## FAMILIES 4 FAMILIES INSTRUCTIONS FOR FILING FORM 8879-TE IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990 FOR THE YEAR ENDED DECEMBER 31, 2023

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

RETURN YOUR SIGNED IRS E-FILE SIGNATURE AUTHORIZATION FORM 8879-TE TO:

SMITH & HOWARD ADVISORY, LLC 271 17TH STREET, NW SUITE 2100 ATLANTA GA 30363

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

AN ADDITIONAL COPY OF THE RETURN SHOULD BE FILED WITH: GEORGIA DEPARTMENT OF REVENUE P.O. BOX 740395 ATLANTA, GA 30374-0395

DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN. WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE NOVEMBER 15, 2024. WE WOULD APPRECIATE YOU RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

PUBLIC INSPECTION COPY

Form 8879-TE

## **IRS E-file Signature Authorization** tγ

OMB No. 1545-0047

for a lax Exempt Ent
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For calendar year 2023, or fiscal year beginning and ending Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

2023

Department of the Treasury Internal Revenue Service Name of filer

81-4150247

EIN or SSN

FAMILIES 4 FAMILIES Name and title of officer or person subject to tax

WAYNE NAUGLE, CEO/FOUNDER

#### Type of Return and Return Information Part I

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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.

1a	Form 990 check here	Х	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b6, 741, 34	9.
2a	Form 990-EZ check here		b Total revenue, if any (Form 990-EZ, line 9) 2b	
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 V, line 5) 4b	
5a	Form 8868 check here		b Balance due (Form 8868, line 3c)	
6a	Form 990-T check here		<b>b Total tax</b> (Form 990-T, Part III, line 4)	
7a	Form 4720 check here		b Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here		b FMV of assets at end of tax year (Form 5227, Item D) 8b	
9a	Form 5330 check here		<b>b Tax due</b> (Form 5330, Part II, line 19)	
10a	Form 8038-CP check here		b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b	
Part	I Declaration and Signat	ture	Authorization of Officer or Person Subject to Tax	
Under	penalties of perjury, I declare that	Х	I am an officer of the above entity or 🔄 I am a person subject to tax with respect to (name	
of enti	ty)		, (EIN) and that I have examined a copy of the	
comple interm acknow the da (direct return 1-888 proces	ete. I further declare that the amoun ediate service provider, transmitter, wledgement of receipt or reason for te of any refund. If applicable, I auti debit) entry to the financial instituti , and the financial institution to debi 353-4537 no later than 2 business using of the electronic payment of ta	nt in or e rejection horiz ion a it the days axes	edules and statements, and, to the best of my knowledge and belief, they are true, correct, and Part I above is the amount shown on the copy of the electronic return. I consent to allow my ectronic return originator (ERO) to send the return to the IRS and to receive from the IRS ( <b>a</b> ) an tion of the transmission, ( <b>b</b> ) the reason for any delay in processing the return or refund, and ( <b>c</b> ) e the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal ccount indicated in the tax preparation software for payment of the federal taxes owed on this entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at prior to the payment (settlement) date. I also authorize the financial institutions involved in the o receive confidential information necessary to answer inquiries and resolve issues related to ication number (PIN) as my signature for the electronic return and, if applicable, the consent to	
electro	onic funds withdrawal.			

### PIN: check one box only

X I authorize	SMITH & HOWARD ADV	SORY, to enter my PIN	7 2 8 2 1 as my signature
	ERO firm name		Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

11/	/15/	2024

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

6	7	8	8	2	7	9	2	0	7	4	
Do not enter all zeros											

Date

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns

ERO's signature	Date	11/15/2024						
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So								
For Privacy Act and Paperwork Reduction Act Notice, see back of form.		Form <b>887</b>	9-TE (2023)					
JSA 3X3008 3.000 2604WX 9242 11/13/2024 C1 102:30 223-		PY						

