000 <u></u> , 1 u. | (1 1), mile 666 (1 16x y 1 ax), a | |
|--|-----------------------|--|-------------------------------|---|--|
| Name of organization | | | | Employer identi | fication number |
| FAMILY TREE, | | | | 84-073 | |
| | | ganization is exempt under | | | nization. |
| | | organization's direct and indirect p | | | |
| 2 Political expe | nditures | | | ▶\$ | |
| 3 Volunteer hou | ırs | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | | |
| | | ganization is exempt under s | | | |
| 1 Enter the amo | ount of any excis | se tax incurred by the organizatio | n under section 495 | 5 ▶ \$ | |
| | | se tax incurred by organization m | | | |
| _ | | section 4955 tax, did it file Form | - | | |
| | | | | | Yes No |
| b If "Yes," description of the balance by the balan | nlete if the or | ganization is exempt under | section 501(c) ex | cent section 501(c)(3 |) |
| | - | pended by the filing organization | | | <i>)</i> · |
| | | | | | |
| | | g organization's funds contributed | | | |
| | | S | | | |
| | | nditures. Add lines 1 and 2. En | | | |
| | | | | | |
| 4 Did the filing | organization file | Form 1120-POL for this year? | | | Yes No |
| 5 Enter the nan | nes, addresses a | and employer identification numb | er (EIN) of all section | n 527 political organiza | ations to which the filing |
| | | . For each organization listed, en | | | |
| | | ibutions received that were prom d or a political action committee (I | | | |
| (a) Nan | | (b) Address | (c) EIN | (d) Amount paid from | (e) Amount of political |
| (a) Ivan | | (b) Address | (6) [114 | filing organization's | contributions received and |
| | | | | funds. If none, enter -0 | promptly and directly |
| | | | | | delivered to a separate political organization. If |
| | | | | | none, enter -0 |
| (4) | | | | | |
| (1) | - | | | | |
| (2) | | | | | |
| (-) | | | | | |
| (3) | | | | | |
| . , | | | | | |
| (4) | | | | | |
| | | | | | |
| (5) | Ţ | | | | |
| | | | | | |
| (6) | <u> </u> | | | | |
| | | | I | I | I |

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

Schedule C (Form 990 or 990-EZ) 2013

| Scl | hedule C (For | m 990 or 990-EZ) 2013 | FAMILY TREE, | INC. | | 84-0 | 730973 | Page 2 |
|-----|---------------|------------------------------------|-------------------|---|---------|------------------------|------------|--------|
| Р | | Complete if the o section 501(h)). | rganization is ex | empt under section 501(c)(| (3) and | I filed Form 5768 (ele | ction unde | r |
| A | Check ▶ | | | s to an affiliated group (and lise and share of excess lobbying of | | | roup memb | per's |
| В | Check ▶ | if the filing org | ganization checke | d box A and "limited control" | provis | ions apply. | | |
| | | 1.1 | | 114 | | | | |

| В | Check ▶ if the filing organization checked box A and "limited control" provisions apply. | | | | | |
|-----|--|--|----------------------------------|-----------------------------|--|--|
| | | ying Expenditures eans amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals | | |
| 1 a | Total lobbying expenditures to influence | e public opinion (grass roots lobbying) | | | | |
| b | Total lobbying expenditures to influence | e a legislative body (direct lobbying) | 600. | | | |
| C | Total lobbying expenditures (add lines | 1a and 1b) | 600. | | | |
| d | Other exempt purpose expenditures | | 6,463,180. | | | |
| е | | dd lines 1c and 1d) | 6,463,780. | | | |
| f | Lobbying nontaxable amount. Enter t | he amount from the following table in both | | | | |
| | columns. | | 473,189. | | | |
| | 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 | | 0 | 0 | | |
| i | Subtract line 1f from line 1c. If zero or | less, enter -0- | 0 | 0 | | |
| j | | o on either line 1h or line 1i, did the organi: | | Yes 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. | | | |
| С | 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. | | | |
| е | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 768,270. | | | |
| f | Grassroots lobbying expenditures | | | | | | | | |

Schedule C (Form 990 or 990-EZ) 2013

Page 3

| Pai | t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)). | T file | d For | m 576 | 38 | | |
|----------|--|--------|----------|-----------|-----------|--------|----|
| For | each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed | (a | a) | | (b |) | |
| | cription of the lobbying activity. | Yes | No | | Amo | unt | |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local | | | | | | |
| | legislation, including any attempt to influence public opinion on a legislative matter or | | | | | | |
| _ | referendum, through the use of: | | | | | | |
| a b | Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | | | |
| C | Media advertisements? | | | | | | |
| d | Mailings to members, legislators, or the public? | | | | | | |
| e | Publications, or published or broadcast statements? | | | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | | |
| i | Other activities? | | | | | | |
| j | Total. Add lines 1c through 1i | | | | | | |
| 2 a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | | | |
| C | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | | |
| d Pai | t III-A Complete if the organization is exempt under section 501(c)(4), section 501 | (c)(5) | or s | octio | | | |
| га | 501(c)(6). | (८)(७) | , OI S | ectio | 11 | | |
| | | | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | 2 | | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | | | | 3 | | |
| Pa | t III-B Complete if the organization is exempt under section 501(c)(4), section 501 | | - | | | | |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." | | | rt III-A | i, line | 3, IS | |
| 1 | Dues, assessments and similar amounts from members | | | 1 | | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amou | ints (| of | | | | |
| | political expenses for which the section 527(f) tax was paid). | | | • | | | |
| a | Current year | | | 2a 2b | | | |
| b c | Carryover from last year | | | 2c | | | |
| 3 | Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due | es | | 3 | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion | | | | | | |
| | excess does the organization agree to carryover to the reasonable estimate of nondeductible lo | | | | | | |
| | and political expenditure next year? | - | - 1 | 4 | | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | | 5 | | | |
| | t IV Supplemental Information | | | | | | |
| | ide 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); F | Part II-A | ۱, line : | 2; and | |
| Part | II-B, line 1. Also, complete this part for any additional information. | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Schedule C (Form 990 or 990-EZ) 2013

