

Form **990**

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Dep	artment o	of the Treasury nue Service		/Form990 for instructions and	-	-	Open to Public Inspection				
			lar year, or tax year beginning		d ending		торсоцоп				
_	Check if		f organization	une		D Employer identifi	cation number				
	applicable	e:	<u> </u>			' '					
	Addre	e FAMI	LYWORKS								
	Name chang	e Doing b	usiness as			91-17572	77				
L	Initial return		r and street (or P.O. box if mail is not d	delivered to street address)	Room/suite	E Telephone number					
	Final return/ termin	_	PO BOX 85420 206-647-17								
_	ated	City or t	town, state or province, country, and	d ZIP or foreign postal code		G Gross receipts \$	3,569,903.				
F	return	SEAT	TLE, WA 98145	DOTA GOTE	7	H(a) Is this a group return					
L	tion pendir		and address of principal officer: MAI AS C ABOVE	RCIA WRIGHT-SOIK.	A	for subordinates					
_	Tayloy	empt status:) (insert no.) 4947(a)(1)	or 527	H(b) Are all subordinates in					
_	Websit		FAMILYWORKSSEATTLE		01 327	H(c) Group exemption	list. See instructions				
_				Association Other	L Year		M State of legal domicile: WA				
	art I	Summary			[= 100.		v. ctate of logal definions.				
_	1	Briefly describ	pe the organization's mission or mos	st significant activities: NUTR	ITION:	FOOD DISTR	IBUTION IN				
Governance	<u> </u>		FORD AND GREENWOOD								
2	2	Check this bo	x if the organization disc	ontinued its operations or dispo	sed of more	than 25% of its net as	sets.				
2	3		ting members of the governing body	, , , , , , , , , , , , , , , , , , , ,		3	13				
٥	4		dependent voting members of the g				13				
Activities &	5		of individuals employed in calendar				21				
	6		of volunteers (estimate if necessary				313				
Ā	[/ a		d business revenue from Part VIII, c			7a 7b	0.				
_	B	Net unrelated	business taxable income from Forn	n 990-1, Part I, line 11		Prior Year	Current Year				
	. 8	Contributions	and grants (Part VIII, line 1h)		3,248,047.	3,554,208.					
Revenue	9					0.	0.				
ğ	10	•	come (Part VIII, column (A), lines 3,			3,804.	1,748.				
ď	11		e (Part VIII, column (A), lines 5, 6d, 8			-100,411.	-116,111.				
			- add lines 8 through 11 (must equa			3,151,440.	3,439,845.				
			milar amounts paid (Part IX, column			1,078,163.	1,240,538.				
	14	Benefits paid	to or for members (Part IX, column ((A), line 4)		0.	0.				
ų	15		r compensation, employee benefits			936,348.	1,083,980.				
Expenses	16a	Professional f	undraising fees (Part IX, column (A),	line 11e)		0.	0.				
	S b		ing expenses (Part IX, column (D), li			E00 000	C 4 0 F 7 4				
ш	''		es (Part IX, column (A), lines 11a-11			590,802.	649,574.				
			es. Add lines 13-17 (must equal Part			2,605,313. 546,127.	2,974,092. 465,753.				
_		Revenue less	expenses. Subtract line 18 from line	e 12	Be	ginning of Current Year	End of Year				
Net Assets or	20 20	Total assets (I	Part X, line 16)			2,665,626.	4,091,231.				
Asse	21 21		s (Part X, line 26)			292,027.	1,251,879.				
Net	22		fund balances. Subtract line 21 fror	n line 20		2,373,599.	2,839,352.				
	art II	Signature				•					
Un	der pena	alties of perjury,	I declare that I have examined this return	n, including accompanying schedule	es and stateme	ents, and to the best of my	y knowledge and belief, it is				
tru	e, correc	t, and complete	. Declaration of preparer (other than office	cer) is based on all information of w	hich preparer	has any knowledge.					
Sig		Signature of o				Date					
He	re		· · · · · · · · · · · · · · · · · · ·	CUTIVE DIRECTOR							
		Type or print n			Ti	Date Check Γ	PTIN				
D-1	a	Print/Type pre		Preparer's signature JOLANTA TUCK, C	l l	Date Check Lift self-employ					
Pai		JOLANTA	TUCK, CPA COHNREZNICK LLP	POLIANTA TUCK, C	PA 1		2-1478099				
	parer e Only	Firm's name Firm's address	050	ET, SUITE 1200		FITHISEIN Z	<u> 4 14 10099</u>				
	,	i ii ii o auui 653	BRAINTREE, MA 021	=		Phone no. 78	1-380-3520				