Form	9	9	0
Departm	nent o	f the	Treasury

Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

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

0MB No. 1545-0047 2023 Open to Public Inspection

A F	or th	e 2023	3 calendar year, or tax year beginning and endir	ng				
_			C Name of organization		D Employer ide	entification	number	
Вс	heck if ap	oplicable:	FAMILIES 4 FAMILIES					
Х	Addre	ess	Doing Business As		81-	-41502	47	
	1 °	change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone n			
	Initial	return	3915 HARRISON ROAD	500	(4)	04)313	-3957	
	Termi	inated	City or town, state or province, country, and ZIP or foreign postal code		(			
	Amen	ded	LOGANVILLE, GA 30052		G Gross receip	ts \$ 6	,754,9	38
	Applic	cation	F Name and address of principal officer: WAYNE NAUGLE		H(a) Is this a grou	Yes	X No	
L	_ pendi	ng	3915 HARRISON ROAD500, LOGANVILLE, GA 30052		subordinates H(b) Are all subord		Yes	No
1	Tax-ex	empt sta				h a list. (see		
			FAMILIES4FAMILIES.CC		H(c) Group exem	•	,	
					on: 2017 M			GA
	art I		nmary	Tornat			al donnelle.	GA
			describe the organization's mission or most significant activities: CONNECTING L	OCAT	CHIIDCHES	សក្រម		
a	•		'H-BASED FAMILIES TO OFFER HOPE AND RESTORATION TO CH					
nce								
ŝrnê	2		LIES_INVOLVED_IN_GEORGIA'S_FOSTER_CARE_SYSTEM this box ▶ ☐ if the organization discontinued its operations or disposed of more that					
Governance						3		7
يە ھ			er of voting members of the governing body (Part VI, line 1a)			4		<u>7</u> 6
es			er of independent voting members of the governing body (Part VI, line 1b)					
Activities			number of individuals employed in calendar year 2023 (Part V, line 2a)			5		54
Acti	6		number of volunteers (estimate if necessary)			6		170
			Inrelated business revenue from Part VIII, column (C), line 12			7a		
	D	Net un	related business taxable income from Form 990-T, line 34			7b	0	
Revenue					Prior Year		Current Ye	
			butions and grants (Part VIII, line 1h)		472,88			<u>,704.</u>
	9		Im service revenue (Part VIII, line 2g)		4,250,09		5,824	
Re			ment income (Part VIII, column (A), lines 3, 4, and 7d)		16,82		6	,420.
			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		68,45			NONE
	12		evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,808,25	5.	6,741	<u>,349.</u>
			and similar amounts paid (Part IX, column (A), lines 1-3)			DNE		NONE
	14		ts paid to or for members (Part IX, column (A), line 4)			DNE		NONE
es			es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,914,98	57.	2,464	<u>,778.</u>
xpenses			sional fundraising fees (Part IX, column (A), line 11e)		NO	ONE		NONE
ц.			undraising expenses (Part IX, column (D), line 25) ▶212,256					
			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,100,75		4,297	
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,015,73	9.	6,762	<b>,</b> 461.
	19	Revenu	ue less expenses. Subtract line 18 from line 12		-207,48			<u>,112.</u>
Net Assets or Fund Balances				Beginr	ning of Current Y		End of Yea	ar
sset	20		assets (Part X, line 16)		976,21	.8.		<u>,</u> 171.
dB	21		abilities (Part X, line 26)		450,05	51.	355	<u>,116.</u>
		Net as	sets or fund balances. Subtract line 21 from line 20.		526,16	57.	505	<u>,055.</u>
Pa	rt II	Sig	nature Block					
Une	der per	nalties of	f perjury, I declare that I have examined this return, including accompanying schedules and stater complete. Declaration of preparer (other than officer) is based on all information of which preparer ha	ments, ai	nd to the best of	my knowl	edge and b	elief, it is
	, 00110							
<b>C</b> :~						L5/202	4	
Sig Hei			Signature of officer		Date			
пе	e		IE NAUGLE CEO/FOUNDER					
		Т	Type or print name and title					
		Print/T	Type preparer's name Preparer's signature Date		Check	if PTIN		
Paic		SABR	REJLINAHAN Salve Amahar 1/15	<u>/20</u> 2	4 self-employ	ed P01	372980	
	parer Only	Firm's	name 🕨 SMITH & HOWARD ADVISORY, LLC		Firm's EIN 🕨	92-0	749631	
use	Only	Firm's	address > 271 17TH STREET, NW SUITE 2100 ATLANTA, GA 30363		Phone no.	404-	874-62	44
Мау	the II	RS disc	cuss this return with the preparer shown above? (see instructions)			X	_	No
For	Pape	rwork F	Reduction Act Notice, see the separate instructions.				Form <b>99</b>	

Fo	rm 990 (2023) Page <b>2</b>
P	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:
	TO FIND GOD-LOVING FAMILIES WHO CAN HELP OTHERS IN THE FOSTER CARE
	SYSTEM, AND PROVIDE SUPPORT TO THE WHOLE FAMILY AS THEY NAVIGATE THE
	PROCESS AND THEIR JOURNEY OF OPENING THEIR HEARTS AND HOMES TO THE
_	FOSTER CHILDREN OF GEORGIA.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?         Services?       Yes         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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code: ) (Expenses \$ 4,946,490. including grants of \$	) (Revenue \$	5,824,225. )									
	OUR ORGANIZATION FOCUSES ON MINISTERING TO AND SUPPORTIN											
	FAMILIES BY PROVIDING VITAL RESOURCES AND CREATING A COMPASSIONATE											
	COMMUNITY. WE ACTIVELY RECRUIT FAMILIES THROUGH OUTREACH IN											
	CHURCHES, WORKING CLOSELY WITH PASTORS TO INSPIRE INVOLVEMENT IN											
	FOSTER CARE. OUR MARKETING EFFORTS INCLUDE FUNDRAISING H	EVENTS AND										
	INITIATIVES TO BROADEN PUBLIC AWARENESS OF OUR MISSION. WE PROVIDE											
	COMPREHENSIVE CASE MANAGEMENT INVOLVING BI-MONTHLY FAMIL	COMPREHENSIVE CASE MANAGEMENT INVOLVING BI-MONTHLY FAMILY VISITS										
	AND HOSPITAL SUPPORT. THROUGH RIGOROUS HOME STUDIES, WE	ASSESS										
	POTENTIAL FAMILIES TO ENSURE SAFE PLACEMENTS. IN 2023, W											
	SUPPORTED 219 CHILDREN, PLACED 44, REUNITED 28 WITH FAM											
	FACILITATED SEVEN ADOPTIONS, AND OPENED 24 NEW FOSTER HO											
4b	(Code:) (Expenses \$ including grants of \$	) (Revenue \$	)									
4c	(Code:) (Expenses \$ including grants of \$	) (Revenue \$	)									
		/ \	,									
4d	Other program services (Describe on Schedule O.)											
	(Expenses \$ including grants of \$ ) (Revenue \$	)										
4e	Total program service expenses 4, 946, 490.	1										
JSA			Form <b>990</b> (2023)									
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FAMILIES 4 FAMILIES

-	990 (2023)		F	age 3
Part	IV Checklist of Required Schedules		No.	N
	$\int dt_{n} dt_{n} = \frac{1}{2} \int dt_{n} $		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		
	candidates for public office? If "Yes," complete Schedule C, Part I	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
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			
7	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
Ŭ	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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	44.4		N
Ь	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		X
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? 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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
45	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		
10	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
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	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			
JSA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	Х
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Form **990** (2023)

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Form 990 (2023)

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
_•	organization's current and former officers, directors, trustees, key employees, and highest compensated			
		23	37	
• •	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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
20		250		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		21
U.	"Yes," complete Schedule L, Part IV	200		v
~~		28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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			
	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	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	50		<u> </u>
37				3.7
• •	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 40			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
JSA 3E1030		Form	990	(2023)
	2604WX 9242 11/13/2024 H:02:30 V23-7.6F 444524 COP 1			

## FAMILIES 4 FAMILIES

Form 990 (2023)