Part IV Supplemental Information (continued)

Schedule C (Form 990 or 990-EZ) 2013

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► 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.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization Employer identification number FAMILY TREE. INC 84-0730973

| L MM | • | | 04-0730973 |
|------|---|--|--|
| Par | Organizations Maintaining Donor Advis Complete if the organization answered " | | r Accounts. |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | (1) | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate contributions to (during year) | | |
| | | | |
| 4 | Aggregate value at end of year | advisors in writing that the access hold | in donor advised |
| 5 | Did the organization inform all donors and donor | - | |
| | funds are the organization's property, subject to the Did the organization inform all grantees, donors, as | | |
| 6 | | | |
| | only for charitable purposes and not for the benefit | | |
| Dow | conferring impermissible private benefit? tll Conservation Easements. Complete if t | he arganization answered "Vac" to E | form 000 Port IV line 7 |
| Par | Purpose(s) of conservation easements held by the | | omi 990, Part IV, line 7. |
| 1 | | | a af an historically inconstant land and |
| | Preservation of land for public use (e.g., recr | · | n of an historically important land area |
| | Protection of natural habitat | Preservation | n of a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization h | eld a qualified conservation contribution | in the form of a conservation |
| | easement on the last day of the tax year. | | |
| | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | |
| b | Total acreage restricted by conservation easements | | |
| С | Number of conservation easements on a certified | | 2c |
| d | Number of conservation easements included in (c) | | |
| | historic structure listed in the National Register | | _ 2d |
| 3 | Number of conservation easements modified, trans | nsferred, released, extinguished, or term | ninated by the organization during the |
| | tax year ▶ | | |
| 4 | Number of states where property subject to conse | ervation easement is located > | |
| 5 | Does the organization have a written policy regard | ling the periodic monitoring, inspection, | handling of |
| | violations, and enforcement of the conservation ea | asements it holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, in | nspecting, and enforcing conservation e | asements during the year |
| | > | | |
| 7 | Amount of expenses incurred in monitoring, inspec | cting, and enforcing conservation easen | nents during the year |
| | ►\$ | | |
| 8 | Does each conservation easement reported on lin | e 2(d) above satisfy the requirements of | section 170(h)(4)(B) |
| | (i) and section 170(h)(4)(B)(ii)? | • • • | ` ' ' ' ' |
| 9 | In Part XIII, describe how the organization reports | conservation easements in its revenue a | and expense statement, and |
| | balance sheet, and include, if applicable, the text of | | |
| | organization's accounting for conservation easeme | | |
| Par | t III Organizations Maintaining Collections | of Art, Historical Treasures, or Oth | ner Similar Assets. |
| | Complete if the organization answered | "Yes" to Form 990, Part IV, line 8. | |
| 1a | If the organization elected as permitted under St | FAS 116 (ASC 958) not to report in it | s revenue statement and balance sheet |
| - | If the organization elected, as permitted under SI works of art, historical treasures, or other similar | ar assets held for public exhibition, e | ducation, or research in furtherance of |
| | public service, provide, in Part XIII, the text of the fo | ootnote to its financial statements that d | escribes these items. |
| | If the organization elected, as permitted under works of art, historical treasures, or other similar public service, provide the following amounts relatively | ar assets held for public exhibition, e | |
| | (i) Revenues included in Form 990, Part VIII, line | 1 | ▶ \$ |
| | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of a | | |
| | following amounts required to be reported under S | | 9 . |
| | Revenues included in Form 990, Part VIII, line 1 | | |
| | Assets included in Form 990, Part X | | |

Schedule D (Form 990) 2013

Page 2

Schedule D (Form 990) 2013

| Par | t Organizations Maintainin | g Collections of | Art, Historica | I Treasure | s, or Ot | her Similar As | sets (co | ntını | ıed) |
|------|---|------------------------|--------------------|------------------|------------------|--------------------|------------|-------------|-----------------|
| 3 | Using the organization's acquisitio collection items (check all that appl | | other records, c | neck any of | the follow | wing that are a s | significan | use | of its |
| а | Public exhibition | | d Lo | an or exchai | nge progra | ims | | | |
| b | Scholarly research | | e Ot | her | | | | | |
| С | Preservation for future gener | ations | | | | | | | |
| 4 | Provide a description of the organ | ization's collections | and explain ho | w they furth | her the oi | rganization's exe | mpt purp | ose ir | n Part |
| | XIII. | | | | | | | | |
| 5 | During the year, did the organizatio | n solicit or receive d | onations of art, | historical tre | asures, or | other similar | | | |
| | assets to be sold to raise funds rath | er than to be mainta | ained as part of t | he organizat | tion's colle | ction? | Ye | s | No |
| Par | t IV Escrow and Custodial Are or reported an amount or | | | ganization a | answered | "Yes" to Form | 990, Par | t IV, I | line 9, |
| 1a | Is the organization an agent, trustee | | | | | | | | |
| | included on Form 990, Part X? | | | | | | Ye | s | No |
| b | If "Yes," explain the arrangement in | Part XIII and comple | ete the following | table: | | | | | |
| | | | | | | Amoun | t | | |
| С | Beginning balance | | | <u> </u> | | | | | |
| d | Additions during the year | | | _ | | | | | |
| е | Distributions during the year | | | | | | | | |
| f | Ending balance | | | | | | | | |
| 2a | Did the organization include an am- | ount on Form 990, F | Part X, line 21? | | | | Ye | _ | No |
| b | If "Yes," explain the arrangement in | | | | | | | | |
| Par | t V Endowment Funds. Com | plete if the organi | zation answere | ed "Yes" to | Form 990 | 0, Part IV, line 1 | 0. | | |
| | | (a) Current year | (b) Prior year | | years back | (d) Three years ba | ck (e) Fo | | rs back |
| 1a | Beginning of year balance | 245,676. | 227,37 | 0. 2 | 37 , 809. | | | 212 | 2 , 434. |
| b | Contributions | 360. | 29 , 31 | 6. | 414. | 35,95 | 2. | | 360. |
| С | Net investment earnings, gains, | | | | | | | | |
| | and losses | 34,438. | | | | | | | -588. |
| d | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | |
| | and programs | 11,234. | 11,01 | 0. | 10,853. | 10,34 | 9. | | |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | 269,240. | 245,67 | 6. 2 | 27,370. | 237,80 | 9. | 212 | 2,206. |
| 2 | Provide the estimated percentage of | | | | | | | | |
| a | Board designated or quasi-endown | | % | . g, co | (4)) | | | | |
| b | Permanent endowment 64.9 | - | _ | | | | | | |
| C | Temporarily restricted endowment | | | | | | | | |
| | The percentages in lines 2a, 2b, an | | 00%. | | | | | | |
| 3a | Are there endowment funds not in | • | | hat are held | and admi | nistered for the | | | |
| | organization by: | | J | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | . 3a(i | | 110 |
| | (ii) related organizations | | | | | | 3a(ii | | X |
| h | If "Yes" to 3a(ii), are the related org | | | | | | 3b | + | + 1 |
| 1 | Describe in Part XIII the intended us | | • | | | | . 00 | | |
| Par | t VI Land, Buildings, and Equi Complete if the organiza | pment. | | | ne 11a S | see Form 990 F | Part X lin | e 10 | |
| | Description of property | (a) Cost or | | ost or other bas | | cumulated | (d) Book | | <u> </u> |
| | | (invest | | (other) | dep | reciation | | | |
| 1a | Land | | | 534,633 | | | | | 633. |
| b | Buildings | | | 2,948,573 | 3. 1,4 | 192,411. | 1, | <u>456,</u> | 162. |
| С | Leasehold improvements | | | | | | | | |
| d | Equipment | | | 177,08 | _ | 144,946. | | | 141. |
| | Other | | | 201,299 | | 122,113. | | | 186. |
| Tota | I. Add lines 1a through 1e. (Column | (d) must equal Form | n 990, Part X, co | umn (B), line | 10(c).) | ▶ | 2, | 102, | 122. |