May the IRS discuss this return with the preparer shown above? See instructions

X Yes No

Form	1990 (2022) FAMILYWORKS 91-1757277 Page	2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	<u></u>
'	FAMILYWORKS PARTNERS WITH FAMILIES TO ALLEVIATE FOOD INSECURITY AND	
	ENSURE THEY HAVE RESOURCES AND SUPPORT TO OVERCOME SYSTEMIC BARRIERS	
	TO EQUITY, BUILD STABLE COMMUNITIES, AND THRIVE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	40
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	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.	
4		
	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 \$1,774,311. including grants of \$1,143,130.) (Revenue \$2,172.	<u>•</u>)
	FOOD BANK:	
	FAMILYWORKS SERVED MORE THAN 3,900 HOUSEHOLDS WITH FOOD BANK SERVICES	
	IN 2022. WE DISTRIBUTED 679,454 LBS OF FOOD AND HAD MORE THAN 30,000	
	VISITS TO FOOD ACCESS PROGRAMS. PROGRAMS THAT WERE STARTED IN 2021,	
	LIKE THE MOBILE FOOD PANTRY, GREW IN HOUSEHOLDS REACHED AND	
	PARTNERSHIPS. THE FOOD BANK CONTINUED TO ADD FARM PARTNERS AND	_
	CULTURALLY RESPONSIVE VENDORS FROM WHICH TO PROCURE FOOD, ADDING 10+	_
	NEW PARTNERS IN THE FISCAL YEAR. THE HOME DELIVERY PROGRAM DELIVERED	—
	NEARLY 6,000 BAGS OF FOOD TO PARTICIPANTS LAST YEAR, AND REACHED MORE	
	HOUSEHOLDS DUE TO FAMILYWORKS' PARTNERSHIP WITH UNITED WAY OF KING	
	COUNTY AND DOORDASH. FOOD ACCESS PROGRAMS WERE ABLE TO PROVIDE MORE	
	LANGUAGE ACCESSIBLE SERVICES BY RECRUITING VOLUNTEERS WHO SPEAK	
4b	(Code:) (Expenses \$622,896. including grants of \$97,408.) (Revenue \$	_)
	RESOURCE CENTER:	
	THE FAMILY RESOURCE CENTER SERVED 835 HOUSEHOLDS THROUGH ITS PROGRAMS	
	AND SERVICES. FRC CONTINUED TO INCREASE ITS COMMUNITY OUTREACH PROGRAMS	
	AND ONE-ON-ONE NAVIGATION FOR PUBLIC AND COMMUNITY BENEFITS COMMUNITY	
	CONNECTORS REACHED 603 HOUSEHOLDS IN 2022 A 50% INCREASE OVER THE	_
	PREVIOUS YEAR. PLAYGROUPS, OFFERED VIRTUALLY DURING THE PANDEMIC, WERE	_
	BROUGHT BACK IN PERSON AND IN THE PLAYROOM. WE CONTINUED TO PROVIDE	
	SUPPORTIVE SERVICES AND CONNECTIONS TO CRITICAL BASIC NEEDS THROUGH	
	PROGRAMS LIKE THE COMMUNITY CLOSET, DIAPER BANK, AND PARENTING CLASSES.	
	FAMILYWORKS CONTINUED ITS THIRD SCHOOL YEAR OF PROVIDING A POP-UP	
	FAMILY RESOURCE CENTER AT NATHAN HALE HIGH SCHOOL AND DEEPENED ITS	
	PARTNERSHIP WITH SEATTLE PUBLIC SCHOOLS TO PUT IN MOTION PLANS TO OPEN	
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 2,397,207.	_
	Total program service expenses 2703.720.1	_

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Form 990 (2022) FAMILYWORKS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
8	, ,			x
_	Schedule D, Part III	8		
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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	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	1 11 11 11 11 11 11 11 11 11 11 11 11 1	13		X
		14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		446		х
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	45		v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ا مد ا		- v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
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		<u>X</u>
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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2022) FAMILYWORKS
Part IV 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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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%			٦,
	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			7,7
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
00	"Yes," complete Schedule L, Part IV	28c 29	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32		32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		25
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
J-T	Part V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
-	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?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
			$\Omega\Omega\Omega$	

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Form 990 (2022) FAMILYWORKS

Part 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 21							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х				
b	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				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9								
a								
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							
11	Section 501(c)(12) organizations. Enter:							
a	Gross income from members or shareholders Cross income from members or shareholders 11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
10-	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						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa						
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						
u	Note: See the instructions for additional information the organization must report on Schedule O.	100						
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							
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
·	excess parachute payment(s) during the year?	15		х				
	If "Yes," see the instructions and file Form 4720, Schedule N.	-						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	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							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

