Form	990
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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

	99	0		Potur	of Organiza	tion Exempt	From Inco	no T	av			OMB No. 1545-0047
Form	33	990 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)										
			Under	•			• •	-		lation	s)	2018
Departr	nent of th	ne Treasury		Do not er	ter social security n	umbers on this forn	n as it may be m	ade pu	blic.			Open to Public
Internal	Revenu	e Service		► Go to v	ww.irs.gov/Form99	0 for instructions a	nd the latest info	ormatic	on.			Inspection
A F	or the	2018 calend	ar year, or	tax year begir	ning	07-03	1 , 2018, and e	nding		0	6-30	,2019
B CI	heck if ap	oplicable:	C Name of o	rganization PROM	IISE RESOURCE 1	NETWORK INC					D Em	ployer identification no.
Ad	ddress ch	nange	Doing busi	iness as				1			27-	2648129
N:	ame char	nge		,	ox if mail is not delivered to s	treet address)		Room/s	suite			ephone number
In	Initial return 1041 Hawthorne Ln (70										4)390-7709	
=		n/terminated	-		, country, and ZIP or foreign	postal code					G Gro	oss receipts
=	mended r			otte, NC							\$	1,645,734
A	oplication	pending	F Name and	address of principa	I officer:				Is this a gro			
		57						H(b)	Are all sul			
	ax-exemp		501(c)(3)	501(c) () < (insert no.)	4947(a)(1) or 52	27	_				ee instructions)
	ebsite:		-		network.org) Group e			
		-	Corporation	Trust Ass	ociation Other >	L	Year of formation: 2	2014	M Sta	te of le	gal domic	ile: NC
Par	T	Summar							c	•		
		-	-		ion or most significant		ugh the wis					-
e				ignite soc	ial change, in	nspire hope an	nd serve as	a ca	talys	t io	r pe	rsonal
and		greatnes	s.									
ern												
Activities & Governance				-	n discontinued its oper					1	I	
ي م			-	•	erning body (Part VI, li	,						5
ies				-	s of the governing bo							4
ivit					n calendar year 2018							28
Act				ers (estimate if		••••••••••••••••••••••••••••••••••••••						
					Part VIII, column (C),							0
	b	Net unrelate	d business	taxable income	from Form 990-T, line	e38	· · · · · · · · ·			. 71)	0
							-		Prior Year			Current Year
-	8 Contributions and grants (Part VIII, line 1h)						-	96,945			44,472	
Revenue		-			e 2g)		F		1,66	6,63	39	1,601,262
eve					A), lines 3, 4, and 7d)		F					0
Ř					nes 5, 6d, 8c, 9c, 10c,							0
				-	must equal Part VIII, o				1,76	3,58	34	1,645,734
				• •	IX, column (A), lines 1	,	-					0
					X, column (A), line 4)		•••••	1,257,615				0
S					e benefits (Part IX, col		•••••					1,191,944
Expenses					column (A), line 11e)	• • • • • • • • • •	-					0
xpe					lumn (D), line 25) ►		0					
ш		•	``		nes 11a-11d, 11f-24e)					8,05		458,382
					equal Part IX, column				1,71			1,650,326
	19	Revenue les	s expenses	. Subtract line	18 from line 12	•••••				7,91		(4,592)
s or							_	Beginnir	ng of Curre			End of Year
sset			•	,	•••••		-			7,20		219,601
Net Assets or Fund Balances			•				-		7	7,6	74	84,665
					line 21 from line 20 .				13	9,52	28	134,936
Par		U	re Block									
					rn, including accompanying icer) is based on all informat			knowledge	e and bellet	, It is		
Sigr		→	ene Cara	aco								
			e of officer							Da	ate	
Here	•	→		-	tive Director							
		Type or	print name and	i title	1		2		r r			
_		Print/Type pre	eparer's name		Preparer's signature		Date		Check	if	PTIN	
Paid									self-emplo	oyed		
-	barer	Firm's name	•					Firm's	EIN 🕨			
Use	Only	Firm's addres	s 🕨					Phone	no.			
May t	he IRS	discuss this	return with	the preparer sh	own above? (see inst	tructions)						. 🗌 Yes 🗌 No
For P	aperw	ork Reduction	on Act Not	ice, see the se	parate instructions.							Form 990 (2018)

Form	m 990 (2018) PROMISE RESOURCE NETWORK INC	27-2648129 Page 2
	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	Through the wisdom of lived recovery experience, we ignite social change,	inspire hope and
	serve as a catalyst for personal greatness.	
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	
5	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas	sured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	o others,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 1,547,922 including grants of \$) (Revenue	e \$ <u>1,601,262</u>)
	Our programs employed people in recovery to partner with colleagues, famil:	
	clinicians, organizations, governments, systems and communities to advance	
	emotional distress, mental health and substance use challenges. We did this	
	of initiatives that are aimed at creating opportunities for individual and	
	developing a recovery-oriented behavioral health system in which recovery :	
	expected, supported and funded, and expanding the network of recovery champer and provide the second provide	
	training, consultation and technical assistance for clinicians and organiza build their recovery knowledge, skills and tools.	actons as they
	build their recovery knowledge, skills and coors.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	e \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	e \$)
	(· · · /
4d		`
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>		Earm 000 (2019)
EEA		Form 990 (2018)

	n 990 (2018) PROMISE RESOURCE NETWORK INC 27-26481	.29	P	age 3
Pa	Int IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"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? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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		Х
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.			
a	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
k	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 VIL	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
c	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," 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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III.	19		Х
20 a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
				•

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Par	rt IV Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	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			- 21
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	. 28b		Х
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	-		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	-		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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	24		v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 34 35a		X X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	3 3 a		Λ
D	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable Ib	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
		For~	aan (20101

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Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this returm 2a 28			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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 account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
a L	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	40-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	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 gualified health plans			
		-		
C 1/2	Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year?	14a		v
14a b				Х
b 15		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		v
	excess parachute payment(s) during the year	15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	01		X
	If "Yes," complete Form 4720, Schedule O.			

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Pa	rt 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 instruction			_
	Check if Schedule O contains a response or note to any line in this Part VI			. <u>X</u>
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5	_		
	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 4	_		
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			37
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			X 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 70	Did the organization have members or stockholders?	. 6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	. 7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	. 1a		
b	stockholders, or persons other than the governing body?	. 7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	. 10		- 21
U	the year by the following:			
а	The governing body?	. 8a	x	
b	Each committee with authority to act on behalf of the governing body?	. 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
-	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. 10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	. 12c	Х	
13	Did the organization have a written whistleblower policy?	. 13	Х	
14	Did the organization have a written document retention and destruction policy?	. 14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official		X	
b	Other officers or key employees of the organization	. 15b	X	
4-	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	10		37
	with a taxable entity during the year?	. <u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	404		
<u>Soc</u>	organization's exempt status with respect to such arrangements?	. 16b		l
<u>3ec</u> 17	List the states with which a copy of this Form 990 is required to be filed North Carolina			
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Image: Soluty) available for public inspection. Indicate how you made these available. Check all that apply. Image: Soluty) available for public inspection. Indicate how you made these available. Check all that apply. Image: Soluty) available for public inspection. Indicate how you made these available. Check all that apply. Image: Soluty) available for public inspection. Indicate how you made these available. Check all that apply. Image: Soluty) available for public inspection. Indicate how you made these available. Check all that apply. Image: Soluty) available for public inspection. Indicate how you made these available. Check all that apply. Image: Soluty of the solution of the solution. Image: Solution of the solution. </td <td></td> <td></td> <td></td>			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
-	Scalable Consulting LLC (704)390-7709, 1927 S Tryon St STE 106, Charlotte, NC 282)3		

Form 990 (201	B) PROMISE RESOURCE NETWORK INC	27-2648129	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated Employe	es, 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 the organization's t	is table for all persons required to be listed. Report compensation for the calendar year ending with or w ax year.	ithin the	

 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.