FAMILY TREE, INC.

Schedule D (Form 990) 2013

Page 3

Part VII Investments - Other Securities.

| 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) | Part VII | Complete if the organization answered | d "Yes" to Form 990 | , Part IV, line 11b. | See Form 990, Pa | art X, line 12. |
|---|--------------|--|---------------------|------------------------|-------------------------|-----------------|
| (2) Closely-held equity interests | | (a) Description of security or category (including name of security) | (b) Book value | | | |
| (2) Closely-held equity interests (9) Other (N) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9 | (1) Financia | al derivatives | | | | |
| (A) (B) (C) (C) (D) (E) (F) (F) (G) (F) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F | | | | | | |
| (E) (C) (D) (E) (E) (F) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F | | | | | | |
| (C) | | | | | | |
| (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (4) (5) (6) (6) (7) (8) (9) (1) | | | | | | |
| (E) (F) (F) | | | | | | |
| (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. | | | | | | |
| (G) (H) Total. (Column (b) must equal Form 990. Part X, col. (8) line 12.) ▶ Part XIII Investments - Program Related. | | | | | | |
| (c) Total (Column (b) must equal Form 990, Part X, col (8) kine 12) ■ Part VIII Investments - Program Related. | | | | | | |
| Total. Column (b) must equal Form 990, Part X, col. (B) line 12.) Note Than 15. | | | | | | |
| 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 | | in (h) must equal Form 990 Part Y col (R) line 12.) | | | | |
| (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ (a) Description (b) Book value (1) First FDN (a) Description (b) Book value (1) INTEREST IN THE NET ASSETS (2) OF COMMUNITY FIRST FDN (3) (4) (5) (6) (7) (8) (9) Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (6) (7) (8) (9) 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 (3) (6) (7) (8) (9) Cother Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15. (1) Federal income taxes (2) DEPOSITS (6, 516. (3) NET ASSETS HELD ON BEHALF OF OTHERS (25, 070. (4) (5) (6) (7) (8) | | Investments - Program Related. | d "Yes" to Form 990 |) Part IV line 11c | See Form 990 Pa | art X line 13 |
| (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 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | | · · · · · · · · · · · · · · · · · · · | | (0 | c) Method of valuation | : |
| (2) (3) (4) (5) (6) (7) (8) (9) 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) must equal Form 990, Part X, col. (B) line 13.) ▶ (a) Description (b) Book value (1) INTEREST IN THE NET ASSETS (2) OF COMMUNITY FIRST FDN 269, 24 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.), | (1) | | | | 2. S. S. S. Joan Market | |
| (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X 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, 24) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | | | | | | |
| (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, 24 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15). ▶ 269, 24 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) | (3) | | | | | |
| (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, 24 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | (4) | | | | | |
| (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, 24 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ 269, 24 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) | (5) | | | | | |
| (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, 24 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ 269, 24 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 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, 24 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | | | | | | |
| 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 269, 24 (3) (4) (5) (6) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | _ ` ' | | | | | |
| 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, 24 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). 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) | | | | | | |
| (a) Description (b) Book value (1) INTEREST IN THE NET ASSETS (2) OF COMMUNITY FIRST FDN 269, 24 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | Part IX | | d "Voc" to Form 000 | Dart IV line 11d | Soo Form 000 Pa | art V lino 15 |
| (1) INTEREST IN THE NET ASSETS (2) OF COMMUNITY FIRST FDN (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ 269, 24 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 (3) NET ASSETS HELD ON BEHALF OF OTHERS (25) (6) (7) (8) | | · · · · · · · · · · · · · · · · · · · | | , Fait IV, illie I Iu. | See Form 990, Fa | |
| (2) OF COMMUNITY FIRST FDN (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | (1) TNTE | ` ` | Description | | | (b) BOOK value |
| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | | | | | | 269.240 |
| (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | | | | | | 203,210 |
| (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | | | | | | |
| (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). 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) | | | | | | |
| (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). 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) | (6) | | | | | |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | | | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | (8) | | | | | |
| 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) | | | | | |
| 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) | Total. (Colu | umn (b) must equal Form 990, Part X, col. (B) | line 15.) | | | 269,240 |
| 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) | Part X | Complete if the organization answere | d "Yes" to Form 990 |), Part IV, line 11e | or 11f. See Form 9 | 990, Part X, |
| (1) Federal income taxes (2) DEPOSITS (3) NET ASSETS HELD ON BEHALF OF OTHERS (5) (6) (7) (8) | 1. | | (b) Book val | ıe l | | |
| (2) DEPOSITS 6,516. (3) NET ASSETS HELD ON BEHALF OF OTHERS 25,070. (4) (5) (6) (7) (8) | (1) Feder | | | | | |
| (4) (5) (6) (7) (8) | | | 6, | 516. | | |
| (5) (6) (7) (8) | (3) NET | ASSETS HELD ON BEHALF OF OTHERS | 3 25, | 070. | | |
| (6) (7) (8) | (4) | | | | | |
| (7) (8) | (5) | | | | | |
| (8) | (6) | | | | | |
| | | | | | | |
| (9) | | | | | | |
| | (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 | | | | | | |