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

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 13								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 15								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
_	officer, director, trustee, or key employee?	2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
Ū		3		х					
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
		6		X					
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0		- 22					
7a		7-		Х					
	more members of the governing body?	7a							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b		Х					
_	persons other than the governing body?								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	37						
a	The governing body?	8a 8b	X	Х					
b	b Each committee with authority to act on behalf of the governing body?								
9	, , , , , , , , , , , , , , , , , , , ,								
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		X					
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	Х						
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b									
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	on Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	X						
b	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion 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-T (section 501(c)(3)s	only)	availat	ole					
	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)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	ANN WILSON, AVP/CFO - 704-467-4424								
	2625 BUTTERFIELD ROAD, SUITE 116, OAK BROOK, IL 60523								

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

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

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

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

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

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

- 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.

(A) Name and title	(B) Average	(C) Position (do not check more than one						(D) Reportable	(E) Reportable	(F) Estimated
Name and the	hours per week	box	, unle	ss per	rson i	than of s both or/trus	n an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutio nal tru stee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MARCIA WRIGHT-SOIKA EXECUTIVE DIRECTOR	0.00			x				139,717.	0.	7,807.
(2) ALISON PARSONS	10.20			^				139,717.	0.	7,807.
PRESIDENT	0.00	х		х				0.	0.	0.
(3) JOHN OLSON	0.60									
VICE PRESIDENT	0.00	Х		х				0.	0.	0.
(4) ABDUL Q. SUBEDAR	0.60							-	-	-
TREASURER	0.00	Х		Х				0.	0.	0.
(5) CLARA BEHNKE	0.60									
SECRETARY (AS OF 6/2022)	0.00	Х		Х				0.	0.	0.
(6) MEGAN SCOVILLE	0.60									
SECRETARY (UNTIL 6/2022)	0.00	Х		Х				0.	0.	0.
(7) ALESSANDRA POLLACK	0.50									
DIRECTOR	0.00	Х						0.	0.	0.
(8) ANINDITA CHATTERJEE	0.80									
DIRECTOR	0.00	Х						0.	0.	0.
(9) BILLY VILUAN-MCLENDON	0.50	1							_	
DIRECTOR	0.00	Х						0.	0.	0.
(10) BRIANNA JACKSON	0.50	ļ								
DIRECTOR	0.00	Х						0.	0.	0.
(11) CAROLINE MBURU	2.20	ļ								
DIRECTOR	0.00	Х						0.	0.	0.
(12) MARCELLA MENEGALE	0.50	٠,,								
DIRECTOR (13) RICHARD NEELY	0.00	Х						0.	0.	0.
DIRECTOR	0.00	х						0.	0.	0.
(14) SENANU AGGOR	0.50	^						0.	0.	0.
DIRECTOR	0.00	Х						0.	0.	0.
(15) TIARE L MATHISON	0.50	^						0.	0.	0.
DIRECTOR		Х						0.	0.	0.
										-
				_						
	•	•					-	•		Farm 990 (2022)

	ILYWORKS							91-17	7572	277	Page	8
Part VII Section A. Officers, Direct		loye	es, a			st C			Т			_
(A) Name and title	(B) Average hours per week (list any	(do not check more than one box, unless person is both an officer and a director/trustee)				th an	(D) Reportable compensation from	(E) Reportable compensation from related		Esti amo	(F) mated ount of ther	
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee Highest compensated	employee Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fron organ and	ensation m the nization related nizations	
												_
			4									_
			+									_
												_
												_
												_
												_
1b Subtotal							139,717.		0.	7	,807	_
c Total from continuation sheets d Total (add lines 1b and 1c)	to Part VII, Section A						139,717.		0.		,807	•
Total number of individuals (inclu compensation from the organiza	*	ose li	isted	d abo	ve) w	ho re	eceived more than \$100,	000 of reportable				1
3 Did the organization list any form line 1a? If "Yes," complete Schee	*	-	•	•		_		•		3	res No	
 For any individual listed on line 1 and related organizations greater 	a, is the sum of reportable	e con	nper	nsati	on an	d oth	ner compensation from t	he organization		4	X	
5 Did any person listed on line 1a rendered to the organization? If	receive or accrue compen "Yes." complete Schedule	satio	n fro	om ai	ny un	relate	ed organization or individ	dual for services		5	Х	
Section B. Independent Contractors 1 Complete this table for your five		lenen	ıden	t con	tract	ors th	nat received more than \$	100 000 of comp	ensat	ion fron	n	_
the organization. Report comper	•	•						•				_
Name and	(A) d business address	NO	NE				(B) Description of s	ervices	C	(C) ompens		_
												_
												_
												_
												_
Total number of independent cor \$100,000 of compensation from	, ,	ot lim	ited	to th	ose I	sted	above) who received mo	ore than			00	