				(C)					
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	officer a	Po: heck m ess per	sition nore th rson is rector/	both an	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Emily_Lupsor Board Chair	2.00_		X					0 0	0
(2) Stephanie Adelman Board Member	1.00		x					0 0	0
(3) Jane_Clark Board Member	2.00		X					0 0	0
(4) Cherene Caraco Executive Director	40.00			X		+		0 0 0 0	0
(5)				Λ					
(6)									
<u>(7)</u>									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
	1		1						— — — —

	90 (2018) PROMISE RESOURCE N	ETWORK I	NC							27-2648	129	P	'age 8
Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hig	hes	t Con	nper	nsated Employee	s (continued)			
	(A) Name and title	(C) (B) Average hours per week (list any (c) Position (do not check more than one box, unless person is both an officer and a director/trustee)					both an trustee)		(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimated mount of other	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Hignest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or	npensation from the ganization nd related ganization	n d
(15)													
(16)													
<u>(17)</u>													
(18)													
(25)	Sub-total												
1b c	Total from continuation sheets to Part VII, Sectio	nA.	· · ·	•••	••	· ·	· · ·						
d	Total (add lines 1b and 1c)							•	(0 0			0
2	Total number of individuals (including but not limited								e than \$100,000 of	:			
	reportable compensation from the organization									0			
3	Did the organization list any former officer, directo	r or tructoo	kov or	nnlo	VOO	ort	hiabos	et co	mpensated			Yes	No
Ū	employee on line 1a? <i>If "Yes," complete Schedule</i>						-				3		Х
4	For any individual listed on line 1a, is the sum of rep	•											
	organization and related organizations greater than												37
5	individual										4		Х
•	for services rendered to the organization? If "Yes,"			-			-				5		Х
Secti	on B. Independent Contractors	•										1	
1	Complete this table for your five highest compensate compensation from the organization. Report compensation year.												
	(A)								(B)		0	(C)	-
	Name and business address								Description of	services	Com	pensatio	n

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

Form 9	90 (20	018) PROMISE	RESOURCE	NET	WORK INC			27-26481	.29 Page 9
Part	VIII	Statement of Revenu	ie						
		Check if Schedule O contair	is a respons	e or no	ote to any line in thi	s Part VIII			[
			·		· ·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b					
, G	c	Fundraising events		1c	17,626				
ar A	d	Related organizations		1d					
imil 0	е			1e					
er S	f								
ţţ		and similar amounts not includ		1f	26,846				
ontr nd (g	Noncash contributions include	d in lines 1a-	-1f: \$					
o a	h					44,472			
					Business Code				
ane	2a	Support Services			624100	1,595,262	1,595,262		
Program Service Revenue		Training			611430	6,000	6,000		
Se R.	c						.,		
ervi	d								
s m	е								
ogra		All other program service rever	nue						
Ł		Total. Add lines 2a-2f				1,601,262			
	3					_,			
	3	Investment income (including d and other similar amounts) .							
	4	Income from investment of tax-							
	5	Royalties		•					
			(i) Real		(ii) Personal				
	6a	Gross rents	(1) 1122		(
		Less: rental expenses							
		Rental income or (loss)							
		Net rental income or (loss) .							
			(i) Securitie		(ii) Other				
		Gross amount from sales of assets other than inventory	() 000011						
		Less: cost or other basis and sales expenses							
		Gain or (loss)							
	d	Net gain or (loss)			<u> </u>				
Other Revenue	8a	Gross income from fundraising							
ievei		events (not including \$		26					
Re		of contributions reported on line	e 1c).						
ther		See Part IV, line 18		. а					
δ		Less: direct expenses							
	C	Net income or (loss) from fund	aising event	s.	<u> ►</u>				
	9a	Gross income from gaming act							
		See Part IV, line 19		. а					
	b	Less: direct expenses		. b					
	c	Net income or (loss) from gami	ng activities		<u> ►</u>				
	10a	Gross sales of inventory, less							
		returns and allowances							
	b	Less: cost of goods sold		. b					
	С	Net income or (loss) from sales	of inventory	/	<u>.</u> .				
		Miscellaneous Revenue			Business Code				
	11a								
	b								
	с								
	d	All other revenue							
	е	Total. Add lines 11a-11d .							
	12	Total revenue. See instructions				1,645,734	1,601,262	C	

PROMISE RESOURCE NETWORK INC

Part IX Statement of Functional Expenses

27-2648129

<u> </u>	Check if Schedule O contains a response or note to a	(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, 7b, bb, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
 	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
,	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
Ļ	Benefits paid to or for members				
5	Compensation of current officers, directors,				
,	trustees, and key employees	115,000	115,000		
5	Compensation not included above, to disqualified	115,000	115,000		
,	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
,		992 604	992 604		
	Other salaries and wages	882,604	882,604		
3	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	110 100	110 100		
)	Other employee benefits	118,189	118,189		
)		76,151	76,151		
1	Fees for services (non-employees):				
a	Management				
b		7,237		7,237	
C		63,356		63,356	
d	Lobbying				
e ,	Professional fundraising services. See Part IV, line 17 .				
f					
g	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O.)	88,910	80,875	8,035	
2	Advertising and promotion	1,782	1,782		
3	Office expenses	157,345	157,313	32	
1 -	Information technology	30,860	30,860		
5	Royalties				
5					
7	Travel	9,208	9,208		
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings	4,746		4,746	
)	Interest	4,744	4,744		
I	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	25,809	25,809		
1	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.)				
а	Fees	52	52		
b	Meals	6,595	6,595		
с	Training and Education	9,382	9,382		
d	Bus Passes	26,693	26,693		
е	All other expenses	21,663	2,665	18,998	
5	Total functional expenses. Add lines 1 through 24e .	1,650,326	1,547,922	102,404	
5	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				

	990 (20		2	7-264	8129 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		••••	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	19,571	1	64,373
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	187,844	4	146,907
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	9,787	9	8,321
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	217,202	16	219,601
	17	Accounts payable and accrued expenses	21,811	17	33,948
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Lia		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	52,061	23	50,817
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		05	(100)
	-	of Schedule D	3,802	25	(100)
	26	Total liabilities. Add lines 17 through 25	77,674	26	84,665
		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright and complete lines 27 through 29, and lines 33 and 34.			
ces	27		120 529	27	124 026
lan	27	Temporarily restricted net assets	139,528	28	134,936
Ba	20	Permanently restricted net assets		20	
pun	23	Organizations that do not follow SFAS 117 (ASC 958), check here		23	
Ĕ		complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	139,528	33	134,936
	34	Total liabilities and net assets/fund balances	217,202	34	219,601
			21/1202		217,001