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Par	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 return 2a 54					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		
	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		Х		
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		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х		
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8						
	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					
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:					
а	Gross income from members or shareholders					
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)					
	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.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans					
	Enter the amount of reserves on hand					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		X		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			37		
	excess parachute payment(s) during the year?	15		X		
	If "Yes," see the instructions and file Form 4720, Schedule N.	40		37		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
4-	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	47				
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17				

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Form 9	90 (2023) FAMILIES 4 FAMILIES 81-4150	247	F	Page 6
Part	VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Χ
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent <b>1b</b> 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
Ŭ	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization become aware during the year of a significant diversion of the organization sectors assesses and the organization bave members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
74	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
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	-		
U	the year by the following:			
•	The governing body?	8a	Х	
a 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			
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Х
Secti	on 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 on 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			
Ň	rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
Ŭ	describe on 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	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
a b	Other officers or key employees of the organization	15b	X	
U.	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
iva	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7		tion 5	01(c)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)	(300		01(0)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inter	est r	olicy
	and financial statements available to the public during the tax year.		551 þ	Siloy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s		
25	TAMMY WILLIAMS 3915 HARRISON ROAD SUITE 500 LOGANVILLE, GA 30052			
	7708551788	Form	990	(2023)
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Part VII	Compensation of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contra	actors								

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	<b>(B)</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)		(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	<b>(F)</b> Estimated amount of other compensation from the				
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1) WAYNE NAUGLE	20.00									
EXECUTIVE DIRECTOR	NONE	X						176,500.	NONE	16,615.
(2) BRIAN BOYLES	NONE							·		
CHAIRMAN	NONE	X						NONE	NONE	NONE
(3) LAWTON ROBERTS	NONE									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(4) SAMUEL DAVIS	NONE									
DIRECTOR (LEFT IN DEC 2023)	NONE	Х						NONE	NONE	NONE
(5) KERI BROOKS	NONE									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(6) JOE DAVIS	NONE									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(7) BRIAN SNELL	NONE									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(8) DOMINICK FRASER	NONE	-								
DIRECTOR	NONE	Х						NONE	NONE	NONE
(9)		-								
(10)		-								
<u>(11)</u>		-								
(12)		-								
(13)		-								
(14)		-								

Form 990 (2023) Part VII Section A. Officers, Directors, Tru	ustees. Ke	v Em	olar	ovee	es. a	and H	lia	hest Compensat	ed Emplo	vees (c	ontinue		Page <b>X</b>
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r box,	not cl unles	Pos heck	<b>C)</b> iition more erson	e than o is both or/trust employee	one an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensati relate organiza (W-2/1099	able on from d tions	Es am com fro orga and	(F) timated ount o other oensati om the anizatio	f on n d
						. н							
		-											
1b Sub-total         c Total from continuation sheets to Part VII, S         d Total (add lines 1b and 1c)	ection A				  	  		176,500. NONE 176,500.		NONE NONE NONE			615. NONE 615.
2 Total number of individuals (including but not reportable compensation from the organization		hose	liste	d al	bove	e) who 1	o re	eceived more than	\$100,000	of			
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3	Yes	No X
<b>4</b> For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	50,0	00?	' If	"Yes	s,"	complete Schedu			4	X	
<ul> <li>5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye</li> </ul>	accrue col	mpen	sati	on f	from	n any	un	related organization			5	21	X
Section B. Independent Contractors							,						
1 Complete this table for your five highest com compensation from the organization. Report or year.													
(A) Name and business add	Iress							<b>(B)</b> Description of se	ervices	C	(C) ompens	ation	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE

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## Form 990 (2023)

Form	990	(2023)
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Part VIII	Statement of Revenue	
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**(A)** Total revenue (B) (C) (D) Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants, and Other Similar Amounts 1a Federated campaigns . . . . . . 1a b Membership dues . . . . . . . . . 1b Fundraising events . . . . . . . . 1c С Related organizations . . . . . . d 1d 80,650. Government grants (contributions) . . е 1e f All other contributions, gifts, grants, 830,054 and similar amounts not included above . 1f g Noncash contributions included in 17,443. 1g \$ 910,704. h . . . . . . . **Business Code** Program Service Revenue CONTRACTS 5,824,225. 5,824,225 2a b с d е All other program service revenue . . . . f 5,824,225. g Investment income (including dividends, interest, and 3 9. NONE 4 Income from investment of tax-exempt bond proceeds . . . 5 NONE . . . . . . . (i) Real (ii) Personal Gross rents . . . . 6a 6a **b** Less: rental expenses 6b с Rental income or (loss) 6c NONE NONE d Net rental income or (loss) . . NONE . . . . . . . . . . . . . . (ii) Other Gross amount from (i) Securities 7a sales of assets 20,000. other than inventory 7a b Less: cost or other basis Other Revenue 7b 13,589 and sales expenses . . 6,411 c Gain or (loss) . . . . 7c 6,411. 6,411. d Net gain or (loss) . . . . . 8a Gross income from fundraising events (not including \$ \_ of contributions reported on line NONE 1c). See Part IV, line 18 . . . . . . 8a NONE 8b **b** Less: direct expenses . . . . . . . . NONE c Net income or (loss) from fundraising events . . . 9a Gross income from gaming NONE activities. See Part IV, line 19 . . . . 9a NONE 9b **b** Less: direct expenses . . . . . . . c Net income or (loss) from gaming activities. NONE . . . . . 10a Gross sales of inventory, less returns and allowances 10a NONE NONE Net income or (loss) from sales of inventory. . . С NONE . . . . . . . **Business Code** Miscellaneous Revenue 11a b С d All other revenue . . . NONE Total. Add lines 11a-11d . е Total revenue. See instructions 6,741,349. 12 5,824,225 6,420. JSA 2.000 2604WX 9242 11/13/2024 J₿İ ΟN Form 990 (2023) 3E1051 2.000

#### Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX .......... (C) Management and (A) Total expenses (B) Program service Do not include amounts reported on lines 6b. 7b. (D) Fundraising 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations NONE and domestic governments. See Part IV, line 21 . . . . 2 Grants and other assistance to domestic NONE individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and NONE foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members NONE Compensation of current officers, directors, 5 trustees, and key employees 193,115. 193,115. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and NONE persons described in section 4958(c)(3)(B) 7 Other salaries and wages 2,138,301. 1,141,689. 795,915. 200,697. 111,614. 55,049. 46,890. 9,675. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits . . . . . . . . . . . . 18,741 9,239 7,878 1,624. 9 3,007. 1,483. 1,264. 260. 10 11 Fees for services (nonemployees): NONE a Management 1,500. 1,500. **b** Legal 24,673 24,673. c Accounting NONE d Lobbying NONE e Professional fundraising services. See Part IV, line 17 NONF f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column NONE (A), amount, list line 11g expenses on Schedule O.) Advertising and promotion 66,138. 58,088 8,050 12 95,104. 95,104. 13 Office expenses 14 Information technology..... NONE NONE 15 Royalties Occupancy 106,663. 106,663. 16 NONE 17 18 Payments of travel or entertainment expenses NONE for any federal, state, or local public officials 146,211. 87,341. 58,870. Conferences, conventions, and meetings 19 Interest 1,773. 1,773. 20 NONE 21 Payments to affiliates Depreciation, depletion, and amortization 28,483 28,483. 22 131,328. 131,328. Insurance 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a FOSTER FAMILY EXPENSES 3,359,853. 3,359,853. 233,748 233,748 PROGRAM ADMINISTRATION b 57,215. c OUTSIDE SERVICES 57,215 d SUPPLIES 12,296 12,296. 32,698 32,698. e All other expenses 6,762,461. 25 Total functional expenses. Add lines 1 through 24e 4,946,490. 1,603,715. 212,256. Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs

.ISA 3E1052 2.000

from a combined educational campaign and fundraising solicitation. Check here

following SOP 98-2 (ASC 958-720) .

if

FAMILIES 4 FAMILIES

rm 990 (2				Page <b>11</b>
Part X	Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	ort V		
		(A) Beginning of year		( <b>B)</b> End of year
1	Cash - non-interest-bearing	216,107.	1	267,499
	Savings and temporary cash investments	NONE	2	NON
	Pledges and grants receivable, net	NONE	3	NON
	Accounts receivable, net	529,825.	4	542,635
	Loans and other receivables from any current or former officer, director,	,		
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NON
	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NON
	Notes and loans receivable, net	NONE		NON
	Inventories for sale or use	NONE		NON
ž o	Prepaid expenses and deferred charges	20,448.	-	NON
	Land, buildings, and equipment: cost or other	20,440.	3	NON
	basis. Complete Part VI of Schedule D 10a 129, 487.			
	Less: accumulated depreciation	61,669.	100	19,598
	Investments - publicly traded securities.	NONE		
				NON
	Investments - other securities. See Part IV, line 11	NONE		-
	Investments - program-related. See Part IV, line 11	NONE	-	NON
	Intangible assets	NONE		NON
	Other assets. See Part IV, line 11	148,169.		30,439
	Total assets. Add lines 1 through 15 (must equal line 33)	976,218.		860,171
	Accounts payable and accrued expenses.	266,304.		301,532
	Grants payable	NONE	-	NON
	Deferred revenue	NONE	-	NON
	Tax-exempt bond liabilities	NONE	-	NON
	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NON
g 22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
-	controlled entity or family member of any of these persons	NONE	22	NON
23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NON
24	Unsecured notes and loans payable to unrelated third parties	36,414.	24	23,795
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	147,333.	25	29 <b>,</b> 789
26	Total liabilities. Add lines 17 through 25	450,051.	26	355,116
	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	526,167.	27	505,055
<u> </u>	Net assets with donor restrictions	NONE	28	NON
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
5 29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
5 32	Total net assets or fund balances	526,167.	32	505,055
		JZU, IU/.	~~	JUJ, UJJ

Form **990** (2023)

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	FAMILIES 4 FAMILIES	81-41	50247			
Form 99	90 (2023)				Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)		1	6,7	41,	349.
2	Total expenses (must equal Part IX, column (A), line 25)		2	6,7	62,	461.
3	Revenue less expenses. Subtract line 2 from line 1		3	-	21,	112.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4	5	26,	167.
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 on Schedule O)		9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part	X, line				
	32, column (B))		10	5	05,	055.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "	Other," ex	plain on			
	Schedule O.					
2 a	Were the organization's financial statements compiled or reviewed by an independent according	untant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year	were com	npiled or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate t	asis				
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year v	ere audi	ted on a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate b	asis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibil	•	•			
	the audit, review, or compilation of its financial statements and selection of an independent			2c		X
	If the organization changed either its oversight process or selection process during the ta	x year, ex	kplain on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did					
	required audit or audits, explain why on Schedule O and describe any steps taken to underg	<u>o such aι</u>	udits	3b	Х	

1

SCHE	DU	LE	Α
(Form	990	)	