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Revenue excluded Total revenue Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues 57,511. c Fundraising events 1c d Related organizations 1d 877,556. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 2,619,141 1f 1,044,185 g Noncash contributions included in lines 1a-1f 3,554,208 h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue g Total. Add lines 2a-2f . Investment income (including dividends, interest, and 1,748. other similar amounts) 1,748 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses c Gain or (loss) _______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 57,511. of contributions reported on line 1c). See Part IV, line 18 11,775. **b** Less: direct expenses 130,058. -118,283 -118,283 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a 900099 2,172. d All other revenue 2,172. 2,172. e Total. Add lines 11a-11d 3,439,845. 2,172. -116,535.

12 Total revenue. See instructions

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 (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 1,240,538. 1,240,538. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 118,984. 6,267. 147,524. 22,273. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 748,172. 641,094. 33,514. 73,564. Other salaries and wages 7 Pension plan accruals and contributions (include 15,430. 12,138. 726. 2,566. section 401(k) and 403(b) employer contributions) 100,206. 85,268. 5,096. 9,842. Other employee benefits 9 72,648. 57,151. 3,416. 12,081. 10 Payroll taxes Fees for services (nonemployees): 156,336. 34,231. 122,105. Management Legal 13,620. 13,620. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 211,389. 38,552. 109,753. 63,084. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 92,793. 36,071. 32,868. 23,854. Office expenses 13 Information technology 14 15 Royalties 104,278. 15,505. 127,443. 7,660. 16 Occupancy 4,162. 1,309. 2,098. 755. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,742. 2,200. 360. 182. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 13,807. 13,807. Depreciation, depletion, and amortization 22 19,312. 12,031. 7,281. 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.) 7,970. 1,395. 1,564. 5,011. DUES AND SUBSCRIPTIONS All other expenses 2,974,092. 2,397,207. 309,344. 267,541. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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FAMILYWORKS

Form 990 (2022) Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,080,745.	1	2,081,350
	2	Savings and temporary cash investments			273,471.	2	275,219
	3	Pledges and grants receivable, net			116,781.	3	463,231
	4	Accounts receivable, net			87,704.	4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua	lified per				
		under section 4958(f)(1)), and persons describe	ed in sect	tion 4958(c)(3)(B) L		6	
ဖွ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			41,799.	8	57,609
¥	9	B			1,714.	9	11,592
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	311,892.			
	b	Less: accumulated depreciation	10b	107,459.	63,412.	10c	204,433
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14	979,985		
	15	Other assets. See Part IV, line 11	0.	15	17,812		
	16	Total assets. Add lines 1 through 15 (must equ	2,665,626.	16	4,091,231		
	17	Accounts payable and accrued expenses	292,027.	17	202,320		
	18	Grants payable		18			
	19	Deferred revenue		19	64,932		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete		1		21	
_s	22	Loans and other payables to any current or for	mer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
ig		controlled entity or family member of any of the				22	
ן בֿי	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate	ed third p			24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line					
		of Schedule D	-	·	0.	25	984,627
	26	Total liabilities. Add lines 17 through 25			292,027.	26	1,251,879
		Organizations that follow FASB ASC 958, ch					
Ses		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			2,323,789.	27	2,729,042
Bal	28	Net assets with donor restrictions			49,810.	28	110,310
p		Organizations that do not follow FASB ASC					
ᆲ		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current funds	3			29	
Set:	30	Paid-in or capital surplus, or land, building, or e				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,373,599.	32	2,839,352
_	33	Total liabilities and net assets/fund balances			2,665,626.	33	4,091,231

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Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,43	<u>9,8</u>	<u>45.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,97				
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>53.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,37	<u>3,5</u>	<u>99.</u>		
5	5 Net unrealized gains (losses) on investments 5						
6	Donated services and use of facilities	6					
7							
8	Prior period adjustments	8			0.		
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	2,83	9,3	<u>52.</u>		
Pa	rt XII Financial Statements and Reporting						
	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," explain on Schedule	О.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate						
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