Form	990 (2018) PROMISE RESOURCE NETWORK INC	27-264	48129	F	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	1	,645,	734
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	1	,650,	326
3	Revenue less expenses. Subtract line 2 from line 1	. 3		(4,	592)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		139,	528
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	. 10		134,	936
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. </u>
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🗌 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	۱ <u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 ł	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	🛛 Separate basis 🗌 Consolidated basis 🔄 Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	• • • •	20	: X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a	<u> </u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ł		
EEA			Fo	m 990	(2018)

SCHEDULE A

				Public Chari	ty Status and B	ublic (Sunno	r4	OMB No. 1545-0047
SC	HEDULE A Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trus				2018				
(For	m 99	0 or 990-EZ)	complete il the organiz		ch to Form 990 or Form		(a)(1) 11011	exempt chantable trus	Open to Public
		of the Treasury enue Service	•		v/Form990 for instruct		the latest	information	Inspection
		e organization	· · · · ·					Employer identific	
PRO	MIS	E RESOURCE	NETWORK INC					27-264812	29
	rt I			/ Status (All or	ganizations must co	omplete	this part		
The	orga			· · · · · ·	s 1 through 12, check only			1	
1	Ď				irches described in sect				
2		A school desci	ribed in section 170(b)	(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ).	.)		
3					n described in section 1				
4		A medical rese	earch organization ope	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the	
			e, city, and state:				. ,		
5		•		fit of a college or ι	iniversity owned or opera	ated by a g	overnmen	tal unit described in	
		-)(1)(A)(iv). (Complete	-					
6		•			nit described in section	170(b)(1)	(A)(v).		
7	Π		•	•	of its support from a gov			m the general public	
		-	ection 170(b)(1)(A)(vi					U 1	
8			rust described in secti						
9		-			ion 170(b)(1)(A)(ix) ope	rated in co	njunction	with a land-grant colle	ege
		-	-		ee instructions). Enter the		-	-	0
		university:	-					-	
10	Х	An organizatio	n that normally receive	s: (1) more than 33	1/3% of its support from	o contributi	ons, memb	ership fees, and gros	3
		receipts from a	ctivities related to its e	xempt functions - s	subject to certain exception	ons, and (2	?) no more	than 33 1/3% of its	
		support from g	ross investment income	e and unrelated bu	siness taxable income (le	ess section	511 tax) f	rom businesses	
		acquired by the	e organization after Ju	ne 30, 1975. See s	section 509(a)(2). (Com	plete Part	III.)		
11		An organizatio	n organized and opera	ted exclusively to	test for public safety. Se	e section	509(a)(4).		
12		An organizatio	n organized and operat	ed exclusively for t	he benefit of, to perform	the functio	ns of, or to	carry out the purpose	es
		of one or more	publicly supported or	ganizations describ	ed in section 509(a)(1)	or sectior	n 509(a)(2)). See section 509(a)	(3).
		Check the box	in lines 12a through 12	d that describes th	e type of supporting orga	anization a	nd comple	te lines 12e, 12f, and	12g.
	а	Type I. A s	supporting organization	n operated, superv	ised, or controlled by its	supported	organizat	ion(s), typically by giv	ing
		the suppor	ted organization(s) the	power to regularly	appoint or elect a major	ity of the d	lirectors or	trustees of the	
		supporting	organization. You mu	st complete Part	IV, Sections A and B.				
	b	Type II. A	supporting organizatio	n supervised or co	ntrolled in connection wi	ith its supp	orted orga	anization(s), by having]
		control or r	management of the sup	porting organization	on vested in the same pe	rsons that o	control or r	nanage the supported	I
		organizatio	on(s). You must comp	lete Part IV, Sect	ions A and C.				
	С	Type III fu	nctionally integrated	. A supporting orga	anization operated in cor	nnection w	ith, and fu	nctionally integrated v	vith,
		its support	ed organization(s) (see	e instructions). You	u must complete Part IV	V, Section	s A, D, ar	nd E.	
	d	Type III no	on-functionally integr	ated. A supporting	organization operated i	n connecti	on with its	supported organizati	on(s)
		that is not f	functionally integrated.	The organization g	enerally must satisfy a d	istribution r	equiremer	nt and an attentiveness	5
		requireme	nt (see instructions). Y	ou must complete	e Part IV, Sections A ar	nd D, and	Part V.		
	е		-		determination from the IF		a Type I,	Type II, Type III	
		functionally	y integrated, or Type III	non-functionally in	tegrated supporting orga	anization.			
	f	Enter the numb	per of supported organi	zations					••••
	g	Provide the foll	owing information about	ut the supported or	ganization(s).			I I	
	(i	i) Name of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o listed in you	-	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))	docum	• •	instructions)	instructions)
							•		
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(D)									

(E)

Sched	ule A (Form 990 or 990-EZ) 2018 PROM	IISE RESOURCE	E NETWORK IN	c		27-2648129	Page 2
Pa	rt II Support Schedule for Or	ganizations D	escribed in S	ections 170(b)	(1)(A)(iv) and [•]	170(b)(1)(A)(vi)	
	(Complete only if you chec						under
	Part III. If the organization	fails to qualify	under the tests	isted below, p	please complete	e Part III.)	
Sec	tion A. Public Support	1	1	1	1	1	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
4	Total. Add lines 1 through 3						
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)						
$\frac{6}{2}$	Public support. Subtract line 5 from line 4						
	tion B. Total Support	() 00()	(1) 00 (5	() 0010	(1) 00 (7	() 0040	
	ndar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends,						
0	payments received on securities loans,						
	rents, royalties and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
44	(Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 . Gross receipts from related activities, etc. (12	
13	First five years. If the Form 990 is for the organization, check this box and stop here						
Sec	tion C. Computation of Public Su					<u></u>	
14	Public support percentage for 2018 (line 6,			(f)) 		14	%
15	Public support percentage from 2017 Sche		-				%
16a	33 1/3% support test - 2018. If the organi	, ,					
	box and stop here. The organization qual						▶□
b	33 1/3% support test - 2017. If the organi						
	this box and stop here. The organization						▶□
17a	10%-facts-and-circumstances test - 201						_
	10% or more, and if the organization meet	-					
	Part VI how the organization meets the "fac						
	organization		-	•			
b	10%-facts-and-circumstances test - 201						
	15 is 10% or more, and if the organization	-					
	Explain in Part VI how the organization me					cly	
	supported organization						▶ □
18	Private foundation. If the organization did						
	instructions						
EEA							m 990 or 990-EZ) 2018