# Public Charity Status and Public Support

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

Department of the Treasury Internal Revenue Service

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

on. OMB No. 1545-0047

Nam	e of ti	ne organization					Employer identi	fication number
FAI	1IL:	IES 4 FAMILIES					81-4	150247
Ра	rt I	Reason for Public Cha	arity Status. (All	organizations must	comple	ete this p	oart.) See instructio	ns.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 throug	gh 12, ch	neck only	one box.)	
1		A church, convention of chu					70(b)(1)(A)(i).	
2		A school described in section		•				
3		A hospital or a cooperative	-	-				
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A	)(iii). Enter the
		hospital's name, city, and st						
5		An organization operated f		a college or universit	y owne	d or ope	rated by a governm	ental unit described in
		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local go	•					
7	X	An organization that norma	=		pport fr	om a go	vernmental unit or fi	om the general public
-		described in section 170(b)			-			
8	_	A community trust describe			-			
9		An agricultural research org				-	-	
		or university or a non-land-	grant college of ac	griculture (see instruct	ions). E	nter the	name, city, and state of	of the college or
40		university: An organization that norma	lly receives (1) me	then 224/20/ of ite		from	atributione menshere	hin face and groce
10		receipts from activities rela	ted to its exempt f	unctions, subject to c	ertain ex	xceptions	s: and (2) no more that	n 331/3 % of its
		support from gross investm	ient income and u	nrelated business tax	able inco	omė (les	s section 511 tax) from	n businesses
11		acquired by the organizatio An organization organized a						
12	$\square$	An organization organized a	-		-			rry out the purposes of
		one or more publicly support	-	-	-			
		the box on lines 12a throug	-					
а		<b>Type I.</b> A supporting orga					-	-
		the supported organizatio		•	•		• • • • • • • • • • • • • • • • • • • •	
		_ supporting organization.	., .	• • • • •		, ,		
b		<b>Type II.</b> A supporting org	-			n with its	supported organizat	ion(s), by having
		control or management o	of the supporting o	organization vested in	the sam	e persor	ns that control or ma	nage the supported
	_	_ organization(s). <b>You must</b>	complete Part IV	, Sections A and C.				
С		Type III functionally integration	<b>grated.</b> A supporti	ng organization opera	ated in c	onnectio	n with, and functiona	ally integrated with,
	_	_ its supported organization						
d		Type III non-functionally			-			
		that is not functionally inte			-			d an attentiveness
		requirement (see instructi						
е		Check this box if the orga						II, Type III
f	En	functionally integrated, or ter the number of supported			porting o	organizai	lion.	
י מ		ovide the following information	0			• • • •		•••••
g		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of
	(.,		(1) 2.11	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	docu Yes	ment? No	instructions)	instructions)
					163			
(A)								
(B)								
(0)								
(C)								
(D)								
(E)								
Tota	l							
For	Pane	rwork Reduction Act Notice, s	ee the Instructions	for Form 990 or 990-EZ.			ş	Schedule A (Form 990) 2023

Page **2** 

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	65,884.	359,962.	340,395.	472,889.	910,704.	2,149,834.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	65,884.	359,962.	340,395.	472,889.	910,704.	2,149,834.
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)						51,881.
6	Public support. Subtract line 5 from line 4						2,097,953.
	tion B. Total Support						2,007,000.
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	65,884.	359,962.	340,395.	472,889.	910,704.	2,149,834.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4.	25.	27.	16,820.	9.	16,885.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	NONE	155,908.	164,853.	68,451.	NONE	389,212.
11	Total support. Add lines 7 through 10						2,555,931.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	19,279,132.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u></u>	<u></u>	, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Supp	port Percenta	ge				
14	Public support percentage for 2023 (lin	ne 6, column (f)	, divided by line	11, column (f))		14	82.08 <b>%</b>
15	Public support percentage from 2022					15	91.27 %
16a	331/3% support test - 2023. If the org	anization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, cl	
	box and <b>stop here.</b> The organization qu						
b	331/3% support test - 2022. If the org						
	this box and <b>stop here.</b> The organization			-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						-
	Part VI how the organization meets t			•	•		
	organization						
b	10%-facts-and-circumstances test - 2	-	•				
	15 is 10% or more, and if the organiz					-	-
	in Part VI how the organization meets			-	-		
	organization						
18	Private foundation. If the organizatio						
	instructions						<u></u>

Schedule A (Form 990) 2023

81-4150247

## Schedule A (Form 990) 2023

# Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		-				
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		"	( ) 000 (	( )) 0000	( ) 0000	
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c, 11,						
15	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first secon	d third fourth	or fifth tax ve	ar as a section	501(c)(3)
	organization, check this box and stop here.	-			•		
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2023 (line 8,			mn (f))		15	%
16	Public support percentage from 2022 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2023 (lir			13, column (f))		17	%
18	Investment income percentage from 2022	Schedule A, Part	III, line 17 🔒 .			18	%
19 a	331/3% support tests - 2023. If the or					ore than 331/3%	, and line
	17 is not more than 331/3%, check this	s box and <b>stop</b>	here. The orga	nization qualifies	as a publicly su	upported organiza	ation
b	331/3% support tests - 2022. If the orga	anization did not	check a box on	line 14 or line	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3 %, check	this box and <b>s</b> t	top here. The or	ganization qualifi	es as a publicly	supported organi	ization
20	Private foundation. If the organization of	did not check a	a box on line ′	14, 19a, or 19b	, check this bo		
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## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.* 
  - **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.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023

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#### Supporting Organizations (continued) Part IV

- 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and
  - 11c below, the governing body of a supported organization? **b** A family member of a person described on line 11a above?
  - c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

## Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- Did the organization operate for the benefit of any supported organization other than the supported 2 organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

## Section 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 directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1

## Section D. All Type III Supporting Organizations

Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3

## Type III Functionally Integrated Supporting Organizations

ecu	ion E. Type in Functionally integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	see instr	ructions	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> 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? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		

- trustees of each of the supported organizations? If "Yes" or "No," 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.

Yes No

Yes No

11a 11b

11c

1

2

3b Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			
1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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>b</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 <b>Part VI</b> ):			
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 0.015 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 0.035.	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 0.85 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 integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

-	le A (Form 990) 2023				Page <b>7</b>
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	S	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - <i>explain in <b>Part VI</b>).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.			_	
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
<u>e</u>	Excess from 2023				

Schedule A (Form 990) 2023

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 A, PART II - OTHER INCOME

Schedule A (Form 990 or 990-EZ) 2023

DESCRIPTION	2019	2020	2021	2022	2023	TOTAL
ERC TAX CREDIT MISCELLANEOUS REVENUE	NONE	134,400. 21,508.	155,000. 9,853.	68,451. NONE	NONE	357,851. 31,361.
TOTALS	NONE	155,908.	164,853.	68,451.	NONE	389,212.

## Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

## Name of the organization

# Schedule of Contributors

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

Employer identification number

FAMILIES 4 FAMILIES		81-4150247
Organization type (check one	):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private for	oundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private found	ation
	501(c)(3) taxable private foundation	

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

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

## **General Rule**

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

## **Special Rules**

JSA

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), 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.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

## Schedule B (Form 990) (2023)

Name of organization

Page **2** Employer identification number 81-4150247

	FAMILIES 4 FAMILIES		81-4150247
Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>N/A</u>	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	<u>N/A</u>	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	<u>N/A</u>	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	<u>N/A</u>	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	<u>N/A</u>	\$28,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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## Schedule B (Form 990) (2023)

FAMILIES 4 FAMILIES

Name of organization

Page **2** Employer identification number 81-4150247

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_7 <u>N/A</u>		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8 N/A		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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	FAMILIES 4 FAMILIES	81-	-4150247
Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2023)

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Schedule B (Form 990) (2023)

Name of organization

Page **3** 

Employer identification number

Employer identification number

Page **4** 

( t c	10) that total more than \$1,000 for t	<b>he year from any one con</b> ons completing Part III, enter year. (Enter this information	tions described in section 501(c)(7), (8), or ntributor. Complete columns (a) through (e) ar er the total of <i>exclusively</i> religious, charitable, et on once. See instructions.) \$					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-		(e) Transfer of gift						
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4	Relationship of transferor to transferee					
a) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee					
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						

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(Form	990)	

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# **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990,

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

Attach to Form 990

23 2

OMB No. 1545-0047

Dep	artment of the Treasury		Attach to Form 990.				Open to I	
	rnal Revenue Service	Go to www.irs.gov/l	Form990 for instructions a	and the latest inf			Inspectio	n
Nam	e of the organization				Em	ployer identifica	ation number	
FA	MILIES 4 FAMII					81-41502	247	
Pa		tions Maintaining Donor Adv			s or Acc	ounts		
	Complete	e if the organization answered	"Yes" on Form 990, F	Part IV, line 6.				
			(a) Donor advise	ed funds		(b) Funds and	other accounts	
1	Total number at e	nd of year						
2	Aggregate value o	of contributions to (during year)						
3	Aggregate value o	of grants from (during year)						
4	Aggregate value a	at end of year						
5	Did the organizat	ion inform all donors and donor	advisors in writing that	at the assets he	eld in do	nor advised		_
	funds are the orga	nization's property, subject to the	e organization's exclusiv	e legal control?			Yes	No
6	Did the organizati	on inform all grantees, donors, a	and donor advisors in w	riting that grar	nt funds	can be used		
	only for charitable	e purposes and not for the bene	fit of the donor or dono	or advisor, or fo	or any ot	her purpose		_
_	conferring imperm	nissible private benefit?	<u></u>				Yes	No
Pa		tion Easements						
	Complete	e if the organization answered	"Yes" on Form 990, F	Part IV, line 7.				
1	Purpose(s) of con	servation easements held by the	organization (check all t	that apply).				
	Preservatio	n of land for public use (for example	, recreation or education)	Preservat	ion of a ł	nistorically im	portant land a	area
	Protection of	of natural habitat	l	Preservat	ion of a c	ertified histo	ric structure	
	Preservatio	n of open space						
2	Complete lines 2a	a through 2d if the organization h	eld a qualified conserva	ation contributio	n in <u>the f</u>	orm of a con	servation	
	easement on the	last day of the tax year.				Held at the	End of the Ta	x Year
а	Total number of c	onservation easements			. 2a			
b	Total acreage res	tricted by conservation easements	s		. 2b			
с	Number of conser	vation easements on a certified	historic structure includ	ed on line 2a .	. 2c			
d	Number of conser	vation easements included on lir	ne 2c acquired after Jul	y 25, 2006, and				
	not on a historic s	tructure listed in the National Re	gister		. 2d			
3	Number of conse	rvation easements modified, tra	nsferred, released, extin	nguished, or te	erminated	d by the org	anization dur	ring the
	tax year							
4	Number of states	where property subject to conse	rvation easement is loca	ated				
5	Does the organiz	ation have a written policy reg	garding the periodic m	nonitoring, insp	ection, I	nandling of		
	violations, and enf	orcement of the conservation ea	sements it holds?				Yes	No
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violat	ions, and enforc	ing conse	ervation easem	nents during tl	he year
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violation	ns, and enforcin	g conser	vation easem	nents during t	he year
8	Does each consei	rvation easement reported on lin	e 2d above satisfy the r	requirements of	section 1	70(h)(4)(B)(i)		
		)(4)(B)(ii)?					Yes	No
9		ibe how the organization reports						e
		e, if applicable, the text of the foc		on's financial sta	atements	that describe	s the	
		counting for conservation easeme						
Pa		tions Maintaining Collections			ther Sim	illar Assets		
	I	e if the organization answered	,					
1a	If the organization of art, historical service, provide in	n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote	ASB ASC 958, not to re ts held for public exhi to its financial statemer	eport in its reve ibition, education ts that describe	enue sta on, or re es these i	tement and b esearch in fu tems.	palance shee irtherance of	t works f public
b	If the organization art, historical trea provide the follow	n elected, as permitted under Fa sures, or other similar assets he ing amounts relating to these iter	ASB ASC 958, to report Id for public exhibition, ms:	rt in its revenu education, or	e statem research	ient and bala in furtheran	ance sheet w ce of public	orks of service,
		ded on Form 990, Part VIII, line 1						
	(ii) Assets include	d in Form 990, Part X				\$		
2		n received or held works of a						
		s required to be reported under F						
а		on Form 990, Part VIII, line 1.				\$		