			LYWORKS		91-1757277							
Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	See instructions					
The	orgar	nization is not a private found	lation because it is: (I	For lines 1 through 12, cl	heck only	one box.)						
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	າ 990).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).					
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(i	i ii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	overnmental uni	t describe	ed in			
		section 170(b)(1)(A)(iv). (0	Complete Part II.)									
6		A federal, state, or local go	government or governmental unit described in section 170(b)(1)(A)(v).									
7	X	An organization that norma	ılly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the	general į	public described in			
		section 170(b)(1)(A)(vi). (C										
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	t II.)							
9		An agricultural research org				ed in conju	unction with a la	and-grant	college			
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of th	ne college	or			
		university:										
10		An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership	fees, and	d gross receipts from			
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment			
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the orga	nization a	after June 30, 1975.			
		See section 509(a)(2). (Co	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public saf	fety. See	section 50	09(a)(4).					
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to carr	y out the	purposes of one or			
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 50)9(a)(3). (Check the box on			
		lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and 1	2g.				
a	ıL	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), typ	oically by	giving			
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	ctors or trustees	s of the su	upporting			
	_	organization. You must o	-									
k	.	☐ Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organization(s), by hav	/ing			
		control or management o			ame perso	ns that co	ntrol or manage	the supp	oorted			
	_	organization(s). You mus	t complete Part IV,	Sections A and C.								
C	;						-	integrate	ed with,			
		its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ections A,	D, and E.					
C	<u> </u>		y integrated. A supp	oorting organization oper	ated in co	nnection v	vith its supporte	ed organiz	zation(s)			
		that is not functionally int	-		•		-	ın attentiv	/eness			
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.					
e	•	Check this box if the orga					Type I, Type II,	Type III				
		functionally integrated, or		nally integrated supportir	ng organiz	ation.						
		er the number of supported of	•									
		vide the following information (i) Name of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of n	monetary	(vi) Amount of other			
		organization	(ii) Liiv	(described on lines 1-10	in your governi	ing document?	support (see ins	-	support (see instructions)			
				above (see instructions))	Yes	No			, · · · · · · · · · · · · · · · · · · ·			
									,			
	al											
									<u> </u>			

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Schedule A (Form 990) 2022 FAMILYWORKS

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)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1971435.	2079362.	3087891.	3248047.	3686727.	14073462.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1971435.	2079362.	3087891.	3248047.	3686727.	14073462.
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)						
6	Public support. Subtract line 5 from line 4.						14073462.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1971435.	2079362.	3087891.	3248047.	3686727.	14073462.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3,137.	6,149.	7,071.	3,804.	1,748.	21,909.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		500.	696.	1,002.	2,172.	
11	Total support. Add lines 7 through 10						14099741.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	o here					
Sec	ction C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2022 (I					14	99.81 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	98.91 %
16a	33 1/3% support test - 2022. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		~				
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	lifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, ched	ck this box and st	top here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box ar	nd see instructions	s
						Schedule A	(Form 990) 2022

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						
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 per- formed, 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 organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	, ,	, ,	, ,	, ,	, ,	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	•		•	•	. , . ,	on,
0	check this box and stop here	- O D					
	tion C. Computation of Publi					T T	
	Public support percentage for 2022 (I		•	column (f))		15	<u>%</u>
	Public support percentage from 2021					16	%
	tion D. Computation of Inves					ΤΤ	
17	Investment income percentage for 20	•	_ ``			17	%
		zuz i Schedule A.	Part III, line 1/			18	<u>%</u>
18	Investment income percentage from 2	•		and Discount # 1 1 12	4 F (a magnetic the contract	0.0 4 /0.0/	7:
18 19a	33 1/3% support tests - 2022. If the	organization did r					7 is not
18 19a	33 1/3% support tests - 2022. If the more than 33 1/3%, check this box ar	organization did r	organization quali	fies as a publicly s	supported organiza	ation	
18 19a b	33 1/3% support tests - 2022. If the	organization did r nd stop here. The organization did r	organization quali not check a box on	fies as a publicly s line 14 or line 19a	supported organiza a, and line 16 is mo	ntion ore than 33 1/3%, a	and

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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.
- 10a 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		
20		
3a		
3b		
3с		
4a		
4b		
75		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
ıla Δ (Forr	n aan)	ついつつ

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Par	TIV Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described on line 11a above?	11b		
С	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.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	Г		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		
Sec	tion D. All Type III Supporting Organizations			
	r		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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 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 (see inst	truction	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? If "Yes," then in Part VI identify			
	those supported organizations and explain 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? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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 Part VI.	3a		
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.	3b		

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Schedule A (Form 990) 2022 FAMILYWORKS

Part V Type III Non-Functionally Integrated 509(a)(3) Sup	porting Organ	izations	
1 Check here if the organization satisfied the Integral Part Test as a	qualifying trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
All other Type III non-functionally integrated supporting organization		•	·
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)) 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount	, -	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amo	ount.		
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
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-fu	inctionally integrate	ed Type III supporting orga	anization (see

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022

Part V	Part IV, Se	ection A, I t IV, Secti , lines 5, 6	Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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, ion 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, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.	_
SCHE	DULE A,	PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:	
OTHE	R			
2019	AMOUNT:	\$	500.	
2020	AMOUNT:	\$	696.	
2021	AMOUNT:	\$	1,002.	
2022	AMOUNT:	\$	2,172.	
				_
				_
				_
				_