		ISE RESOURCE				27-2648129	Page 3
Pa	IT III Support Schedule for Org						
	(Complete only if you check						Part II.
-	If the organization fails to q	ualify under the	tests listed be	elow, please co	mplete Part II.		
	ction A. Public Support	() 0011	(1) 0045	() 0010	(1) 00 (7	() 0010	(0 T /)
Cale	endar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	344,270	1,563,671	1,622,947	1,660,024	1,601,262	6,792,174
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 $$.	105,647	64,596	20,816	103,561	44,472	339,092
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	449,917	1,628,267	1,643,763	1,763,585	1,645,734	7,131,266
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000						
-	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						7,131,266
	ction B. Total Support	() 00(4	(1) 0045	() 0010	(1) 00 (7	() 0040	(0 T /)
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	449,917	1,628,267	1,643,763	1,763,585	1,645,734	7,131,266
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11							
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Net income from unrelated business activities not included in line 10b, whether						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets	449,917	1,628,267	1,643,763	1,763,585	1,645,734	7,131,266
13	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	rganization's first, s	econd, third, fourt	h, or fifth tax year a	as a section 501(c)(3)	
13 14	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	rganization's first, s	econd, third, fourt	h, or fifth tax year a	as a section 501(c)(3)	
13 14	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	rganization's first, s 	econd, third, fourtl	h, or fifth tax year a	as a section 501(c)(3)	
13 14 <u>Sec</u> 15 16	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	rganization's first, s pport Percenta Jlumn (f), divided by Ile A, Part III, line 15	econd, third, fourth age line 13, column (f)	h, or fifth tax year a	as a section 501(c)(3) 	▶□
13 14 <u>Sec</u> 15 <u>16</u> <u>Sec</u>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	rganization's first, s pport Percenta plumn (f), divided by ile A, Part III, line 15 nt Income Perc	age line 13, column (f)	h, or fifth tax year a	as a section 501(c)(3) 15 16	►□ 100.00 % 100.00 %
13 14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	rganization's first, s pport Percent plumn (f), divided by lle A, Part III, line 15 nt Income Perc e 10c, column (f), di	age line 13, column (f) centage vided by line 13, c	h, or fifth tax year a	as a section 501(c)(3) 15 16 17	····►□ 100.00 % 100.00 % 0.00 %
13 14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17 18	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	rganization's first, s pport Percenta olumn (f), divided by ile A, Part III, line 15 nt Income Perc e 10c, column (f), di chedule A, Part III,	econd, third, fourth age line 13, column (f) centage vided by line 13, column 13, column	h, or fifth tax year a	as a section 501(c)(3) 15 16 17 18	►□ 100.00 % 100.00 %
13 14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17 18 19a	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	rganization's first, s pport Percenta blumn (f), divided by lle A, Part III, line 15 nt Income Perc e 10c, column (f), di chedule A, Part III, zation did not check and stop here. The	age line 13, column (f) centage vided by line 13, column (f) centage vided by line 13, column (f) centage	h, or fifth tax year a)	as a section 501(c	15 16 17 18 and line zation	····►□ 100.00 % 100.00 % 0.00 % 0.00 %
13 14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17 18 19a	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	rganization's first, s pport Percenta Jumn (f), divided by Ile A, Part III, line 15 nt Income Perc e 10c, column (f), di chedule A, Part III, zation did not check and stop here. The zation did not check box and stop here	age line 13, column (f) centage vided by line 13, c line 1.7 c the box on line 14 e organization qua a box on line 14 . The organization	h, or fifth tax year a)	as a section 501(c	1(3) 15 16 17 18 and line zation	····►□ 100.00 % 100.00 % 0.00 % 0.00 % ····►⊠ ····►□

	Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part I.	mplete		
ect	ion A. All Supporting Organizations			
			Yes	Ν
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section $509(a)(1)$ or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
Ju	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		
D	designated in the organization's organizing document?	5b		
~	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
с с		50		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or	6		
-	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor $(22, 16, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10$			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	-		
_	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

PROMISE RESOURCE NETWORK INC

27-2648129

Page 4

Schedule A (Form 990 or 990-EZ) 2018

	ule A (Form 990 or 990-EZ) 2018 PROMISE RESOURCE NETWORK INC	27-2648129	P	age 5
Гa	rt IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and	(c)		
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail	in Part VI. 11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during	ng the		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervise	ed, or		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the su	pported		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain	in Part		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated	l,		
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the di			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how c			
	or management of the supporting organization was vested in the same persons that controlled or ma	-		
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		V.	N
	Did the second section may ide to each of its summaries down a first have the last down of the fifth may the	- ()	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of			
	organization's tax year, (i) a written notice describing the type and amount of support provided during			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) cop			
	organization's governing documents in effect on the date of notification, to the extent not previously p	rovided? 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the sup	oported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in F	art VI how		
	the organization maintained a close and continuous working relationship with the supported organiza	tion(s). 2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organizations			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	5		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	ne vear (see instru	tions)	
'a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			•
b				
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	rnment entitv (see i	nstruct	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purp	oses of		
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI ide			
	those supported organizations and explain how these activities directly furthered their exempt put			
	how the organization was responsive to those supported organizations, and how the organization de	-		

that these activities constituted substantially all of its activities.
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

3a

2a

2b

Schedule A (Form 990 or 990-EZ) 2018 PROMISE RESOURCE NETWORK INC		27-26	48129 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organi	zation	s must complete Section	ons A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supportin	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Sched	Ile A (Form 990 or 990-EZ) 2018 PROMISE RESOURCE NETWORK		27-264	8129 Page 7
Pa	t V Type III Non-Functionally Integrated 509(a)	Supporting Organiz	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.		-	
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		(III)	<i></i>
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
	Excess distributions carryover, if any, to 2018			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2018 from			
-	Section D, line 7: \$			
2	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
Ū	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015 Excess from 2016			
	Evenes from 2017			
	Evenes from 2019			
EEA			Schody	ule A (Form 990 or 990-EZ) 2018
/			Contract	

Schedule A (For	m 990 or 990-EZ) 2018 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF. ►

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

Organization type (check one):

Name of the organization	Employer identification number
PROMISE RESOURCE NETWORK INC	27-2648129

Filers of:	Section:
Form 990 or 990-EZ	∑ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

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

OMB No. 1545-0047

2018

EEA

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization

PROMISE RESOURCE NETWORK INC

Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ADELMAN FOUNDATION Hawthorne Lane Charlotte, NC 28203	\$15,000	Person Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 27-2648129

EEA

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

PROMISE RESOURCE NETWORK INC

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
	Funds for software annual		
1	license		
		\$	
(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.	(6)	(c)	(4)
from Part I	(b) Description of noncash property given	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
		\$	
		— ⊅	
		(0)	
(a) No. from	(b)	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions)	Date received
		\$	
		— ¥	