Schedule D (Form 990) 2013 Page 4

| Part | Reconciliation of Revenue per Audited Financial Statements W Complete if the organization answered "Yes" to Form 990, Part N | | | n. | <u> </u> |
|-----------|---|--------------|-------------------------|------------|---------------------------------------|
| 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: | | | • | 0,110,311. |
| a | | 2a | 41,949. | | |
| a b | | | 48,941. | | |
| | Donated services and use of facilities | 20 | 40,941. | | |
| C C | Recoveries of prior year grants Other (Describe in Port XIII) | 2c | 110 070 | | |
| d | Other (Describe in Part XIII.) | | 112,072. | | 202 062 |
| e | Add lines 2a through 2d | | | 2e | 202,962. |
| 3 | Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | : · · | | 3 | 5,907,582. |
| 4 | | ١. | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | | 47.062 | | |
| b | Other (Describe in Part XIII.) | | 47,063. | 4. | 47 062 |
| | Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12</i> .) | | | 4c | 47,063. |
| 5 Port | | | | 5 | 5,954,645. |
| Part | Reconciliation of Expenses per Audited Financial Statements V Complete if the organization answered "Yes" to Form 990, Part N | | | ırn. | |
| 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: | | | | |
| а | Donated services and use of facilities | 2a | 48,941. | | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) Add lines 2a through 2d | 2d | 74,681. | | |
| е | 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: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | _ | 36,702. | | |
| С | Add lines 4e and 4h | | | 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. | / | | | · · · · · · · · · · · · · · · · · · · |
| Provid | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; | Part I | /, lines 1b and 2b; Pa | art V, lir | ne 4; Part X, line |
| 2; Par | t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p | provide | e any additional inforr | nation. | |
| SEE | PAGE 5 | | | | |
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Schedule D (Form 990) 2013 FAMILY TREE, INC. 84-0730973 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 ASSSETS IN

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

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 FAMILY TREE, INC. 84-0730973 Page **5**

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 RECLASSED FROM EXPENSE 21,187

RENTAL EXPENSE RECLASSED 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

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

| name of the | ne organization | | | | | Employer Identification | on number |
|-------------|---|---------------|------------|---|-----------------------------------|--|---|
| FAMIL: | Y TREE, INC. | | | | | 84-0730973 | |
| Part I | Fundraising Activities. Com Form 990-EZ filers are not a | | | | "Yes" to Form 9 | 990, Part IV, line | 17. |
| 1 In | dicate whether the organization rais | | - | | activities Check | all that annly | |
| | Mail solicitations | = | | _ | | | |
| a | | е | | | non-government g | | |
| b | Internet and email solicitations | f | | | government grant | S | |
| c – | Phone solicitations | g | Spec | ciai tundra | ising events | | |
| d L | In-person solicitations | | | | | | |
| | id the organization have a written of key employees listed in Form 990 | | | | | | Yes No |
| | "Yes," list the ten highest paid indicompensated at least \$5,000 by the | | (fundraise | ers) pursua | ant to agreements | under which the | fundraiser is to be |
| | | | | | | 63 Am sunt maid to | |
| | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | custody | draiser have or control of outions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | | Yes | No | | | |
| 1 | | | | | | | |
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| 10 | | | | | | | |
| | | | | | | | |
| Total _ | | | | • | | | |
| 3 Li | st all states in which the organization | | | | contributions or | has been notified | it is exempt from |
| re | gistration or licensing. | | | | | | |
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 Schedule G (Form 990 or 990-EZ) 2013
 Page 2

| 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 |

| | | gross receipts greater than \$5,00 | 50. | | | |
|-----------------|------|---|-----------------------------|------------------------------|------------------------|--|
| | | | (a) Event #1 CELEBRATION | (b) Event #2 GIRLS NIGHT OU | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
| (D) | | | (event type) | (event type) | (total number) | COI. (CJ) |
| Revenue | 1 | Gross receipts | 173,737. | 17,889. | | 191,626 |
| œ | | Less: Contributions Gross income (line 1 minus | 157,087. | 11,139. | | 168,226 |
| | 3 | line 2) | 16,650. | 6,750. | | 23,400 |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| Expenses | 6 | Rent/facility costs | 6,892. | 3,250. | | 10,142 |
| t Expe | 7 | Food and beverages | 10,294. | | | 10,294 |
| Direct | 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 1 | 0 from line 3, column (d |) | <u> ▶</u> | -20,013 |
| Pa | rt | Gaming. Complete if the orgathan \$15,000 on Form 990-E | | es" to Form 990, Par | t IV, line 19, or repo | rted more |
| | | (iiaii \$13,000 0ii i 0iiii 990-L | , | (b) Pull tabs/instant | | (d) Total gaming (add |
| Revenue | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c)) |
| Seve | | | | | | |
| _ | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| _ | 5 | Other direct expenses | | | | |
| | | | Yes % | Yes % | Yes % | |
| | 6 | Volunteer labor | No | No | No | |
| | 7 | Direct expense summary. Add lines 2 | through 5 in column (d |) | | |
| | 8 | Net gaming income summary. Subtra | act line 7 from line 1, col | umn (d) | | |
| ^ | _ | into the state(e) in which the survey | ian anaratas services es | ti dition. | | |
| | a Is | Inter the state(s) in which the organizate the organization licensed to operate go "No," explain: | | | | . Yes No |
| | - | | | | | |
| | | Vere any of the organization's gaming I "Yes," explain: | icenses revoked, suspe | ended or terminated durin | ng the tax year? | Yes No |
| | - | | | | | |