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Inspection

Name of the organization

FAMILYWORKS

Employer identification number 91-1757277

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	r Ac	coun	ts. Complete if the
	organization anomorou neo orni om oco, natriv, iiii	(a) Donor adv	vised	funds	(1	b) Fun	ds and other accounts
1	Total number at end of year	. ,					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	vriting that the assets	held	d in donor advised	d fund	s	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "	Yes	" on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat			Preservation of a	certif	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribu	tion in the form of	a cor	servat	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	organiz	zation	during the tax
	year						
4	Number of states where property subject to conservation eas	_					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations,	, and	l enforcing conse	rvatioi	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enfo	orcina conservatio	on eas	ement	ts during the vear
		,		J			,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	ents	of section 170(h)	(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its re	venu	ue and expense st	tateme	ent and	d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	n's f	inancial statemen	its tha	t desc	ribes the
Da	organization's accounting for conservation easements.	Aut Historiaal T		arrage ar Oth	- · · · ·	:1	w Accete
Pai	t III Organizations Maintaining Collections of		rea	sures, or Oth	er Si	ımııaı	r Assets.
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 956	•					
	of art, historical treasures, or other similar assets held for pub	•				ce of p	DUBLIC
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 956	•					
	art, historical treasures, or other similar assets held for public	exhibition, education	, or	research in furthe	rance	of pub	olic service,
	provide the following amounts relating to these items:						•
	(i) Revenue included on Form 990, Part VIII, line 1						
•							\$
2	If the organization received or held works of art, historical treat				gain, p	rovide	•
_	the following amounts required to be reported under FASB AS						¢
a	Revenue included on Form 990, Part VIII, line 1						Φ
D	Assets included in Form 990, Part X						φ

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

Schedule D (Form 990) 2022

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	t III Organizations Maintaining C		t, Histo	orical Tre	easures, or	Othe	r Simila		S (contir		age Z
3	Using the organization's acquisition, accessi								(OOTTEN	iaca,	
	collection items (check all that apply):	,	,	,	· - · · · · · · · · · · · · · · · · · ·		· •				
а	Public exhibition	(d 🗍 I	Loan or exc	hange progra	ım					
b	Scholarly research	•			3 1 3						
C	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how the	ev further th	ne organizatio	n's exer	npt purp	ose in Parl	XIII.		
5	During the year, did the organization solicit o										
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa			3				, ,	,		
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for c	contribution	s or other ass	ets not i	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII								_		
	3	· · · · · · · · · · · · · · · · · · ·	3						Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.						•		_		Ī
Par											
	· ·	(a) Current year		rior year	(c) Two year			years back	(e) Four	years	back
1a	Beginning of year balance	•		<u> </u>						-	
	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
·	and programs										
f	Administrative expenses										
g g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end halanc	e (line 1a	column (a)) held as:						
– a	Board designated or quasi-endowment	•	% (iii)	i, ooidiiii (a	,, ricia as.						
b	Permanent endowment		— ′°								
c											
·	The percentages on lines 2a, 2b, and 2c sho	, -									
За	Are there endowment funds not in the posse	•	ation that	are held ar	nd administer	ed for th	ne.				
-	organization by:	oolon or the organiza	ation that	aro mora ar	ia aaniiniotor	00 101 111	.0			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on Sc	chedule R?							
4	Describe in Part XIII the intended uses of the										
	t VI Land, Buildings, and Equipm	ent.	, will office to	arrao.							
	Complete if the organization answere		0, Part IV	, line 11a. S	See Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or o	other	(b) Cost	t or other	(c) A	ccumula	ted	(d) Boo	k valu	<u> </u>
	Becomption of property	basis (investr			(other)		preciatio	II	(4) 500	it valu	•
	Land	`	,		. ,						
	Buildings										
	Leasehold improvements			1	1,638.		7.6	39.	,	3,9	99.
	Equipment				2,947.		47,1			5,8	11.
	Other				7,307.		52,6				23.
	. Add lines 1a through 1e. (Column (d) must e		X colum						20	$\frac{1}{4}, \frac{1}{4}$	33.

Schedule D (Form 990) 2022

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2022 FAMILYWORKS Part VIII Investments - Other Securities.		91	-1757277 Page
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1h 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	l-of-vear market value
	(b) Book value	(c) memora en validation. Coor en ene	Toryour marker value
Financial derivatives Closely held equity interests			
0. 0.1			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		
Complete if the organization answered "Yes"	on Form 000 Part IV line 1	10 or 11f Soo Form 000 Bart V line 25	
(a) Description of lightlity.	on Form 990, Part IV, line 1	Te or TTI. See Form 990, Part X, line 25.	(b) Book value
1, 1, 1			(b) DOOK value
(1) Federal income taxes (2) OPERATING LEASE LIABILITY			984,627
` `			904,047
(3)			
(4)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

984,627.