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

SCHEDULE D Supplemental Financial Statement					OMB No. 1545-0047
(Foi	m 990)		he organization answered "Yes" on Form 990, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2018
Depart	ment of the Treasury		 Attach to Form 990. 		Open to Public
•	I Revenue Service	► Go to www.irs.gov/F	Form990 for instructions and the latest informatio	on.	Inspection
	of the organization			Employer identit	
		URCE NETWORK INC		27-264	18129
Pa			ed Funds or Other Similar Funds or Account	ts.	
	Complete	if the organization answered "Ye		(h) Funda and	ather economic
1	Total number at en	nd of year	(a) Donor advised funds	(b) Funds and	other accounts
2		f contributions to (during year)			
3	00 0	f grants from (during year)			
4		t end of year			
5			s in writing that the assets held in donor advised		
	funds are the orga	nization's property, subject to the orga	nization's exclusive legal control?		🗌 Yes 🗌 No
6	Did the organizatio	on inform all grantees, donors, and dor	or advisors in writing that grant funds can be used		
	only for charitable	purposes and not for the benefit of the	donor or donor advisor, or for any other purpose		
					🗌 Yes 🗌 No
Pa		vation Easements.			
	· · · · · ·	e if the organization answered "Ye			
1		servation easements held by the organ			
		of land for public use (e.g., recreation of			area
	Protection of n		Preservation of a certified his	storic structure	
-	Preservation o				
2			ualified conservation contribution in the form of a cons		
-		ast day of the tax year.			the End of the Tax Year
a h				2a 2b	
b c	•	ricted by conservation easements vation easements on a certified histori	c structure included in (a)	20 2c	
d		vation easements included in (c) acqui		20	
u				2d	
3		•	d, released, extinguished, or terminated by the organiz		2
Ū	tax year ►		a, released, exanguished, or terminated by the organiz	zation during the	
4	· · · · · · · · · · · · · · · · · · ·	where property subject to conservation	n easement is located		
5			e periodic monitoring, inspection, handling of		
	violations, and enfo	orcement of the conservation easemer	nts it holds?		🗌 Yes 🗌 No
6	Staff and volunteer	hours devoted to monitoring, inspectiv	ng, handling of violations, and enforcing conservation	easements duri	ng the year
	▶				
7	Amount of expense	es incurred in monitoring, inspecting, h	andling of violations, and enforcing conservation ease	ements during th	ne year
	▶\$				
8	Does each conserv	1 ()	above satisfy the requirements of section 170(h)(4)(B	, ()	
	and section 170(h)				🗌 Yes 🗌 No
9	,	6 1	rvation easements in its revenue and expense statem	,	
			potnote to the organization's financial statements that o	describes the	
Da		ounting for conservation easements.	ons of Art, Historical Treasures, or Oth	or Similar A	conto
Γd		te if the organization answered "			155615.
1a			6 (ASC 958), not to report in its revenue statement and	d balance sheet	
ia	-		held for public exhibition, education, or research in furt		
			te to its financial statements that describes these items		
b			6 (ASC 958), to report in its revenue statement and ba		
~	-		held for public exhibition, education, or research in furt		
		vide the following amounts relating to			
					6
	(ii) Assets include	ed in Form 990, Part X			6
2			Il treasures, or other similar assets for financial gain, p		
	•		116 (ASC 958) relating to these items:		
а	-				S
b					
For F		on Act Notice, see the Instructions			Schedule D (Form 990) 2018

i oi i apci	work iteauch	100, 300	uic	1130.0

Sched	ule D (Form 990) 2018 PROMISE RESOURC						27-264		Page 2
Pa	rt III Organizations Maintaining C	collections of	of Art, Histo	rical Tre	asures, o	r Othe	er Similar As	sets (col	ntinued)
3	Using the organization's acquisition, accession,	and other recor	ds, check any o	f the followi	ng that are a	significa	ant use of its		
	collection items (check all that apply):								
а	Public exhibition	d 🗌	Loan or excha	nge progra	ms				
b	Scholarly research	е 🗌	Other						
с	Preservation for future generations								
4	Provide a description of the organization's collect	ctions and expla	ain how they fur	her the org	anization's ex	empt p	urpose in Part		
	XIII.			Ū		• •	•		
5	During the year, did the organization solicit or re	ceive donations	of art, historica	treasures.	or other simil	ar			
	assets to be sold to raise funds rather than to be							·	Yes 🗌 No
Pa	rt IV Escrow and Custodial Arrang		1						
	Complete if the organization an		s" on Form 9	90. Part	IV. line 9.	or rep	orted an amo	unt on Fe	orm
	990, Part X, line 21.				, ,				
1a	Is the organization an agent, trustee, custodian o	or other interme	diarv for contribu	utions or oth	ner assets no	t			
			-					·	Yes 🗌 No
b									
			ene mig tablet				Ar	nount	
с	Beginning balance					. 1c		lount	
ь Ч	Additions during the year								
ŭ	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Form					-		,	Yes 🗌 No
b	If "Yes," explain the arrangement in Part XIII. Ch								
	rt V Endowment Funds.		explanation has	Deen provi				••••	•••□
1 0	Complete if the organization an	swered "Ve	s" on Form (00 Part	1\/ line 10				
								(-) [
10	Designing of year balance	(a) Current yea	ar (b) Pri	or year	(c) Two years b	раск	(d) Three years back	(e) Fou	r years back
1a 	Beginning of year balance								
b									
С	Net investment earnings, gains, and								
d	Grants or scholarships								
е	Other expenditures for facilities and								
								_	
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current	-		mn (a)) hele	d as:				
а	Board designated or quasi-endowment	%)						
b	Permanent endowment %								
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c should	•							
3a	Are there endowment funds not in the possession	on of the organi	zation that are h	ield and adi	ninistered for	the			
	organization by:								Yes No
	(i) unrelated organizations		•••••		• • • • • •	•••		. 3a(i)	
	., .,		••••					. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization					• • • •	•••••	. 3b	
4	Describe in Part XIII the intended uses of the or	-	dowment funds.						
Pa	rt VI Land, Buildings, and Equipm								
	Complete if the organization an	swered "Ye	s" on Form 9	90, Part	IV, line 11	a. See	e Form 990, P	art X, lin	e 10.
	Description of property		or other basis	(b) Cost or	other basis	(c)	Accumulated	(d) Boo	ok value
		(in	vestment)	(01	her)	de	preciation		
1a	Land	•••							
b	Buildings	•••							
С	Leasehold improvements								
d	Equipment								
e	Other								
Tota	I. Add lines 1a through 1e. (Column (d) must eq	ual Form 990,	Part X, column	(B), line 10	c.)		•••••		

Schedule D (Form 990) 2018

EEA

Part VII	Complete if the organization answere	ed "Yes" on Form 990, Par	t IV, line 11b. See Form 990	, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	on:
(1) Financial	derivatives			
., .	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(U) (H)				
	must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answere	ed "Yes" on Form 990, Par	t 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	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX	0 must equal Form 990, Part X, col. (B) line 13.) ► Other Assets.			
	Complete if the organization answere	d "Yes" on Form 990 Par	t IV line 11d See Form 990	Part X line 15
		Description		(b) Book value
(1)				()
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 1	5.)	<u></u>	
Part X	Other Liabilities. Complete if the organization answere	ed "Yes" on Form 990, Par	t IV, line 11e or 11f. See For	m 990, Part X,
1.	line 25.			
	(a) Description of liability	(b) Book value	-	
()	ll Liabilities: Net Payroll	(786)		
	11 Liabilities: Net Payloli 11 Liabilities: Tax Liability	(786)		
	Fargo Credit Cards	755		
	red Revenue	(69)		
(6)		(0))		
(7)				
(8)				
(9)				
Total. (Column (b)) must equal Form 990, Part X, col. (B) line 25.) 🕨	(100)		
• 1 1 - 1 11 0 - <i>(</i>	uncertain tax positions. In Part XIII, provide the te	and a fight a fact that the design of the		

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.

	ule D (Form 990) 2018 PROMISE RESOURCE NETWORK INC	27-2648129	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,645,734
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,645,734
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,645,734
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,650,326
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,650,326
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.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,650,326
Pa	rt XIII Supplemental Information.		