| Sched | ule G (Form 990 or 990-EZ) 2013 Page 3 |
|-------|---|
| 11 | Does the organization operate gaming activities with nonmembers? |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity |
| | formed to administer charitable gaming? |
| 13 | Indicate the percentage of gaming activity operated in: |
| а | The organization's facility |
| b | An outside facility |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: |
| | Name ▶ |
| | Address ▶ |
| 15 a | Does the organization have a contract with a third party from whom the organization receives gaming |
| | revenue? Yes No |
| b | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the |
| С | amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party: |
| C | in res, enter hame and address of the tillid party. |
| | Name ▶ |
| | Address ▶ |
| 16 | Gaming manager information: |
| | Name ▶ |
| | Gaming manager compensation ►\$ |
| | Description of services provided ▶ |
| | Director/officer |
| 17 | Mandatory distributions: |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to |
| | retain the state gaming license? |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations |
| | or spent in the organization's own exempt activities during the tax year ▶ \$ |
| Par | Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). |

Schedule G (Form 990 or 990-EZ) 2013

SCHEDULE I (Form 990)

Name of the organization

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

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

Department of the Treasury
Internal Revenue Service

Information about Schedule I (Fo

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

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

| FAMILY TREE, INC. | | | | | | 84-0/309/3 | |
|---|----------------|-------------------------------|-----------------------------|---------------------------------------|---|--|------------------------------------|
| Part I General Information on Grants and | Assistance |) | | | | | |
| 1 Does the organization maintain records to su | bstantiate the | amount of the | grants or assistan | ce, the grantees' | eligibility for the grants | or assistance, and | |
| the selection criteria used to award the grants | | | | | | | X Yes No |
| 2 Describe in Part IV the organization's proced | ures for mon | itoring the use o | of grant funds in the | United States. | | | |
| Part II Grants and Other Assistance to G | overnments | and Organiza | ations in the Unit | ed States Com | nlete if the organiz | ation answered "Ye | es" to Form 990 |
| Part IV, line 21, for any recipient th | | | | | | | 50 10 1 01111 000, |
| | | | | | <u>'</u> | | |
| (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) | _ | | | | | | |
| | _ | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (6) | _ | | | | | | |
| | _ | | | | | | |
| | _ | | | | | | |
| | _ | | | | | | |
| (10) | _ | | | | | | |
| (11) | _ | | | | | | |
| (12) | _ | | | | | | |
| 2 Enter total number of section 501(c)(3) and g | overnment o | ı rganizations list | ⊥ ted in the line 1 tabl | e | | ▶ | 1. |
| 3 Enter total number of other organizations list | ed in the line | 1 table | <u></u> | | <u> </u> | <u></u> | |
| For Paperwork Reduction Act Notice, see the In | structions fo | r Form 990. | | | | | ule I (Form 990) (2013) |

JSA

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.

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 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.

Schedule I (Form 990) (2013)

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 I' | √, 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

Schedule I (Form 990) (2013)

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 | | | | | |
| _ 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 I (Form 990) (2013)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Employer identification number

84-0730973

FAMILY TREE, INC.

| Par | 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 dete noncash contributi | | |
| 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 | VALU | E |
| 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 | VALU | E |
| 26 | Other ►() | | | 3,00.0 | | | |
| 27 | Other ►() | | | | | | |
| 28 | Other ►() | | | | | | |
| 29 | Number of Forms 8283 received | hy the oras | nization during the tax ve | ar for contributions for | | | |
| | which the organization completed F | | | | 29 | | |
| | which the organization completed i | 01111 0200, | r art iv, Bones Acknowledg | | | Yes | No |
| 30 a | During the year, did the organizat | ion receive | by contribution any prope | rty reported in Part I, line | s 1-28, that | | |
| | it must hold for at least three year | | | • | | | |
| | used for exempt purposes for the en | | | | | | Х |
| b | If "Yes," describe the arrangement i | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| 31 | Does the organization have a | | ance policy that require | s the review of any r | non-standard | | |
| - ' | contributions? | • | | • | | Х | |
| 32 a | Does the organization hire or use | third parti | es or related organization | s to solicit, process, or s | sell noncash | + | |
| 4 | contributions? | | | • | | | Х |
| b | If "Yes," describe in Part II. | | | | | | |
| 33 | If the organization did not report ar | amount in | column (c) for a type of pro | perty for which column (a) |) is checked | | |
| | describe in Part II. | | (o) .o. a typo of pro | perior in the containing (a) | , 55554, | | |
| | | | | | | | |

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

Schedule M (Form 990) (2013)

Schedule M (Form 990) (2013) Page **2**

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 M (Form 990) (2013)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization FAMILY TREE, INC.

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 Employer identification number FAMILY TREE, INC. 84-0730973

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.

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

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

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.

84-0730973

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 Employer identification number FAMILY TREE, INC. 84-0730973

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

Schedule O (Form 990 or 990-EZ) 2013 Page **2**

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

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

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

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

DESCRIPTION GRANTS EXPENSES REVENUE

PROPERTY MANGEMENT, TREASURE TRUNK 0 414,076. 328,925.

TOTALS 0 414,076. 328,925.

ATTACHMENT 2

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION AMOUNT ___

CELEBRATION OF ACHIEVEMENT 157,087.

GIRLS NIGHT OUT 11,139.

TOTAL 168,226.