(6) (7) (8)

Schedule D (Form 990) 2022 FAMILYWORKS				1757277 Page
Part XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	turn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l .			
Total revenue, gains, and other support per audited financial statements			1	3,593,399
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a			
b Donated services and use of facilities		23,496.		
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)		130,058.		
			2e	153,554
•			3	3,439,845
			3	3,433,043
	امدا			
a Investment expenses not included on Form 990, Part VIII, line 7b			-	
b Other (Describe in Part XIII.)	. 4b			0
c Add lines 4a and 4b			4c	2 420 045
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	\A/:±I		5	3,439,845
Part XII Reconciliation of Expenses per Audited Financial Statem		1 Expenses per F	teturi	1.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
Total expenses and losses per audited financial statements			1	3,127,646
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	. 2a	23,496.		
b Prior year adjustments				
c Other losses	1 _ 1			
d Other (Describe in Part XIII.)		130,058.		
e Add lines 2a through 2d		· · · · · · · · · · · · · · · · · · ·	2e	153,554
			3	2,974,092
3 Subtract line 2e from line 14 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	45			
a Investment expenses not included on Form 990, Part VIII, line 7b			-	
b Other (Describe in Part XIII.)	. 4b			0
c Add lines 4a and 4b			4c	2 074 000
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,974,092
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)	, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	litional infor	mation.		
PART X, LINE 2:				
THE CENTER IS TAX EXEMPT UNDER SECTION 501(C)(3) O	F THE INTER	NAL	REVENUE
CODE. ACCORDINGLY, NO PROVISION FOR INCOME TO	AXES I	S INCLUDED	IN S	THE
, ii				
ACCOMPANYING FINANCIAL STATEMENTS.				
MANIACEMENTO IIAC ANALYZED DITE DAY DOCTOTONO DAI	אכר דאידוע		7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	ם וואמ
MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAI	VEN DI	THE CENTER	AM	J nas
CONCLUDED WILLIAM AC OF DECEMBED 21 2022 AND	2021		·	NOTED TO A TOTAL
CONCLUDED THAT, AS OF DECEMBER 31, 2022 AND	∠UZI,	THEKE AKE N	O UI	NCERTAIN
TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN !	W TAH'L	OULD REQUIR	E R	ECOGNITION_
OF A LIABILITY (OR ASSET) OR DISCLOSURE IN T	HE FIN	ANCIAL STAT	EME	NTS. THE

CENTER'S FEDERAL INCOME TAX RETURNS PRIOR TO FISCAL YEAR 2019 ARE CLOSED.

MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS,

PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization						Employer identification number			
						91-1757	277		
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No						
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	gistration		

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

Schedule G (Form 990) 2022

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

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receipt	ts greater than \$5,000.
			(a) Event #1 SUNDAY SUPPER	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
4			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	69,286.			69,286.
	2	Less: Contributions	57,511.			57,511.
	3	Gross income (line 1 minus line 2)	11,775.			11,775.
	4	Cash prizes				
	5	Noncash prizes	3,059.			3,059.
Direct Expenses	6	Rent/facility costs	3,200.			3,200.
irect E	7	Food and beverages	49,309.			49,309.
	8	Entertainment	8,703.			8,703.
	9	Other direct expenses	65,787.			65,787.
	10	Direct expense summary. Add lines 4 through				130,058.
Ds	ırt I	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a		000 Dort IV line 10 or r		-118,283.
		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	990, Part IV, line 19, or i	eported more triair	
		Ç. 0,000 0 0 000 <u></u> , 0 00.	(a) Dia sa	(b) Pull tabs/instant	(a) Ollo an accession	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Seve.						
<u> </u>	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
۵	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac	_			Yes No
		No," explain:				,
	_					
		ere any of the organization's gaming licenses re			ear?	Yes No
D	, 11	Yes," explain:				

232082 10-27-22 Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022 FAMILYWORKS	91-1	7572	<u> 277</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		,	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?		_	Yes	No
13	Indicate the percentage of gaming activity conducted in:				
	The organization's facility		13a		%
	o An outside facility		13b		/ %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records		100		
14	Lines the frame and address of the person who prepares the organization's gaming/special events books and records	•			
	News				
	Name				
	Address				
			<u></u>		—
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Ш'	Yes	∟ No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amo	unt			
	of gaming revenue retained by the third party \$				
c	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
10	Carriing manager information.				
	Name				
	- Inditie				
	Coming manager companation				
	Gaming manager compensation \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the			
	organization's own exempt activities during the tax year \$				
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	and Part	III, line	es 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
					-
				_	