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

SCHEDULE G	Supplemer	ntal Informatio	on Regar	ding Fun	draising or Gam	ning Act	ivities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete				n 990, Part IV, line 17, 1 n Form 990-EZ, line 6a		if the	2018
Department of the Treasury Internal Revenue Service	L	► A	ttach to Forn	n 990 or Forn	n Form 990-EZ, line 6a n 990-EZ. and the latest informat			Open to Public Inspection
Name of the organization		30 to www.irs.gov/i	0111330101	Instructions	and the latest mornat	1011.	Employer id	entification number
PROMISE RESOURCE	NETWORK IN(2					27-26	548129
Part I Fundraisi	ng Activities	. Complete if t	he organ	ization an	swered "Yes" on	Form 99	0, Part IV	, line 17.
		t required to cor						
_	organization rais	ed funds through	•	-	vities. Check all that a			
a Mail solicitations			=		of non-government gra	ants		
b Internet and emai c Phone solicitation			f 🗌		of government grants draising events			
d In-person solicitat			g	Special fully	araising events			
2a Did the organization		r oral agreement w	ith any indiv	/idual (includ	ing officers, directors,	trustees,		
-		-	-		ssional fundraising se		ץ 🗌	′es 🗌 No
b If "Yes," list the 10 hi	ghest paid individ	duals or entities (fu	undraisers)	pursuant to a	greements under which	ch the fund	draiser is to b)e
compensated at leas	t \$5,000 by the c	organization.						
			1			(11) (17)		
(i) Name and address		(ii) Activity		draiser have	(iv) Gross receipts	(or re	ount paid to tained by)	(vi) Amount paid to (or retained by)
or entity (fundra	iser)	(II) ACTIVITY		outions?	from activity		ser listed in ol. (i)	organization
			Yes	No				
1								
2								
3								
4								
•								
5								
6								
7								
8								
·								
9								
10								
Total				_				
3 List all states in which					tions or has been not	ified it is ex	cempt from	
registration or licensir	-							
	-							

			MISE RESOURCE NET			2648129 Page 2
Pa	rt I					
		than \$15,000 of fundraising		d gross income on Form	n 990-EZ, lines 1 and 6b	. List events with
		gross receipts greater than	*			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			MY BRAVE (event type)	(event type)	(total number)	col. (c)
ē			(event type)	(event type)	(lotal humber)	
Revenue	1	Gross receipts				
Re						
	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)				
	4	Cash prizes				
	-	Negeogla zrizza				
	5	Noncash prizes				
ŝ	6	Rent/facility costs				
ense	Ũ					
žp	7	Food and beverages				
Direct Expenses						
Dir	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines	4 through Q in column (d)			
	11	Net income summary. Subtract line				
Pa	rt I					more
		than \$15,000 on Form 990	-EZ, line 6a.			
Ð			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(1)	bingo/progressive bingo	(-,	col. (a) through col. (c))
Re		C				
	1	Gross revenue				
	2	Cash prizes				
enses		·				
kper	3	Noncash prizes				
ш ъ						
Direct Exp	4	Rent/facility costs				
	_					
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes % No	│	│	
	Ŭ					
	7	Direct expense summary. Add lines	2 through 5 in column (d)			
	8	Net gaming income summary. Subt	ract line 7 from line 1, colu	mn (d)	<u> </u>	
_	_					
9		the state(s) in which the organizat				Yes 🗌 No
a h		the organization licensed to conduct g 'No," explain:				Yes 📙 No
N.	. 11					
10a	W	ere any of the organization's gaming I	icenses revoked, suspende	ed or terminated during the	tax year?	Yes 🗌 No
b	lf	'Yes," explain:				

Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

PROMISE RESOURCE NETWORK INC

27-2648129

01. Form 990 governing body review (Part VI, line 11)

The 990 is presented to the Board of Directors prior to the release of the return to the

IRS. The Board reviews and approves accordingly.

02. Conflict of interest policy compliance (Part VI, line 12c)

The conflict of interest policy is a self-monitoring process, however, no board member is

allowed to vote on contracts that would present a conflict of interest for that member.

03. CEO, executive director, top management comp (Part VI, line 15a)

Annual performance review of the Executive Director is performed by the Board.

04. Other officer or key employee compensation (Part VI, line 15b

Annual compensation reports are utilized to determine proper compensation amounts for

similar non-profit organizations within the North Carolina region. Annual compensation

adjustments are made based on performance and key compensation metrics.

05. Governing documents, etc, available to public (Part VI, line 19)

Governing documents are available at the office in Charlotte, NC.

Form 8868	
(Rev. January 2019)	
Department of the Treasury	

Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing *(e-file)*. You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Ente	r filer's identifying number, see instructions
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	PROMISE RESOURCE NETWORK INC	27-2648129
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
due date for	1041 Hawthorne Ln	
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	Charlotte, NC 28205	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of Scalable Consulting LLC, 1927 S Tryon St STE 106, Charlotte, NC 28203

Т	elephone No. ► _704-390-7709 FAX No. ►	_	
• 1	the organization does not have an office or place of business in the United States, check this box		
	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	is is	
for t	he whole group, check this box \ldots \ldots \blacktriangleright \Box . If it is for part of the group, check this box \ldots \blacktriangleright \Box and a	attach	
a lis	t with the names and EINs of all members the extension is for.		
1	I request an automatic 6-month extension of time until05-15, 20 20, to file the exempt organization for the organization's return for:	on retu	m
	► □ calendar year 20 or ► ☑ tax year beginning 07-01 _, 20 <u>18</u> , and ending 06-30	,20 <u>1</u>	<u>.9</u> .
2	If the tax year entered in line 1 is for less than 12 months, check reason:		
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less		
	any nonrefundable credits. See instructions.	3a	\$
k	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by		· ·
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$
Cau	tion: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO	and Fo	orm 8879-EO for payment
instr			

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)

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

For calendar year 2018, or fiscal year beginning 07-01-2018 , and ending 06-30-2019

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

2018

Employer identification number

27-2648129

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

PROMISE RESOURCE NETWORK INC

Name and title of officer

Cherene Caraco, Executive Director

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

/\ \ / |

	Form 990 check here ► 🛛 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b	1,645,734
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b	
5a	Form 8868 check here B Balance Due (Form 8868, line 3c)	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic retum 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 retum. I consent to allow my intermediate service provider, transmitter, or electronic retum 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 retur and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize		to enter my PIN	as n	ny signature
	ERO firm name	Enter five numbers, b do not enter all zeros	ut	
being filed	anization's tax year 2018 electronically filed retum. If I ha with a state agency(ies) regulating charities as part of ter my PIN on the retum's disclosure consent screen.			
If I have in	er of the organization, I will enter my PIN as my signatu dicated within this retum that a copy of the retum is bein d/State program, I will enter my PIN on the retum's disc	ng filed with a state agency(ies) regul		
Officer's signature		Date	▶ 11	-15-2019
Part III Cer	tification and Authentication			
ERO's EFIN/PIN.	Enter your six-digit electronic filing identification			
number (EFIN) follo	owed by your five-digit self-selected PIN.	69	5583	54321
· · · ·				Do not enter all zeros
indicated above. I	ove numeric entry is my PIN, which is my signature on the confirm that I am submitting this return in accordance we horized IRS <i>e-file</i> Providers for Business Returns.	2		
ERO's signature		Date	•	
	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 instructions.