Schedule O (Form 990 or 990-EZ) 2013

| Name of the organization | Employer identification number |
|--------------------------|--------------------------------|
| FAMILY TREE, INC. | 84-0730973 |
| | ATTACHMENT 3 |

FORM 990, PART VIII - FUNDRAISING EVENTS

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

| | 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 | |
| INVENTORY AT BEGINNING OF YEAR | |
| PURCHASES | |
| | |
| SALARIES AND WAGES | |
| | 10.000 |
| OTHER COSTS | 18,998. |
| SUBTOTAL | 18,998. |
| | 10,7550. |
| MINUS ENDING INVENTORY | |
| | |
| COST OF GOODS SOLD | <u>18,998.</u> |

ATTACHMENT 5

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

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

Schedule O (Form 990 or 990-EZ) 2013 Page **2**

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

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

LENDER: CAPITAL LEASE

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 689,146.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE _____639,040.

RENT AND ROYALTY INCOME

| Taxpayer's Name FAMILY TREE, INC. 84-0 | | | | | | | | | ing Number 0973 |
|--|---------------------------|-------------|-----------|----------|----------------------|-------------------|--------|------------|--------------------|
| DESCRIPTION OF PROPERTY RENTAL | | | | | | | | | |
| | ctively participate in th | e operation | of the ac | tivity d | luring the tay year? | | | | |
| TYPE OF PROPERTY: | ctively participate in th | c operation | or the ac | tivity u | dring the tax year: | | | | |
| REAL RENTAL INCO |)ME | | | | | | | | |
| OTHER INCOME: | 71111 | | _ • • | | | | | | |
| | | | | | | 2 | 9,74 | 8. | |
| TOTAL GROSS INCOME | | | | | | , | | | 29,748. |
| OTHER EXPENSES: | | | | | | | | | |
| SEE ATTACHMENT | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | 60.5 | | | |
| DEPRECIATION (SHOWN BELOW) | | | | | | 635. | | | |
| LESS: Beneficiary's Portion | | | | | | | | | |
| AMORTIZATION | | | | | | | | | |
| LESS: Beneficiary's Portion | | | | | | | | | |
| DEPLETION | | | | | | | | | |
| LESS: Beneficiary's Portion | | | | | • | | | | 24 406 |
| TOTAL EXPENSES | | | | | | | | | 34,496. |
| TOTAL RENT OR ROYALTY INCOME | E (LOSS) | | | | | | | | -4,748. |
| Less Amount to | | | | | | | | | |
| Rent or Royalty | | | | | | • • • — | | | |
| Depreciation | | | | | | • • • | | | |
| Depletion Investment Interest Expense | | | | | | • • • | | | |
| Other Expenses | | | | | | • • • — — — | | | |
| Net Income (Loss) to Others | | | | | | | | | |
| Net Rent or Royalty Income (Loss) | | | | | | | | • | -4,748. |
| Deductible Rental Loss (if Applicable | | | | | | | | - | 1,710. |
| SCHEDULE FOR DEPRECIAT | | | | | | | | | |
| | | | | | | | | | |
| (a) Description of property | (b) Cost or | (c) Date | (d) | (e) | (f) Basis for | (g) Depreciation | (h) | (i) Life | (j) Depreciation |
| (a) Description of property | unadjusted basis | acquired | ACRS des. | Bus. | depreciation | in prior years | Method | or rate | for this year |
| SEE ATTACHMENT | | | uco. | ,,, | | prior youro | | 1010 | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| Totals | | <u> </u> | | | <u> </u> | | | | |

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. |
| | 30,861. |

RENT AND ROYALTY SUMMARY

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

Exempt Organization Business Income Tax Return Form 990-T OMB No. 1545-0687 (and proxy tax under section 6033(e)) 07/01 , 2013, and ending For calendar year 2013 or other tax year beginning ➤ See separate instructions.

► Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Employer identification number Check box if name changed and see instructions.) Check box if Name of organization ((Employees' trust, see instructions.) address changed **B** Exempt under section FAMILY TREE, INC. **Print** $X \mid 501(C)(3)$ Number, street, and room or suite no. If a P.O. box, see instructions. 84-0730973 E Unrelated business activity codes 220(e) 408(e) Type (See instructions.) 3805 MARSHALL STREET 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) C Book value of all assets WHEAT RIDGE, CO 80033 532000 at end of year Group exemption number (See instructions.) ▶ 4,120,970. Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust H Describe the organization's primary unrelated business activity. ▶ DEBT-FINANCED RENTAL INCOME During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. The books are in care of CHIEF FINANCE OFFICER Telephone number ▶ 303-422-2133 Part I Unrelated Trade or Business Income (A) Income (C) Net (B) Expenses Gross receipts or sales b Less returns and allowances c Balance ▶ 1c Cost of goods sold (Schedule A, line 7) 2 2 Gross profit. Subtract line 2 from line 1c 3 3 Capital gain net income (attach Form 8949 and Schedule D) 4a 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) Capital loss deduction for trusts С 4c 5 Income (loss) from partnerships and S corporations (attach statement) 5 Rent income (Schedule C) 6 6 Unrelated debt-financed income (Schedule E) 15,587. 18,075. -2,488.7 7 8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 Other income (See instructions; attach schedule.) 12 15,587. 18,075. -2,488.Total. Combine lines 3 through 12. 13 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K). 14 15 Salaries and wages 15 16 Repairs and maintenance 16 17 Interest (attach schedule) 18 18 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation rules.) 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 22 22b 23 23 Contributions to deferred compensation plans 24 Employee benefit programs 25 25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 27

JSA For Paperwork Reduction Act Notice, see instructions.

enter the smaller of zero or line 32

28

29

30

31

32

33

Form **990-T** (2013)

-2,488.

-2,488.

-2,488.

1,000.