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Schee	lule D (Form 990) 2023 FAM	ILIES 4	FAMIL	IES						81-4	150247	Page <b>2</b>
Ра	rt III Organizations Maintaini	ng Colle	ctions of	<sup>-</sup> Art, Histo	rical Tre	asure	s, or	Other	Similar A	Assets (d	continue	d)
3	Using the organization's acquisitic collection items (check all that app		ion, and o	other recor	ds, checl	k any c	of the	follow	ing that n	nake sigr	nificant u	se of its
	Public exhibition	iy).		a [		or oveh	0000	progra	~			
a L				d	-	or exch	ange	program	11			
b	Scholarly research			e	Other							
с 4	Preservation for future gene Provide a description of the organ		collection	s and evola	ain how t	thay fu	rthor	the or	nanization'	s avamn	tnurnose	in Part
-	XIII.	lizations	JUIECTION			iney fu			ganization	s evenib	i puipose	; III Fait
5	During the year, did the organization	on solicit o	r receive (	donations o	f art, hist	orical tr	reasu	res, or o	other simil	ar		
	assets to be sold to raise funds rath	ner than to	be maint	ained as pa	rt of the o	organiz	ation'	s colleo	tion?	[	Yes	No
Ра	rt IV Escrow and Custodial A	rrangem	ents									
	Complete if the organiza	tion ansv	vered "Ye	es" on For	m 990, F	Part IV,	line	9, or r	eported a	n amour	nt on For	m
	990, Part X, line 21.											
1a	Is the organization an agent, trus	tee, custo	dian or c	other interm	ediary fo	or cont	ributi	ons or	other ass	ets not		
	included on Form 990, Part X?									[	Yes	No
b	If "Yes," explain the arrangement in									_		
					•					Amount		
с	Beginning balance						1c					
d	Additions during the year											
е	Distributions during the year											
f	Ending balance						1f					
2a	Did the organization include an am							stodial	account lia	bilitv?	Yes	No
	If "Yes," explain the arrangement in									-		
	rt V Endowment Funds		_		1		<u> </u>					-
	Complete if the organiza	ation answ	wered "Ye	es" on For	m 990, F	Part IV.	line	10.				
			ent year	(b) Prio			, /o year:		(d) Three y	ears back	(e) Four y	ears back
10	Paginning of year balance	. ,									., ,	
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage	of the cur			e (line 1g,	columr	ו (a))	held as	:			
a	Board designated or quasi-endown			%								
b	Permanent endowment	%										
С	Term endowment %			1000/								
•	The percentages on lines 2a, 2b, a				e 11 1					4		
3a	Are there endowment funds not in	the posse	SSION OF L	ne organiza	ition that	are nei	id and	a admir	listered for	the		es No
	organization by:											es NO
	(i) Unrelated organizations?										3a(i)	
	(ii) Related organizations?										3a(ii)	
_	If "Yes" on line 3a(ii), are the relate	•					<i>?</i> ?				3b	
4	Describe in Part XIII the intended u		e organiza	ation's endo	wment fui	nds.						
Pa	rt VI Land, Buildings, and Equ Complete if the organization	ation ans	wered "Y	es" on For	m 990. I	Part IV	. line	11a. S	See Form	990. Pa	rt X. line	10.
	Description of property		(a) Cost o	r other basis	(b) Cost			(c) Acc	cumulated		) Book valu	
			(inves	stment)	(0	other)		depr	eciation	•		
1a	Land											
b	Buildings											
С	Leasehold improvements	F										
d	Equipment.			NONE		56,6			47,941.			3,666.
	Other					72,88			61,948.			,932.
Tota	I. Add lines 1a through 1e. (Column	(d) must	equal Fori	m 990, Part	X, line 10	)c, colui	mn (B	<i>))</i>			19	,598.

Schedule D (Form 990) 2023

JSA 3E1269 1.000

Part VII	Investments - Other Securities	l "Voo" on Form 000	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
. ,	al derivatives		
.,	held equity interests		
· /			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	(b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII			
		1 "Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Part IX	· · · · · · · · · · · · · · · · · · ·		), Part IV, line 11d. See Form 990, Part X, line 15.
(4)	(a) De	scription	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Coll	ımn (b) must equal Form 990, Part X, line 15,	(P)	
Part X	Other Liabilities		
Part A	Complete if the organization answered	d "Yes" on Form 990	), Part IV, line 11e or 11f. See Form 990, Part X,
1.	line 25.	otion of liability	(b) Book value
	al income taxes		
	LIABILITY		29,789
(3)			29,703
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, line 25, col. (B))		
			the organization's financial statements that reports the text of the footnote has been provided in Part XIII .

Schedu	le D (Form 990) 2023 FAMILIES 4 FAMILIES	81-	4150247	Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n		
1	Total revenue, gains, and other support per audited financial statements	1	6,741,	349.
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	6,741,	349.
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.)	1		
c	Add lines <b>4a</b> and <b>4b</b>	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,741,	349.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn		
1	Total expenses and losses per audited financial statements	1	6,762,	461.
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	6,762,	461.
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.)			
c	Add lines <b>4a</b> and <b>4b</b>	4c		
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ).		6,762,	461.
Part	XIII Supplemental Information			

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

SEE SUPPLEMENTAL PAGE

JSA 3E1271 1.000 2604WX 9242 11/13/2024 EU. 2:30 INSPECTION COPY PART X, LINE 2

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AS AMENDED, AND IS CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS OTHER THAN A PRIVATE FOUNDATION. ACCORDINGLY, NO PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE ORGANIZATION ANNUALLY EVALUATES ALL FEDERAL AND STATE INCOME TAX POSITIONS. THIS PROCESS INCLUDES AN ANALYSIS OF WHETHER THESE INCOME TAX POSITIONS THE ORGANIZATION TAKES MEET THE DEFINITION OF AN UNCERTAIN TAX POSITION UNDER THE INCOME TAX TOPIC OF THE FINANCIAL ASC. IN THE NORMAL COURSE OF BUSINESS, THE ORGANIZATION IS SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES. IN GENERAL, THE ORGANIZATION IS NO LONGER SUBJECT TO TAX EXAMINATIONS FOR TAX YEARS ENDING BEFORE DECEMBER 31, 2020.