Form 8879-EO (2018)

EEA

990 Overflow Statement	2018 Page 1
Name(s) as shown on return	FEIN
PROMISE RESOURCE NETWORK INC	27-264812
Current Officers Compensation	
Description	Amount
Payroll Expenses: Salaries & Wages: Lead Director	\$ 115,00
Tota	1: \$ 115,00
Other Salaries & Wages	
Description	Amount
Payroll Expenses: Salaries & Wages: Program Directors	
Tota	1: \$ 882,60
Other Employee Benefits	
Description	Amount
Insurance Expense: Directors/Officers	\$ 1,35
Insurance Expense: Health Care	100,93
Insurance Expense: Life/Vision/Dental Tota	15,89 1: \$ 118,18
	<u> </u>
Description	Amount
CONTRACT SERVICES: Legal	\$ 7,23
	\$ 7,23
CONTRACT SERVICES: Legal	\$ 7,23
CONTRACT SERVICES: Legal Tota Accounting Description	\$ 7,23 1: \$ 7,23 Amount
CONTRACT SERVICES: Legal Tota Accounting Description Contract Services: Accounting	\$ 7,23 1: \$ 7,23 \$ 7,23 Amount \$ 63,35
CONTRACT SERVICES: Legal Tota Accounting Description	\$ 7,23 1: \$ 7,23 \$ 7,23 Amount \$ 63,35
CONTRACT SERVICES: Legal Tota Accounting Description Contract Services: Accounting	\$ 7,23 1: \$ 7,23 \$ 7,23 Amount \$ 63,35
CONTRACT SERVICES: Legal Tota Accounting Description Contract Services: Accounting	\$ 7,23 1: \$ 7,23 \$ 7,23 Amount \$ 63,35
CONTRACT SERVICES: Legal Tota Accounting Description Contract Services: Accounting	\$ 7,23 1: \$ 7,23 \$ 7,23 Amount \$ 63,35
CONTRACT SERVICES: Legal Tota Accounting Description Contract Services: Accounting	\$ 7,23 1: \$ 7,23 \$ 7,23 Amount \$ 63,35
CONTRACT SERVICES: Legal Tota Accounting Description Contract Services: Accounting	\$ 7,23 1: \$ 7,23 \$ 7,23 Amount \$ 63,35
CONTRACT SERVICES: Legal Tota Accounting Description Contract Services: Accounting	\$ 7,23 1: \$ 7,23 \$ 7,23 Amount \$ 63,35
CONTRACT SERVICES: Legal Tota Accounting Description Contract Services: Accounting	\$ 7,23 1: \$ 7,23 \$ 7,23 Amount \$ 63,35
CONTRACT SERVICES: Legal Tota Accounting Description Contract Services: Accounting	\$ 7,23 1: \$ 7,23 \$ 7,23 Amount \$ 63,35

Overflow Statement		2018 Page 2
Name(s) as shown on return PROMISE RESOURCE NETWORK INC		FEIN 27-264812
	·	
Description		Amount
Contract Services: HR		
Contract Servies IT		35,70
CONTRACT SERVICES: COOKING		4,20
CONTRACT SERVICES: YOGA		15
CONTRACT SERVICES: PRN STAFF		39,24
CONTRACT SERVICES: Training		1,50
	Total:	\$ 80,87
Other Services		
Description		Amount
Contract Services: CCA		\$ 6,30
Contract Services: MISC	Total .	_ <u>1,73</u> \$ 8,03
	IOLAL:	<u>\$ 8,03</u>
Advertising and Promot	ion	
Description		Amount
Operations Expense: Marketing		\$ 1,78
	Total:	\$ 1,78
		Amount
Facilities and Equipment:Rent		\$ 88,10
Facilities and Equipment:Rent Facilities and Equipment:Repairs		\$ <u>88,10</u> 1,62
Facilities and Equipment:Rent Facilities and Equipment:Repairs Facilities and Equipment:Utilities		\$ 88,10 1,62 1,46
Facilities and Equipment:Rent Facilities and Equipment:Repairs Facilities and Equipment:Utilities Operations Expense: Supplies: Office		\$ 88,10 1,62 1,46 35,26
Facilities and Equipment:Rent Facilities and Equipment:Repairs Facilities and Equipment:Utilities Operations Expense: Supplies: Office Operations Expense:Telephone/Internet/Fax		\$ 88,10 1,62 1,46 35,26 16,10
Facilities and Equipment:Rent Facilities and Equipment:Repairs Facilities and Equipment:Utilities Operations Expense: Supplies: Office Operations Expense:Telephone/Internet/Fax Operations Expense:Background Check		\$ 88,10 1,62 1,46 35,26 16,10
Facilities and Equipment:Rent Facilities and Equipment:Repairs Facilities and Equipment:Utilities Operations Expense: Supplies: Office Operations Expense:Telephone/Internet/Fax Operations Expense:Background Check Operations Expense:Copier Lease		\$ 88,10 1,62 1,46 35,26 16,10 3 6,81
Facilities and Equipment:Rent Facilities and Equipment:Repairs Facilities and Equipment:Utilities Operations Expense: Supplies: Office Operations Expense:Telephone/Internet/Fax Operations Expense:Background Check Operations Expense:Copier Lease Operations Expense:Parking		\$ 88,10 1,62 1,46 35,26 16,10 3 6,81 2
Facilities and Equipment:Rent Facilities and Equipment:Repairs Facilities and Equipment:Utilities Operations Expense: Supplies: Office Operations Expense:Telephone/Internet/Fax Operations Expense:Background Check Operations Expense:Copier Lease Operations Expense:Parking Operations Expense:Printing and Copying		\$ 88,10 1,62 1,46 35,26 16,10 35 6,81 6,70
Facilities and Equipment:Rent Facilities and Equipment:Repairs Facilities and Equipment:Utilities Operations Expense: Supplies: Office Operations Expense:Telephone/Internet/Fax Operations Expense:Background Check Operations Expense:Copier Lease Operations Expense:Parking Operations Expense:Printing and Copying Operations Expense:Postage/Delivery/Freight		\$ 88,10 1,62 1,46 35,26 16,10 3 6,81 6,81 6,70 8
Facilities and Equipment:Rent Facilities and Equipment:Repairs Facilities and Equipment:Utilities Operations Expense: Supplies: Office Operations Expense:Telephone/Internet/Fax Operations Expense:Background Check Operations Expense:Copier Lease Operations Expense:Parking Operations Expense:Printing and Copying Operations Expense:Postage/Delivery/Freight	Total:	\$ 88,10 1,62 1,46 35,26 16,10 3 6,81 6,81 6,70 8 1,08 1,08
Facilities and Equipment:Rent Facilities and Equipment:Repairs Facilities and Equipment:Utilities Operations Expense: Supplies: Office Operations Expense:Telephone/Internet/Fax Operations Expense:Background Check Operations Expense:Copier Lease Operations Expense:Parking Operations Expense:Printing and Copying Operations Expense:Postage/Delivery/Freight	Total:	\$ 88,10 1,62 1,46 35,26 16,10 3 6,81 6,81 6,70 8 1,08 1,08
Facilities and Equipment:Rent Facilities and Equipment:Repairs Facilities and Equipment:Utilities Operations Expense: Supplies: Office Operations Expense:Telephone/Internet/Fax Operations Expense:Background Check Operations Expense:Copier Lease Operations Expense:Parking Operations Expense:Printing and Copying Operations Expense:Postage/Delivery/Freight	Total:	\$ 88,10 1,62 1,46 35,26 16,10
Facilities and Equipment:Rent Facilities and Equipment:Repairs Facilities and Equipment:Utilities Operations Expense: Supplies: Office Operations Expense:Telephone/Internet/Fax Operations Expense:Background Check Operations Expense:Copier Lease Operations Expense:Parking Operations Expense:Printing and Copying Operations Expense:Postage/Delivery/Freight	Total:	\$ 88,10 1,62 1,46 35,26 16,10 36,81 6,81 6,70 6,70 8 1,08
Facilities and Equipment:Rent Facilities and Equipment:Repairs Facilities and Equipment:Utilities Operations Expense: Supplies: Office Operations Expense:Telephone/Internet/Fax Operations Expense:Background Check Operations Expense:Copier Lease Operations Expense:Parking Operations Expense:Printing and Copying Operations Expense:Postage/Delivery/Freight	Total:	\$ 88,10 1,62 1,46 35,26 16,10 36,81 6,81 6,70 6,70 8 1,08
Facilities and Equipment:Rent Facilities and Equipment:Repairs Facilities and Equipment:Utilities Operations Expense: Supplies: Office Operations Expense:Telephone/Internet/Fax Operations Expense:Background Check Operations Expense:Copier Lease Operations Expense:Parking Operations Expense:Printing and Copying Operations Expense:Postage/Delivery/Freight	Total:	\$ 88,10 1,62 1,46 35,26 16,10 36,81 6,81 6,70 6,70 8 1,08
Facilities and Equipment:Rent Facilities and Equipment:Repairs Facilities and Equipment:Utilities Operations Expense: Supplies: Office Operations Expense:Telephone/Internet/Fax Operations Expense:Background Check Operations Expense:Copier Lease Operations Expense:Parking Operations Expense:Printing and Copying Operations Expense:Postage/Delivery/Freight	Total:	\$ 88,10 1,62 1,46 35,26 16,10 3 6,81 6,81 6,70 8 1,08 1,08
Facilities and Equipment:Rent Facilities and Equipment:Repairs Facilities and Equipment:Utilities Operations Expense: Supplies: Office Operations Expense:Telephone/Internet/Fax Operations Expense:Background Check Operations Expense:Copier Lease Operations Expense:Parking Operations Expense:Printing and Copying Operations Expense:Postage/Delivery/Freight	Total:	\$ 88,10 1,62 1,46 35,26 16,10 3 6,81 6,81 6,70 8 1,08 1,08
Description Facilities and Equipment:Rent Facilities and Equipment:Utilities Operations Expense: Supplies: Office Operations Expense:Telephone/Internet/Fax Operations Expense:Background Check Operations Expense:Copier Lease Operations Expense:Parking Operations Expense:Printing and Copying Operations Expense:Postage/Delivery/Freight Operations Expense:Gifts/Flowers/Cards	Total:	\$ 88,10 1,62 1,46 35,26 16,10 3 6,81 6,81 6,70 8 1,08 1,08
Facilities and Equipment:Rent Facilities and Equipment:Repairs Facilities and Equipment:Utilities Operations Expense: Supplies: Office Operations Expense:Telephone/Internet/Fax Operations Expense:Background Check Operations Expense:Copier Lease Operations Expense:Parking Operations Expense:Printing and Copying Operations Expense:Postage/Delivery/Freight	Total:	\$ 88,10 1,62 1,46 35,26 16,10 3 6,81 6,81 6,70 8 1,08 1,08