Schedule G (Form 990) Part IV Supplemental Info	FAMILYWORKS		91-1757277	Page 4
Part IV Supplemental Info	rmation (continued)			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public

Inspection

Schedule I (Form 990) 2022

Employer identification number Name of the organization 91-1757277 **FAMILYWORKS** Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

91-1757277 **FAMILYWORKS** Schedule I (Form 990) 2022 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (d) Amount of non-(c) Amount of (f) Description of noncash assistance recipients cash grant cash assistance 1,028,375. GOVERNMENT RATE FOOD PROVIDED TO HOUSEHOLDS 3900 0. FOOD OTHER SUPPLIES 835 0. 212,163.FMV OTHER SUPPLIES Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: ALL RECIPIENTS ARE PRE-APPROVED AND THEN MONITORED AS THEY UTILIZE THE FOOD BANK OR RESOURCE CENTER.

232102 10-31-22 Schedule I (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection
Employer identification number

	FAMILYWORKS					91-1	.757	277	
Pai	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	1	(d) Method of docash contrib	etermin	•	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	Х		46,103.	FMV				
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	Х	516,628	998,082.	GOV'	RATE			
20	Drugs and medical supplies			,					
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other (
29	Number of Forms 8283 received by the organiz	zation durino	the tax vear for co	ontributions					
	for which the organization completed Form 828	-	•						
		, , -	g					Yes	No
30a	During the year, did the organization receive by	/ contributio	n anv property rep	orted in Part I. lines 1 throug	nh 28. tha	t it			
	must hold for at least 3 years from the date of		• • • • •						
	exempt purposes for the entire holding period?						30a		Х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	oolicy that re	quires the review o	of any nonstandard contribut	tions?		31		Х
	Does the organization hire or use third parties	•	•	•	•				
	contributions?		•				32a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	a type of property	for which column (a) is chec	cked.				
	describe in Part II.		, po or proport)		,				

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

Schedule M (Form 990) 2022

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FAMILYWORKS

Employer identification number 91-1757277

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROGRAM IN COLLABORATION WITH LOCAL SCHOOLS, NEW MOBILE FOOD PANTRY
THAT REACHES COMMUNITY ORGANIZATIONS BY REQUEST, AND TEXT-TO-GO, A FOOD
BOX ORDERING SERVICE FROM THE FOOD BANK VIA TEXT.
FAMILY SUPPORT: FAMILY ADVOCACY, COMMUNITY CONNECTORS - ONE-ON-ONE
ENROLLMENT ASSISTANCE IN PUBLIC OR COMMUNITY BENEFITS, COMMUNITY CLOSET
- FAMILY STORE WITH FREE CLOTHING/TOYS/BOOKS/DIAPERS/SCHOOLS SUPPLIES,
MULTILINGUAL PLAYGROUPS, DIAPER BANK, PARENTING AND OTHER SKILLS
TRAINING, COMMUNITY BUILDING, CHICAS DE HOY, TEEN PARENT ALUMNI GROUP,
YOUTH EMPOWERMENT PROGRAMS, SATELLITE RESOURCE CENTER AT NATHAN HALE
HIGH SCHOOL. WE BELIEVE THAT AN INDIVIDUAL OR A FAMILY CAN BE MOST
RESILIENT WHEN THEY HAVE ACCESS TO QUALITY FOOD AND ESSENTIAL RESOURCES
WITHIN AN ENVIRONMENT WHERE THEY CAN FEEL A SENSE OF BELONGING WITHIN A
SUPPORTIVE COMMUNITY.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
SPANISH, MANDARIN AND RUSSIAN.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
A SECOND SITE IN 2023.
FORM 990, PART VI, SECTION A, LINE 8B:
NO INDIVIDUAL COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING
BODY.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 **Employer identification number** Name of the organization 91-1757277 **FAMILYWORKS** FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PRESENTED AT A BOARD MEETING BY THE TREASURER AND OTHER AUDIT COMMITTEE MEMBERS AND APPROVED AT THAT TIME OR SHORTLY THEREAFTER. FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL PRESENTATION AND SIGNING OF THE POLICY. FORM 990, PART VI, SECTION B, LINE 15A: A BOARD COMMITTEE REVIEWS THE EXECUTIVE DIRECTOR'S SALARY AND MAKES RECOMMENDATION FOR ANY CHANGES. FORM 990, PART VI, SECTION C, LINE 19: DISCLOSURE OF REQUIRED DOCUMENTS IS MADE AVAILABLE UPON REQUEST.