Other deductions (attach schedule)

Total deductions. Add lines 14 through 28

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32,

Net operating loss deduction (limited to the amount on line 30)

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)

29

30

31

32

Form 990-T (2013) FAMILY TREE, INC. 84-0730973 Page **2**

| Par | t III | Tax Computation | 1 | | | | | | | | | |
|----------|---------|---|-----------------------------|-----------------------|----------|--------------------|--------------------|-------------------|---------------|---------------------------|------------|----------|
| 35 | Organ | izations Taxable as | | See instruction | ns fo | r tax comp | utation. Co | ntrolled gro | up | | | |
| | _ | rs (sections 1561 and 1 | - | | | | | · · | | | | |
| а | | our share of the \$50,0 | , | | | | ckets (in th | nat order): | | | | |
| | (1) \$ | | 1. | | | \$) \$ | , | | | | | |
| b | Enter o | rganization's share of: (1) | Additional 5% tax (r | not more than \$ | 11,75 | 0) | \$ | | | | | |
| | (2) Add | itional 3% tax (not more | than \$100,000) | | | | \$ | | | | | |
| С | | tax on the amount on lin | | | | | | | ▶ 35c | | | |
| 36 | Trusts | | Rates. See | | | | | | on | | | |
| | the amo | ount on line 34 from: | Tax rate schedule | or S | chedul | le D (Form 10- | 41) | | .▶ 36 | | | |
| 37 | Proxy t | ax. See instructions | | | | | | | .▶ 37 | | | |
| 38 | Alterna | tive minimum tax | | | | | | | 38 | | | |
| 39 | | add lines 37 and 38 to lin | | ver applies | | | | | 39 | | | |
| | | Tax and Payment | | | | | | | | | | |
| 40 a | • | tax credit (corporations | | | | ′ ₋ | 40a | | | | | |
| b | | redits (see instructions). | | | | | 40b | | | | | |
| С | | l business credit. Attach | | | | | 40c | | | | | |
| d | | or prior year minimum ta | | | | | | | | | | |
| | | redits. Add lines 40a thro | | | | | | | | | | |
| 41 | | et line 40e from line 39 | m 4255 Form 86 | | r | | | | 41 | | | |
| 42 | | | | | _ | | | | · — | | | |
| 43 | | ax. Add lines 41 and 42 | | | | 1 | 1 | | 43 | | | |
| 44 a | | nts: A 2012 overpayment | | | | | | | | | | |
| b | | stimated tax payments . posited with Form 8868. | | | | | | | | | | |
| c c | • | organizations: Tax paid | | | | | | | | | | |
| d e | | withholding (see instruct | | | | I | | | | | | |
| f | | or small employer health | , | | | | | | | | | |
| g | | redits and payments: | | 2439 | | | | | | | | |
| ŭ | | orm 4136 | | | | | 44g | | | | | |
| 45 | | ayments. Add lines 44a t | | | | | | | 45 | | | |
| 46 | - | ted tax penalty (see instru | | | | | | Г | 46 | | | |
| 47 | | e. If line 45 is less than the | | | | | | | .▶ 47 | | | |
| 48 | Overpa | yment. If line 45 is large | r than the total of lin | nes 43 and 46, | enter a | amount overpa | id | | ▶ 48 | | | |
| 49 | | e amount of line 48 you want | | | | | | Refunded | 170 | | | |
| Par | t V | Statements Rega | arding Certain | Activities a | and (| Other Info | rmation | (see instruc | tions) | | | |
| 1 | • | time during the 2013 cal | • | J | | | ū | | • | | Yes | No |
| | | t (bank, securities, or othe | | • | - | • | ve to file For | m TD F 90-22 | 2.1, Report | of Foreign | | |
| _ | | nd Financial Accounts. If Y | | • | • | | | | | | | X |
| 2 | | the tax year, did the orga | | | | as it the gran | tor of, or tra | insteror to, a | roreign trus | it? | | X |
| • | | see instructions for other | ŭ | • | | | | | | | | |
| 3 Sch | | ne amount of tax-exempt A - Cost of Goods | | | | • | | | | | | |
| 1 | | ry at beginning of year | | thou of invent | | Inventory at e | end of vear | | 6 | | | |
| 2 | | ses | | | 1 | Cost of go | | | | | | |
| 3 | | labor | | | 1 | 6 from line | | | | | | |
| 4 a | | nal section 263A costs | | | 1 | Part I, line 2 | | | | | | |
| | (attach | schedule) | 4a | | | Do the rul | | | | espect to | Yes | No |
| b | | costs (attach schedule) | 4b | | 1 | property pr | oduced or | acquired | for resa | le) apply | | |
| 5 | | dd lines 1 through 4b | | | | to the organiz | ration? | | | <u> </u> | | Х |
| | correc | r penalties of perjury, I declare ct, and complete. Declaration of p | that I have examined the | nis return, including | accom | panying schedule | s and statemer | nts, and to the b | pest of my ki | nowledge and b | oelief, it | is true, |
| Sig | n L | st, and complete. Declaration of pr | reparer (other than taxpaye | i jis baseu on an iii | ormation | Tor writer prepare | i ilas aliy kilowi | euge. | May the | IRS discuss | this r | return |
| Her | | | | | | | | | with the | preparer sh | nown b | |
| | Sign | ature of officer | | Date | | Title | 1- : | ı | (see instruc | 7 23 | es | No |
| Paic | ı | Print/Type preparer's name | | Preparer's sign | gnature | ! | Date | | | if PTIN | 00- | _ |
| | arer | RITA F WORSTER | | | | | | | self-employe | | | |
| | Only | Firm's name BKD, | | CIITME OO | <u> </u> | | | | | 710 47 | | |
| | | Firm's address > 111 | PRADO SPRINGS | | | 18/18 | | F | Phone no. | 719 47 Form 9 9 | | |
| | | COTO. | TAYNO DELYINGD | , 00 009 | U D - 9 | · U I U | | | | - COIII 3 | JU-1 (| (ZUIJ) |

JSA 3E1620 1.000

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 FAMILY TREE, INC.