990 Overflow Statement			2018 Page 3
Name(s) as shown on return			Page 3
PROMISE RESOURCE NETWORK INC		27	-2648129
Office Expense	es		
Description		A	mount
IT Expenses		\$	3:
	Total:	\$ \$	32
Description			mount
Report Writing License		\$	15,73
Operations Expense: IT/Audio/Video			15,130
	Total:	<u>\$</u>	30,860
Description		A	mount
Travel		\$ \$	9,208
	Total:	\$	9,208
Meetings	Total:	\$	4,740
	iotai.	\$	4,74
Insurance	iotai.	<u>_\$</u>	4,74
	iotai.		
Description			mount
		A	mount 6,468 17,802
Description Insurance Expense:General/Prof Liability Insurance Expense:Worker's Comp		A	mount 6,46 17,80 1,53
Description Insurance Expense:General/Prof Liability Insurance Expense:Worker's Comp		A	mount 6,46 17,80 1,53
Description Insurance Expense:General/Prof Liability Insurance Expense:Worker's Comp Operations Expense:Auto Expense Description		A	6,468 17,802 1,539 25,80 9
Description Insurance Expense:General/Prof Liability Insurance Expense:Worker's Comp Operations Expense:Auto Expense	Total:		mount 6,468 17,802 1,539 25,80 9 mount
Description Insurance Expense:General/Prof Liability Insurance Expense:Worker's Comp Operations Expense:Auto Expense Description		A	mount 6,468 17,802 1,539 25,80 9 mount
Description Insurance Expense:General/Prof Liability Insurance Expense:Worker's Comp Operations Expense:Auto Expense Description	Total:		mount 6,468 17,802 1,539 25,80 9 mount
Description Insurance Expense:General/Prof Liability Insurance Expense:Worker's Comp Operations Expense:Auto Expense Description	Total:		mount 6,468 17,802 1,539 25,80 9 mount

Namedy as shown on when FEN PROMISE RESOURCE NETWORK INC 27-2648129 Description Amount Operations Expense: Meals and Entertrainment 5 Training and Education Imount Description Amount Operations Expense: Training/Staff Development 9,382 Total: \$ 9,382 Description Amount Description Amount Bus Passes \$ 26,693 Total: \$ 26,693 Description Amount Bus Passes \$ 26,693 Description \$ 1,974 Operations Expense: Bank Service Charges \$ 1,974 Operations Expense: Bank Service Charges \$ 14,232 Insurance Expense Other \$ 2,265 This is My Brave 1,121 Operations Expense: Donations \$ 14,232 Support Services \$ 1,220	990	Overflow Statement		2018 Page 4	
Description Amount Operations Expense: Meals and Entertrainment 5 6,595 Total: \$ 6,595 Training and Education Imount 5 9,382 Description Amount \$ \$ Payroll Service \$ \$ \$ Payroll Service FEES \$ \$ \$ Operations Expense: Bank Service Charges \$ \$ \$ Total: \$ \$ \$ \$ DUES AND SUBSCRIPTIONS \$ \$ \$ \$ This is My Brave \$ \$ \$ \$ \$ Operations Expense: Donations \$ \$ \$ \$ \$ Support Services \$ \$ \$ \$ \$ Description <td>Name(s) as shown on return</td> <td></td> <td></td> <td>FEIN</td>	Name(s) as shown on return			FEIN	
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This is My Brave1,121Operations Expense: Donations1,120Total:Support ServicesDescriptionAmountPeer\$ 1,595,262	DUES AND SUBSCRIPTION			\$ 14,232	
Operations Expense: Donations 1,120 Total: \$ 18,998 Support Services Amount Peer \$ 1,595,262		ler		2,525	
Total: <u>\$ 18,998</u> Support Services <u>Description</u> <u>Amount</u> Ser <u>\$ 1,595,262</u>) on at i on a			
Description Amount Peer \$ 1,595,262			Total:		
Peer \$ 1,595,262		Support Services			
	Description				
Total: <u>\$ 1,595,262</u>	Peer				
			TOTAL:	<u>\$ 1,595,262</u>	