SCHEDULE J (Form 990) For certain Officers, Directors, Trustees, K		tion Information	1	OMB No.	1545-0	0047		
		ctors	, Trustees, Key Employees, and Highest	୬ଜ	୰ୗ୰୵			
				ısated Employees swered "Yes" on Form 990, Part IV, line 2	3.	<u> </u>		
Department of the Treasury Internal Revenue Service				h to Form 990. r instructions and the latest information.		Open t	o Pu ectio	
					Employer identifica			
FAM	ILIES 4 FAI				81-4150	247		
Part	Questio	ns Regarding Compensation						
4.							Yes	No
1a		propriate box(es) if the organization pro Section A, line 1a. Complete Part III to				m		
		ss or charter travel			-			
		or companions		Housing allowance or residence for Payments for business use of perso	•			
		emnification and gross-up payments		Health or social club dues or initiati				
		onary spending account		Personal services (such as maid, ch				
b	or reimburse	boxes on line 1a are checked, did the ment or provision of all of the ex	pens	ses described above? If "No," con	nplete Part III	to		X
2	Did the ora:	anization require substantiation prior	to	reimbursing or allowing expense	s incurred by	all		
-	-	stees, and officers, including the CEC			-			
		· · · · · · · · · · · · · · · · · · ·				. 2		Х
3		n, if any, of the following the organization			the	•		
Ŭ		CEO/Executive Director. Check all that						
		ization to establish compensation of th						
	Comper	nsation committee		Written employment contract				
	Indepen	dent compensation consultant		Compensation survey or study				
	Form 99	00 of other organizations	Х	Approval by the board or compense	ation committee			
4		ar, did any person listed on Form 990, or a related organization:	Part	t VII, Section A, line 1a, with respect t	o the filing			
		verance payment or change-of-control pa	-					Х
	-	or receive payment from a supplemen						Х
С	-	or receive payment from an equity-bas				. 4c		Х
	If "Yes" to an	y of lines 4a-c, list the persons and pr	rovid	e the applicable amounts for each i	tem in Part III.			
	Only costion	504(a)(2) 504(a)(4) and 504(a)(20) a		izationa must complete lines 5.0				
5	-	501(c)(3), 501(c)(4), and 501(c)(29) or listed on Form 990, Part VII, Secti	-	-	av or occrup a	nv		
5		isted on Form 990, Fait vii, Section contingent on the revenues of:		A, line ra, did the organization po	ay of accide a	iiy		
а		ion?				. 5a		Х
		rganization?						X
	•	e 5a or 5b, describe in Part III.	•••					
6		listed on Form 990, Part VII, Secti	on /	A, line 1a, did the organization pa	ay or accrue a	ny		
	•	n contingent on the net earnings of:						
а	The organizat	ion?				. 6a		Х
b	•	rganization?				. 6b		Х
	If "Yes" on lin	e 6a or 6b, describe in Part III.						
7		listed on Form 990, Part VII, Sectio						
-		described on lines 5 and 6? If "Yes," d				. 7		Х
8		ounts reported on Form 990, Part VII,						
		l contract exception described in l	•					17
٥		ine 8, did the organization also foll						X
9		ection 53.4958-6(c)?						
		$\frac{1}{2}$			<u></u>	· 9		

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

Schedule J (Form 990) 2023

#### (C) Retirement and other deferred (F) Compensation in column (B) reported benefits (B)(i)-(D) (ii) Bonus & incentive (i) Base (iii) Other (A) Name and Title compensation as deferred on prior reportable compensation compensation compensation Form 990 WAYNE NAUGLE 176,500. NONE NONE NONE 16,615 193,115 NONE (i) 1 EXECUTIVE DIRECTOR (ii) (i) (ii) 2 (i) 3 (ii) (i) (ii) (i) (ii) (i) (ii) (i) (ii) (i) (ii) (i) (ii) 9 (i) (ii) 10 (i) (ii) 11 (i) 12 (ii) (i) (ii) 13 (i) (ii) 14 (i) (ii) 15 (i) (ii) 16

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation

instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

(D) Nontaxable

(E) Total of columns

Schedule J (Form 990) 2023 FAMILIES 4 FAMILIES 81-4150247 Page **2** Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

Schedule J (Form 990) 2023

JSA 3E1291 1.000

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Schedule J (Form 990) 2023
Part III Supplemental Information

FAMILIES 4 FAMILIES

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Page 3

Schedule J (Form 990) 2023

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

PART I, LINE 1B

WAYNE NAUGLE RECEIVES HOUSING ALLOWANCE AS AN ORDAINED MINISTER EMPLOYED

BY THE ORGANIZATION. THIS ADDITIONAL COMPENSATION HAS BEEN APPROVED BY

THE BOARD OF DIRECTORS AND IS REPORTED TO HIM IN BOX 14 OF HIS W-2,

ANNUALLY.

JSA 3E1505 1.000

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## 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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

FAMILIES 4 FAMILIES

Employer identification number

81-4150247

## FORM 990, PAGE 6, PART VI, LINE 11B

FORM 990 IS EMAILED TO BOARD OF DIRECTORS AND DISCUSSED AT THE NEXT BOARD

MEETING.

## FORM 990, PAGE 6, PART VI, LINE 12C

THE ORGANIZATION REGULARLY MONITORS COMPLIANCE WITH THIS POLICY.

## FORM 990, PAGE 6, PART VI, LINE 15A

DURING THE BOARD OF DIRECTORS MEETING EACH JANUARY, EXECUTIVE AND

EMPLOYEE COMPENSATION IS DISCUSSED AND ANY RAISES OR OTHER COMPENSATION

CHANGES ARE APPROVED.

## FORM 990, PAGE 6, PART VI, LINE 15B

DURING THE BOARD OF DIRECTORS MEETING EACH JANUARY, EXECUTIVE AND

EMPLOYEE COMPENSATION IS DISCUSSED AND ANY RAISES OR OTHER COMPENSATION

CHANGES ARE APPROVED.

## FORM 990, PAGE 6, PART VI, LINE 19

AVAILABLE TO PUBLIC UPON WRITTEN REQUEST.