Form 990-T (2013) Page **3**

| Schedule C - Rent Income (see instructions) | e (From Real Pr | operty a | and Personal Prop | erty | Leased Wi | th Real Prope | erty) | |
|--|--|-------------|---|--------------|--|--|---|--|
| 1. Description of property | | | | | | | | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | 2. Rent receiv | ed or accru | ıed | | | | | |
| (a) From personal property (if the for personal property is more the more than 50%) | an 10% but not | percen | From real and personal pro tage of rent for personal pr or if the rent is based on pr | operty | exceeds | | | nected with the income) (attach schedule) |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Total | | Total | | | | | | |
| (c) Total income. Add totals of conhere and on page 1, Part I, line 6 | ` , | , | | | | (b) Total deducti Enter here and o Part I, line 6, colu | n page 1, | |
| Schedule E - Unrelated De | ebt-Financed In | come (s | ee instructions) | | • | | | |
| 1. Description of deb | | | 2. Gross income from allocable to debt-finan | | | | ced property | у |
| | | | property | | | line depreciation schedule) | | Other deductions attach schedule) |
| (1) ATTACHMENT 1 | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 4. Amount of average acquisition debt on or allocable to debt-financed 5. Average adjusted basis of or allocable to debt-financed property | | 6. Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) | |
| (1) | | | | % | | | | |
| (2) | | | | % | | | | |
| (3) | | | | % | | | | |
| (4) | | | | % | | | | |
| Totals | | | | • | Part I, line | and on page 1, 7, column (A). 15,587. | Enter h Part I, | ere and on page 1, line 7, column (B). |
| Total dividends-received deduct | ions included in co | lumn 8 | <u> </u> | | <u> </u> | <u></u> | | |
| Schedule F - Interest, Ann | nuities, Royaitie | | | | | ons (see instru | ictions) | |
| Name of controlled organization | 2. Employer identification nun | | 3. Net unrelated income (loss) (see instructions) | 4 . T | otal of specified ayments made | 5. Part of column 4 that included in the controllir organization's gross incor | | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Nonexempt Controlled Organ | nizations | | | | | | | |
| 7. Taxable Income | 8. Net unrelated (loss) (see instru | | 9. Total of specific payments made | | includ | rt of column 9 that is ed in the controlling ation's gross income | cor | Deductions directly nnected with income in column 10 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | | | | Enter I | columns 5 and 10. here and on page 1, , line 8, column (A). | Ent | dd columns 6 and 11. ter here and on page 1, rt I, line 8, column (B). |
| Totals | | | | | > | | | |

Form **990-T** (2013)

| Schedule G - Investment In | come of a Sec | tion 501(c)(7) | | nization | <u>(see instruc</u> | ctions) | |
|--|---------------------------------------|--|--|-----------|-----------------------------|------------------------------------|---|
| 1. Description of income | 2. Amount of | income | 3. Deductions directly connected (attach schedule) | | 4. Set-asion (attach school | | 5. Total deductions and set-asides (col. 3 plus col. 4) |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| | Enter here and Part I, line 9, c | | | | | | Enter here and on page 1 Part I, line 9, column (B) |
| | r art i, iiic 3, c | olumn (74). | | | | | r art i, iiic 5, column (b) |
| Totals ▶ | | | | | | | |
| Schedule I - Exploited Exe | empt Activity In | come, Other T | han Advertising l | ncome (se | e instructio | ons) | |
| | | 3. Expenses | 4. Net income (loss) from | | | | 7. Excess exempt |
| | 2. Gross unrelated | directly | unrèlated trade or | 5. Gross | | 6. Expenses | expenses |
| 1. Description of exploited activity | business income | connected with production of | business (column 2 minus column | from acti | | attributable to | (column 6 minus column 5, but not |
| | from trade or business | unrelated business income | 3). If a gain, compute cols. 5 | business | | column 5 | more than column 4). |
| | | busiless illcome | through 7. | | | | Column 4). |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| | Enter here and on | Enter here and on | | | | | Enter here and |
| | page 1, Part I, line 10, col. (A). | page 1, Part I, line 10, col. (B). | | | | | on page 1, Part II, line 26. |
| Totals ▶ | | | | | | | |
| Schedule J - Advertising In | come (see instr | uctions) | | | | | • |
| Part I Income From Per | iodicals Report | ed on a Conso | olidated Basis | | | | |
| | | | A Advantisina | | | | 7. Excess readership |
| | 2. Gross | | 4. Advertising gain or (loss) (col. | | | | costs (column 6 |
| 1. Name of periodical | advertising | Direct advertising costs | 2 minus col. 3). If | 5. Circi | | Readership costs | minus column 5, but |
| | income | advertising costs | a gain, compute | 11100 | | 00313 | not more than |
| | | | cols. 5 through 7. | | | | column 4). |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| | | | | | | | |
| Totals (carry to Part II, line (5)) | | | | | | | |
| Part II Income From Pe | | ted on a Sep | arate Basis (For | each per | odical liste | ed in Part | II, fill in columns |
| 2 through 7 on a l | ine-by-line basis | s.) | • | · | | | |
| | | | 4. Advertising | | | | 7. Excess readership |
| | 2. Gross | • B: 1 | gain or (loss) (col. | | | • 5 | costs (column 6 |
| Name of periodical | advertising | Direct advertising costs | 2 minus col. 3). If | 5. Circi | | Readership costs | minus column 5, but |
| | income | and the same of the same | a gain, compute | | | | not more than |
| | | | cols. 5 through 7. | | | | column 4). |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| Totals from Part I | | | | | | | |
| | Enter here and on | Enter here and on | | | | | Enter here and |
| | page 1, Part I, line 11, col. (A). | page 1, Part I line 11, col. (B). | | | | | on page 1, Part II, line 27. |
| Totals, Part II (lines 1-5) | | , , , | | | | | |
| Schedule K - Compensation | n of Officers, D | irectors, and | Trustees (see instr | uctions) | | | |
| • | · | , | , | 3. | Percent of | 4. Comp | ensation attributable to |
| 1. Name | | | 2. Title | | e devoted to business | | related business |
| (1) | | | | | 9/ | 6 | |
| (2) | | | | | 9 | | |
| (3) | | | | | 9 | | |
| (4) | | | | | 9/ | | |
| Total. Enter here and on page 1, P | art II, line 14 | | | | | - | |
| | | | | | | | |

SCHEDULE E - UNRELATED DEBT-FINANCED INCOME

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

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ATTACHMENT 1

FEDERAL FOOTNOTES

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

| TAX YEAR GENERATE | TAX YEAR GENERATED (UTILIZED)_ | | U | _UTILIZED_ | |
|-----------------------|--------------------------------|---------|----|------------|--|
| | | | | | |
| 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 E | | (9,375) | | | |
| NOL CARRY FORWARD | T0 2013 | | \$ | 24,219 | |